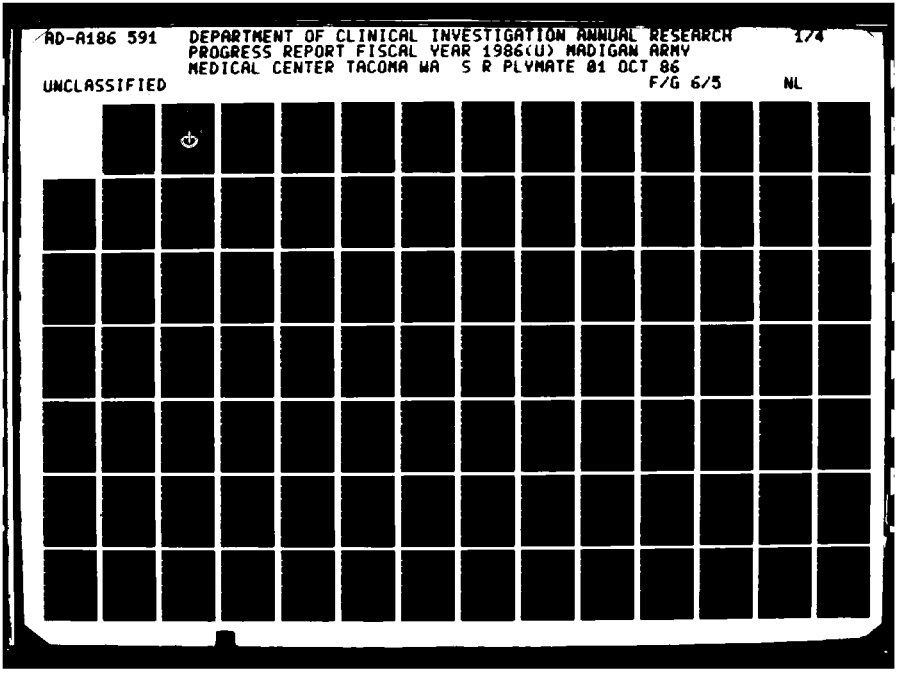
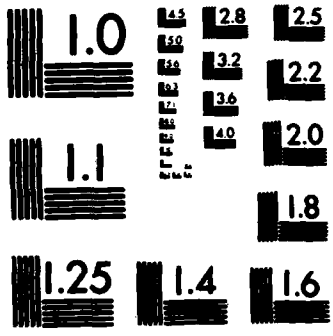

AD-A186 591
DEPARTMENT OF CLINICAL INVESTIGATION ANNUAL RESEARCH
PROGRESS REPORT FISCAL YEAR 1986(U) MADIGAN ARMY
MEDICAL CENTER TACOMA WA S R PLYMATE 01 OCT 86
1/4
UNCLASSIFIED
F/G 6/5
NL



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

AD-A186 591

(12)

DEPARTMENT OF CLINICAL INVESTIGATION

DTIC FILE COPY

ANNUAL RESEARCH PROGRESS REPORT

DTIC
ELECTE
OCT 0 7 1987
S D

FISCAL YEAR 1986

MADIGAN ARMY MEDICAL CENTER

TACOMA, WASHINGTON 98431-5454

Distribution Unlimited

87 10 1 365

REPORTS CONTROL SYMBOL MED-300

ANNUAL PROGRESS REPORT

30 September 1986

DEPARTMENT OF CLINICAL INVESTIGATION

MADIGAN ARMY MEDICAL CENTER

TACOMA, WASHINGTON 98431-5454

THE FINDINGS IN THIS REPORT ARE NOT TO BE CONSTRUED AS AN OFFICIAL DEPARTMENT OF THE ARMY POSITION UNLESS SO DESIGNATED BY OTHER AUTHORIZED DOCUMENTS

DESTROY THIS REPORT WHEN NO LONGER NEEDED.
DO NOT RETURN IT TO THE ORIGINATOR.

APPROVED FOR PUBLIC RELEASE

DISTRIBUTION UNLIMITED

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER MED-300	2. GOVT ACCESSION NO. A186 791	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) ANNUAL RESEARCH PROGRESS REPORT (U)		5. TYPE OF REPORT & PERIOD COVERED ANNUAL FY 86 6. PERFORMING ORG. REPORT NUMBER
7. AUTHOR(s) STEPHEN R. PLYMATE, M.D., COL, MC		8. CONTRACT OR GRANT NUMBER(s)
9. PERFORMING ORGANIZATION NAME AND ADDRESS Department of Clinical Investigation Madigan Army Medical Center Tacoma, Washington 98431-5454		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
11. CONTROLLING OFFICE NAME AND ADDRESS Commander Madigan Army Medical Center Tacoma, Washington 98431-5000		12. REPORT DATE 1 October 1986 13. NUMBER OF PAGES 333
14. MONITORING AGENCY NAME & ADDRESS(if different from Controlling Office) U.S. Army Health Services Command Department of the Army ATTN: HSHN-I Fort Sam Houston, Texas 78234-6060		15. SECURITY CLASS. (of this report) Unclassified 15a. DECLASSIFICATION/DOWNGRADING SCHEDULE

16. DISTRIBUTION STATEMENT (of this Report)

Approved for public release; distribution unlmited.

17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)

N/A

18. SUPPLEMENTARY NOTES

The findings in this report are not to be construed as an official Department of the Army position unless so designated by other authorized documents.

19. KEY WORDS (Continue on reverse side if necessary and identify by block number)

Unit summary; research protocols (objective, technical approach, progress); publications; presentations.

20. ABSTRACT (Continue on reverse side if necessary and identify by block number)

This
Subject report identities those individuals who are conducting investigative protocols at Madigan Army Medical Center. An abstract of each protocol giving abbreviated technical objectives, approach, and progress is presented.

DD FORM 1 JAN 73 1473 EDITION OF 1 NOV 65 IS OBSOLETE

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

TABLE OF CONTENTS

Introduction & Acknowledgements	1
Foreword	2
Unit summary	3
Committee Members	5
Byron Steger Research Award	6
Publications	7
Presentations	16
Index of Protocols	24
Protocols...	
Department of Clinical Investigation	43
Department of Emergency Medicine	57
Department of Family Practice	63
Department of Medicine	67
Department of Nursing	110
Department of OB/GYN	113
Department of Pediatrics	135
Department of Surgery	149
Physical and Medical Rehab Svc	180
Preventive Medicine Service	183
Social Work Service	192
Deputy Commander for Administration	194
9th Infantry Division	196
385th Combat Support Hospital (USAR)	198
Ft Wainwright, Alaska	200
Active Duty Students	202
Childrens Cancer Study Group	207
Fred Hutchinson Cancer Research Group	213
Gynecology Oncology Group	216
National Cancer Institute	273
Southwest Oncology Group	276
Index to Authors	323
Distribution List	333

ANNUAL RESEARCH PROGRESS REPORT

FISCAL YEAR 1986

DEPARTMENT OF CLINICAL INVESTIGATION
MADIGAN ARMY MEDICAL CENTER
TACOMA, WASHINGTON 98431-5454

In conducting the research described in this report, the investigators adhered to the "Guide for the Care and Use of Laboratory Animals" as prepared by the Committee on the Care and Use of Laboratory Animals of the Institute of Laboratory Animal Resources, National Institutes of Health, and Title 9, Subchapter A, Parts I, II, and III of the Federal Register. The investigators follow the recommendations from the Declaration of Helsinki in the performance of investigations involving human subjects.

ACKNOWLEDGEMENTS

I would like to take this opportunity to thank Nancy Whitten for the effort which is obvious in the compilation of this publication.

Accesion For
NTIS CRA&I
DTIC T.B
Unannounced
Justification
By
Distribution
Availability Codes
Dist | Avail and/or Special
A-1

FORWARD

During the past fiscal year, research at Madigan Army Medical Center has proceeded well as is evidenced by the publications and presentations from the various departments. The research endeavors have been supported vigorously by our headquarters at Madigan to include BG Darryl Powell, Colonel Leslie Burger, and Colonel Maurice Pittman. Without the support of these individuals productivity would have been much less. In addition, the Clinical Investigation Activity at Health Services Command has increasingly shown responsiveness to problems that have occurred, and we would like to thank them for their support in the last year. Finally, the staff at the Department of Clinical Investigation, to include LTC Higbee, MAJ Hannan, MAJ Hayre, CPT Friedl, Mrs. Nancy Whitten, and Mrs. Eugenia Hough as well as the animal and laboratory support staff, have performed in an exemplary manner during the past fiscal year. Their work reflects not only upon this department but upon the entire hospital. This report is a summary of the activities which have taken place in the research arena at Madigan Army Medical Center during fiscal year 1986.

STEPHEN [illegible]ATE, M.D.
COL, MC
Chief, Department of
Clinical Investigation

UNIT SUMMARY FY 86

1. Objective

To provide the facilities and environment to stimulate an interest in clinical and basic investigations within Madigan Army Medical Center.

2. Technical Approach

	MANPOWER	
DESCRIPTION	RANK	MOS
Chief PLYMATE, Stephen R., M.D., COL, MC	O6	61C9A
C, Clinical Studies Service JONES, Robert E., M.D., LTC, MC	O5	61C9B
C, Surg & Animal Care Svc YARBROUGH, Leslie, D.V.M., MAJ, VC	O4	64C9B
C, Microbiology Svc HIGBEE, James W., Ph.D., LTC, MSC	O5	68A9B
C, Biochemistry Svc HANNAN, Charles J., Ph.D., MAJ, MSC	O4	68C9C
C, Physiology Svc FRIEDL, Karl E., Ph.D, CPT, MSC	O3	68J9B
NCOIC SFC HAYES, James E.	E6	91T3R
Med Lab Spec SP4 COMACHO, George (Oct 85/Apr 86)	E4	92B10
Med Lab Spec SP4 THOMAS, Gregory (Apr 86/Sep 86)	E4	92B10
OR Tech SGT ROBBINS, John L.	E5	91D2R
Vet Animal Spec SGT CAMPBELL, Naomi (Jan 86/Sep 86)	E5	91T2R
Vet Animal Spec SP4 WESTMORELAND, Jacalyn	E4	91T10
Med Tech GARRISON, Mina J.	GS9	0644

DESCRIPTION	RANK	MOS
Med Tech KETTLER, Thomas M.	GS9	0644
Med Tech MATEJ, Louis A.	GS9	0644
Edit Asst/Steno WHITTEN, Nancy J.	GS6	1087
Sec/Steno HOUGH, Eugenia R.	GS5	0318
Maintenance Worker KAEO, Curtis	WG7	4749

	FUNDING FY 86
MEDCASE Equipment	54,400.00
Capital Equipment	25,376.00
Civilian Salaries	146,877.00
Consumable Supplies	93,045.00
Contractual Services	7,740.00
TDY	5,162.00
Transportation	292.00
Rent	750.00
TOTAL	333,642.00

3. Progress

During FY 86 there were 259 active protocols that received administrative and/or technical support during the year. Of these, 187 are presently ongoing; 46 were completed; 22 were terminated, one was transferred to another MEDCEN, and three are in a suspended status awaiting revisions.

There were 64 publications and 98 presentations at regional, national or international meetings.

C O M M I T T E E M E M B E R S

Commander

Madigan Army Medical Center
BG Darryl H. Powell, M.D., MC

INSTITUTIONAL REVIEW BOARD

Comprised of the Clinical Investigation Committee,
the Human Use Committee, and the Laboratory Animal Use Committee

Chairman
Chief, Professional Services
COL Leslie M. Burger, M.D., MC

Chief or delegated representative of:

Department of Clinical Investigation
Department of Dentistry
Department of Emergency Medicine
Department of Family Practice
Department of Medicine
Department of Ministry & Pastoral Care
Department of Nursing
Department of OB/GYN
Department of Pediatrics
Department of Pathology
Department of Psychiatry
Department of Surgery
Nuclear Medicine Service
Pharmacy Service
Social Work Service
Veterinary Activities
Biochemistry Service, DCI
Clinical Studies Service, DCI
Microbiology Service, DCI
Physiology Service, DCI
Surgery & Animal Care Service, DCI
Command Sergeant Major
Comptroller
Equal Opportunity Officer
JAG Officer
Public Affairs Officer

Non-Institutional Member: Phillip Rakestraw, Ph.D.
American Lake VA Medical Center

THE BYRON L. STEGER RESEARCH AWARD

Submissions are judged on their scientific merit, relevance, objectivity of evaluation, interpretation of results, and the potential importance of the subject of the research.

Recipient of this award for 1986:

Ralf Brueckner CPT, MC	New Criterian to Improve the Computer Interpretation of Right Ventricular Hypertrophy and Right Bundle Branch Block

Other Nominees were:

Clement J. Hanson MAJ, MC	The Epidemiology of Acute Pharyngitis Among Soldiers at Fort Lewis, Washington
Bradley T. Heppner CPT, MC	Predisposing Factors to Apparent Theophylline-Induced Seizures
Michael A. Layman CPT, MC	Intraosseous Infusion of Whole Blood During Hemorrhagic Shock in Lambs
Mark R. Prete CPT, MC	Plasma Atropine Concentrations via the Intravenous, Endotracheal, and IntraosseousRoutes of Administration
Thomas A. Rozanski CPT, MC	Investigation of Androgen Depletion on the Growth of the Human Prostate Tumor Cell Line ALVA 31 in Athymic Mice

PUBLICATIONS - FY 86

DEPARTMENT OF CLINICAL INVESTIGATION

Publications:

Friedl KE: Field Developmental Test of the Dual Barrel Automatic Injector, Mark II. Report #MAMC-86-1, Apr 86. 40 pp NTIS AD-A169728

Hannan CJ: β-phenylethylamine Effect on Brain and Blood Catechol-O-Methyltransferase Activity. Pharmacology, Biochemistry & Behavior 24:1141-46, 1986

Kettler T (ed): Inky Captions. Newsletter of the Tacoma Mushroom Society. Jun - Dec 86.

Paulsen, CA, Bremner WJ, Leonard JM, Ospina LF, Burgess EC, Plymate SR, Matsumoto, AM: Clinical Studies Using Luteinizing Hormone Releasing Hormone (LHRH). Monograph published by: Population Center for Research in Reproduction, Univ Washington, 1986.

Plymate SR, Baron JA, Jones RE, Chute CG: Short and Long Term Effects of Calcium Channel Blockade on Hypothalamic Pituitary Testicular Function in Men. Abstracts of the Endocrine Society Meeting, Abstract #585, June 86

Smith HL, Fariss BL, Jennings PB: Serum Zinc Levels in Sheep with Experimental *Pancreatic Abnormalities.* *Pancreas* 1(1): 20-23, 1986.

In Press:

Friedl KE, DeWinne CM, Taylor RL.: The Use of the Durnin-Womersley Generalized Equations for Body Fat Estimation and Their Impact on the Army Weight Control Program. Military Medicine

Friedl KE, Holmes WN: The Effect of Relative Humidity on Osmoregulation in the Squirrel Monkey *(Saimiri sciureus).* Primates

Nagao RK, Plymate SR, Berger RE, Perrin EB, Paulsen CA: Comparison of Gonadal Function Between Fertile and Infertile Men with Varicoceles. Fertil Steril

Plymate SR, Bremner WJ: Physiology of the Testicles in Urological Endocrinology. J Rafer (ed), Saunders and Company.

Submitted for consideration for publication:

Friedl KE, Plymate SR: Parallel Changes of HDL-cholesterol (HDLC) and Testosterone Binding Globulin (TeBG) in Body Builders During Self Administration of Anabolic Steroids. Submitted to Ann Int Med.

Friedl KE, Plymate SR, Bernhard WN, Mohr LC: Elevation of Plasma Estradiol in Healthy Men During a Mountaineering Expedition. Submitted to Acta Endocrinol.

Department of Clinical Investigation - Cont

Hannan CJ: β-phenylethylamine Induced Changes in Brain Monoamine Metabolites of Retired Breeder Gerbils. Submitted to Life Sciences.

Hannan CJ., Kettler TM, Friedl KE, Plymate SR.: Analysis of Apolipoprotein A-I by High Performance Liquid Chromatography & Radioimmunoassay. Submitted to Clinical Chemistry.

Lampe TH, Fariss BL, Risse SC, Plymate SR: Laboratory Evaluation for Cushing's Disease in Psychiatric Patients with Cortisol Nonsuppression Following the Overnight Dexamethasone Suppression Test. Submitted to American Journal of Psychiatry.

Little, JS, Fee WG: A Method for the Preparation and Storage of *Streptococcus pneumoniae,* Type I, Which Results in Uniform Colony Forming Units and Virulence. Submitted to J Clin Microbiol.

Plymate SR, Vaughan GM, Mason AD, Pruitt BA: Central Hypogonadism in Burned Men. Submitted to Hormone Res.

DEPARTMENT OF DENTISTRY

Publications:

Carleton AS, Schow SR, Peterson LJ: Prevention of the Misdirected Sagittal Split. J Oral Maxillofac Surg 44(1): 81-82, 1986.

DEPARTMENT OF EMERGENCY MEDICINE

Publications:

Burkle FM, Rae R, Rice MM: Borderline Personality Disorder. Ann Emer Med 14: 996-1001, 1985.

Calabro JJ: Fear of Flying. Ann Emer Med 15(2):226-27, 1986.

Calabro JJ, Hoidal CR, Susini LM: Extensor Tendon Repair in the Emergency Department. J Emer Med 4:217-225, 1986.

Checchio LM, Como AJ: Electrolytes, BUN, Creatinine - Who's at Risk. Ann Emer Med 15(3):363-66, 1986.

Cohan HA, Checcio LM: Nifedipine in the Management of Hypertensive Emergencies - Report of Two Cases and Review of the Literature. Amer J Emer Med 3:524-30, 1986.

Gatrell CB: Radiographic Findings in Radial Head Subluxation. (letter/reply) Amer J Dis Child 140(9): 856, 1986.

Gatrell CB: The Prehospital Airway. (forum) J Emerg Med 2:301-302, 1985.

Department of Emergency Medicine (Cont)

Gatrell CB, Smith JP, Bodai BI: A Field Evaluation of the Esophageal Obturator Airway. J Trauma 25:95-97, 1985.

Greenwood WR, Robinson MD: Painless Dissection of the Thoracic Aorta. Amer J Emer Med 4(4):330-333, 1986

McAlpine SB, Calabro JJ, Robinson MD, Burkle FM: Late Death in Tricyclic Antidepressant Overdose Revisited. Ann Emer Med 15(11):1349-52, 1986

Parks FB, Calabro DO, Burkle FM, Jr: Addisonian Crisis in an Adolescent Female: A Case Report. Pediatric Emergency Care 2(1): 18-20, 1986

In Press:

Dronen SC: Lack of Efficacy of Naloxone in a Fixed-Volume Hemorrhage Model. Ann Emer Med

Submitted for consideration for publication:

Layman MA, Robinson MD, Yarbrough LW: Intraosseous Infusion of Whole Blood During Hemorrhagic Shock. Submitted J Emer Med.

Prete MD, Hannan CJ, Burkle FM: Plasma Atropine Concentrations via the Intravenous, Endotracheal, and Intraosseous Routes of Administration. Submitted Amer J Emerg Med.

DEPARTMENT OF FAMILY PRACTICE

Publications:

Cowsar JD, Jr: A Descriptive Comparison of Patients on Acute and Chronic Antidepressant Therapy. Masters thesis, Pacific Lutheran University, Tacoma, WA.

Saglio SD: Serial Impedance Plethysmography for Diagnosis of Symptomatic Venous Thrombosis. NEJM 315(12), 765, 1986.

DEPARTMENT OF MEDICINE

Publications:

Baker TM, Chan AH, Stutz FH: Indolent Non-Seminomatous Germ Cell Tumor of the Testis: Prolonged Survival of a Patient With Persistent Metastatic Disease. Urology 27(4): 349-52, 1986.

Bowden WD, Jones RE: Thyrotoxicosis Associated With Distant Metastatic Follicular Carcinoma of the Thyroid: Report of a Case and Review of the Literature. So Med J 79(4):483-86, 1986

Department of Medicine - Cont

Gandara DR, Wold HG, Redmond J, Kohler M, Reynolds R, Wong P, Forsythe J, Fisher K, Lewis B: Prednimustine in Refractory Non-Hodgkins Lymphoma - A Phase II Study of the Northern California Oncology Group. Seminars in Oncology 13(1):14-18, 1986.

Grover B, Dalessandro L, Sanders JG, Walter MH, O'Meara TF, Redmond J: Severe Viral Hepatitis A Infection, Landry-Guillain-Barre' Syndrome, and Hereditary Elliptocytosis. So Med J 79(2), 251-52, 1986.

Jolie A, Gnann JW: Cardiobacterium-Hominis Causing Late Prosthetic Valve Endocarditis. So Med J 79(11):1461-62, 1986.

Jones RE, Plymate SR: Kinetics of Human Spermatozoa Long Chain Fatty Acid: CoASH Ligase. J Androl 7(5):323-27, 1986.

Lyons MF, Redmond J, Covelli H.: Multiple Primary Neoplasia of the Head and Neck and Lung: The Changing Histopathology. Cancer 57(11):2193-97, 1986.

Morrison RE, Harrison SM, Tramont EC: Oral Amoxycillin, An Alternative Treatment for Neurosyphilis. Genitourinary Med 61(6):359-62, 1985.

O'Rourke T, George CB, Redmond J, Davidson H, Cornett P, Fill, WL, Spring DB, Sobel D, Dabe IB, Karl RD, Cromwell LD: Spinal Computed Tomography and Computed Tomographic Metrizamide Myelography in the Early Diagnosis of Metastatic Disease. J Clin Oncol 4(4): 576-583, 1986.

Witte MC, Opal SM, Gilbert JG, Pluss JL, Thomas DA, Olsen JD, Perry ME: Incidence of Fever and Bacteremia Following Transbronchial Needle Aspiration. Chest 89:85-87, 1986.

In Press:

Bohman VD, O'Meara, Dean, Carter, Davidson: Adult Typhlitic Neutropenic Cecitis, Diagnosis and Management - Report of 2 Cases and Review of the Literature.

Horan MP, Redmond J, Gehle D, Dabe IB, Fort SL: Post Polycythemic Agnogenic Myeloid Metaplasia, Sweet's Syndrome, and Acute Myeloid Leukemia. J Amer Acad Dermatol.

Jade KB, Lyons MF, Gnann JW: *Paecilomyces lilacinus* Cellulitis in an Immunocompromised Patient. Arch Dermatol.

Lyons MF, Gorman PD, Walter MH: Traveler's Appendicitis: *Entamoeba histolytica* Appendicitis with Hepatic Abscess.

Submitted for consideration for publication:

Campbell DL, Kessler JB: Pulmonary Function Evaluation in Army Aviators. Submitted to Av Sp Environ Med.

Chamusco RF, Heppner BT, Newcomb EW, Sanders AC: Mitral Stenosis: An Unusual Association with Pulmonary Hemosiderosis and Iron Deficiency Anemia. Submitted to Mil Med.

Department of Medicine (Cont)

Chang GY: *Haemophilus aphrophilus* Brain Abscess. Submitted to Neurology.

Tsuchida A, Lyons MF, O'Meara TF: Esophageal Blood Cast: Marker for Stress Esophagitis. Submitted to Am J Gastroenterology.

DEPARTMENT OF NURSING

Publications:

Burns PK, Gregersen RA, Underhill SL: Adequate Discard Volume Determinations to Obtain Accurate Coagulation Studies from Heparinized Arterial Lines. (abstract) Circulation 72, Supp III, Oct 85, Abstract #9o.

Jewett M, Ornes D, Zygmond M: The Impact of Additional Graduate Core Curriculum Content on Army Student Nurse Anesthetists Clinical Practice, A Pilot Study Thesis: Nurse Anesthetists Course, Mar 86

DEPARTMENT OF OB/GYN

Publications:

Barnhill D, Heller P, Dames J, Hoskins W, Gallup D, Park R: Persistence of Endometrial Activity After Radiation Therapy for Cervical Carcinoma. Obstet Gynecol 66(6): 805-08, 1985.

Benson WL, Brown RL, Schmidt PM: A Comparison of Short & Long Ampicillin Courses of Ampicillin for Vaginal Hysterectomy. J Repro Med 30(11): 874-78, 1985.

Dashow EE: Pancreatic Pseudocyst in Pregnancy - It's Evolution and Conservative Management. Med Bull USAREUR 42(10/11):11-13, 1985.

Dashow EE, Read JA, Coleman FH: Randomized Comparison of Five Irrigation Solutions at Cesarean Section. Obstet Gynecol 68(4):473-78, 1986.

Duff, WP: Pathophysiology and Management of Postcesarean Endomyometritis. Obstet Gyncol 67(2): 269-76, 1986.

Duff WP: Pseudomembranous Enterocolitis After Cesarean Delivery. Amer J OB/GYN 153(8):926, 1985.

Lee RB, Tamimi H: Urinary Stress-Incontinence Following Radical Vulvectomy - A Report of 2 Cases. Mil Med 151(9):490-94, 1986.

Schipul AH, Kopelman JN, Duff P: Maternal and Fetal Surveillance for Older Pregnant Women. Amer J OB/GYN 154(4):967, 1986.

Soisson AP, Eldridge E, Kopelman JN, Duff WP: Acute Pyelonephritis Complicated by Respiratory Insufficiency - A Case Report. J Reprod Med 31(6):525-27, 1986.

Department of OB/GYN - Cont

Stovall WS, Dashow EE, Read JA: Serum Unconjugated Estriol Level as a Predictor of Pulmonary Maturity. Amer J Obstet Gynecol 153(5):568-69, 1985.

Whitaker GK, Lee RB, Benson WL: Carcinoma of the Endometrium in Young-Women. Mil Med 151(1):25-31, 1986.

In Press:

Kopelman JN, Duff P, Karl RD, Schipul AH, Read JA: Computed Tomographic Pelvimetry in the Evaluation of Breech Presentation. Obstet Gynecol.

Lee RB, Stone IK, Magelssen D, Belts RP, Benson WL: Presacral Neurectomy for Chronic Pelvic Pain. Obstet Gynecol.

Submitted for consideration for publication:

Harlass F, Magelssen DJ, Soisson AP: Supernumerary Ovary: An Embryologic and Medical Enigma. Submitted to J Repro Med.

Read JA, Duff P, Dashow EE: Single Dose Cefamandole and Cefotaxime for Antibiotic Prophylaxis at Cesarean Section: Intraoperative Irrigation Versus Intravenous Administration.

DEPARTMENT OF PATHOLOGY

Publications:

Oberhofer TR: Value of the L-Pyrrolidonyl-B-Naphthylamine Hydrolysis Test for Identification of Select Gram-Positive Cocci. Diagnostic Microbiology and Infectious Disease 4(1):43-47, 1986.

Submitted for consideration for publication:

Price GH: Direct Measurement of Sweat Chloride, Using the ASTRA-8 and MACRODUCT^{R} Sweat Collector. Submitted to Clin Chem.

DEPARTMENT OF PEDIATRICS

Publications:

Marinelli PV, Pettett PG, Alden ER: Mechanical-Properties of Premature Lamb Lung After Exposure to Beta-Methasone. Clin Res 34(2):579, 1986.

Marinelli PV, Wickham L, Ward G, Pettett P: Birth-Order and Steroid Dosage - The Effect on Pulmonary-Function in Premature Lambs. Clin Res 34(2):402, 1986.

Department of Pediatrics - Cont

Pettett G, Marinelli PV, Meidell R: Intracranial Hemorrhage in Premature Infants - Reply. Amer J Dis Chil 140(3):184-85, 1986.

Sweeney JK: Physiologic Adaptation of Neonates to Neurological Assessment. Physical & Occupational Therapy in Ped 6 (3/4): 155-69, 1986.

In Press:

Moore DC: Prolonged Suppression of Hirsutism with Combination Therapy in an Adolescent with Insulin Resistance and Acanthosis Nigricans. J Adol Hlth Care.

Submitted for consideration for publication:

Brueckner RP, Guller B: QRS Areas Improve the Electrocardiographic Interpretation of Right Ventricular Hypertrophy. Submitted to Comp Biomed Res.

Jarrett RV, Frank CG, Jordan GD, Garcia J: Treatment of Neonatal Pulmonary Hemorrhage with Iced Saline Lavages.

Jordan GD, Jarrett RV, Garcia J, Frank, CG: CNS Air Embolism as a Consequency of Ventilator Therapy in Respiratory Distress Syndrome. Submitted to Pediatrics.

Jordan GD, Themelis NJ, Messerly SO, Jarrett RV, Garcia J, Frank CG: Doxapram and Potential Benzyl Alcohol Toxicity: A Moratorium on Clinical Investigation? Submitted to Pediatrics.

Madden WA, Keeder J, Cragun W, Krug EF, Brown S: Evolution of an Ethics Committee. Submitted to Mil Med.

Nickels DA, Jarrett RV, Frank CG, Garcia J, Rivera De Leon J: Isoimmune Neonatal Thrombocytopenia: An Unexpected Response to Random Donor Platelets. Submitted to Amer J Dis Chil.

PHARMACY SERVICE

In Press:

Abbasi I, Sorsby S: Prolonged Toxicity From Atenolol Overdose in an Adolescent. Clin Phar.

PREVENTIVE MEDICINE SERVICE

Publications:

Hanson CJ, Lednar WM, Higbee JW, Garrison MJ: The Epidemiology of Acute Pharyngitis Among Soldiers at Fort Lewis, Washington. Mil Med 151(7): 389-94, 1986.

In Press:

Tomlinson JP, Lednar WM, Jackson JD: Risk of Injury in Soldiers. Mil Med.

DEPARTMENT OF RADIOLOGY

Publications:

McMurdo SK, Brandtzawadzki M, Bradley WG, Chang GY, Berg BO: Dural Sinus Thrombosis - Study Using Intermediate Field-Strength MR Imaging Radiology 161(1), 83-86, 1986.

In Press:

Hartshorne MF, Ramirez R, Cawthon MA, Bauman, MJ, Karl RD: Multiple Imaging Techniques: CSF Shunted Arnold Chiari Malformation with False-negative Brain Death Radionuclide Angiograms. Clin Nucl Med.

DEPARTMENT OF SURGERY

Publications:

Brown JW, Fiore AC, King H: Isthmus Flap Aortoplasty: An Alternative to Subclavian Flap Aortoplasty for Long Segment Coarctation of the Aorta in Infants. Ann Thoracic Surg. Sep 85.

Camp R, Callahan M: Ball and Socket Interphalangeal Joint Arthrodesis. Techniques in Orthopedics 1(2): 10-13, 1986.

Camp RA, Cosio MQ: Multiple Percutaneous Pinning of Ununited Scaphoid Fractures. Techniques in Orthopedics 1(2): 46-54, 1986.

Cosio MQ, Camp RA: Percutaneous Pinning of Symptomatic Scaphoid Nonunions. J Hand Surg 11A(3): 350-55, 1986.

Duncan NO, et al: Gunshot Injuries of the Temporal Bone. Otolaryngology Head Neck Surg 94:47-55, 1986.

Fiore AC, Ivey TD, Misbach GA, McKeown P, Allen M, Dillard D: Patch Closure of Aortic Annulus Mycotic Aneurysms. Ann Thoracic Surg, Jan 86.

Fiore AC, Malangoni MA, Broadie TA, Madura JA, Jesseph JE: Surgical Management of Alkaline Reflux Gastritis. Acron Verlag, Berlin/Munchen Pennington.

Mason JC, Belville WE: Primary Carcinoid Tumor of the Testis. Mil Med 151(9):497-98, 1986

Miles BJ, Skoog S: Treatment of Malakoplakia of Bladder with Intravesical Neosporin Irrigation. Urology 27(1);32-33, 1986.

Platt ML, Belville WD, Stones C, Oberhofer TR: Rapid Bacteriuria Screening in a Urological Setting: Clinical Use. J Urol 136(5):1044-46, 1986.

Reddick EJ, Carter PL, Bickerstaff L: Air Gun Injuries in Children. Ann Emerg Med 14(11):1108-1111, 1985.

Department of Surgery - Cont

Rumisek JD, Robinowitz M, Virmani R, Barry JJ, Steudel WT: Bioprosthetic Heart Valve Rupture Associated with Trauma. J Trauma 26(3):276-79, 1986.

Vaccaro JA, Belville WD, Kiesling VJ, Davis R: Prostatic Abscess: Computerized Tomography Scanning as an Aid to Diagnosis and Treatment. J Urology 136(6): 1318-19, 1986.

Vaccaro JA, Davis R, Belville WD, Kiesling VJ: Traumatic Hematocele: Association with Rupture of the Testicle. J Urology 136(6):1217-18, 1986.

In Press:

Arciero RA, Little JS, Liebenberg SP, Parr TJ: Irrigating Solutions Used in Arthroscopy and their Effect on Articular Cartilage, An *In Vivo* Study. Orthopedics.

Brown JW, Fiore AC, King H: Externally Stented PTFE Conduits. J Thoracic and Cardiovasc Surg.

Mader TH, Friedl KE, Mohr LC, Bernhard WN: Conjunctival Oxygen Tension at High Altitude. Avia Space Envrion Med.

Submitted for consideration for publication:

Mader TH, Carey WG, Friedl KE, Wilson WR: Intraocular Lenses in Aviators: A Review of the U.S. Army Experience. Submitted to Avia Space Environ Med

Susini LM, Parr TJ: Arteriovenous Fistula of the Knee Following Arthroscopic Surgery. Submitted to Am J Sports Med.

PRESENTATIONS - FY 1986

DEPARTMENT OF CLINICAL INVESTIGATION

Plymate SR, Baron JA, Jones KE, Chute CG: Short and Long Term Effects of Calcium Channel Blockade on Hypothalamic Pituitary Testicular Function in Men. Endocrine Society, Anaheim, CA, Jun 86.

Plymate SR, Chute CG, Baron JA: Relationship of Risk Factors for Coronary Artery Disease and Sex Hormones in Men. 2nd Annual Army Regional American College of Physicians Mtg, San Francisco, CA, Oct 85.

Plymate SR, Friedl KE, Kettler TH, Bernhard WN, Mohr LC: Total and Free Serum Testosterone Changes in Severe Physical Stress in Men. 2nd Annual Army Regional American College of Physicians Mtg, San Francisco, CA, Oct 85.

Plymate SR, Lampe TH, Fariss BL, Risse SR: Laboratory Evaluation for Cushing's Disease in Psychiatric Patients with Cortisol Overactivity Following an Overnight Dexamethasone Suppression Test (DST). 2nd Annual Army Regional American College of Physicians Mtg, San Francisco, CA, Oct 85.

Plymate SR, Myers JS, Matej LA, Bremner WJ: Diurnal and Age Related Changes in Testosterone, Sex-Hormone-Binding Globulin, and Calculated Free Testosterone. First International Symposium on Binding Proteins: Steroid Hormones, Lyon, France, Apr 86.

Plymate SR, Paulsen CA, Davis JA, Vaccaro JA , and Nagao K: Relationship of Fertility to Testicular Volume in Men with Varicoceles. Pacific Coast Fertility Society Meeting, San Diego, CA, Apr 86.

Vaughan GM, Plymate SR, Mason AD, Jr: Testosterone (T), Sex Hormone Binding Globulin (SHBG), Luteinizing Hormone (LH), and Thyroid Hormones in Burn Patients. International Society for Burn Injuries, 7th International Congress, Melbourne, Australia, Feb 86.

DEPARTMENT OF EMERGENCY MEDICINE

Dames S: C-130 Transport Hospital. Amer Coll Emer Phy Sci Assembly, Atlanta, GA (exhibit), Sep 86.

Prete MD: Atropine Concentration Via the Intravenous Endotracheal and Intraosseous Route Administration. Univ Assoc Emer Med Annual Meeting, Portland, OR, May 86.

DEPARTMENT OF MEDICINE

Dabe IB, Martin S, Abassi I: The Effect of Lorazepam/Metaclopramide/Benadryl on the Nausea and Vomiting Associated with Platinum Chemotherapy. Present Concepts in Internal Medicine (ACP), Oct 85.

Carpenter GB: House Dust Mite in Hawaii - A One Year Study. Association of Military Allergists, Jan 86. Fitzsimons Army Medical Center, CO.

Steudel WT: A New Look at the Pathophysiology of Coronary Artery Disease. Albany Medical College, Albany, NY, Apr 86.

Steudel WT: Atrial Fibrillation in Perspective. Good Samaritan Medical Center, Phoenix, AZ, Nov 85.

Steudel WT: Calcium Channel Blocking Agents, Applications in Myocardial Ischemia. Tacoma Academy of Internal Medicine, Tacoma, WA, Mar 86.

Steudel WT: Endothelial Dysfunction in Myocardial Ischemia. St Luke Hospital and Mid-American Heart Institute, Kansas City, MO, Feb 86.

Steudel WT: Endothelial Dysfunction: Therapeutic Implication in Patients with Coronary Artery Disease. Maryland Academy of Family Practice. Baltimore, MD, May 86.

Steudel WT: Prostacyclin Deficiency in the Post-Stenotic Coronary Vascular Bed. Implications in Myocardial Ischemia. Univ So California, Apr 86.

Steudel WT: Silent Myocardial Ischemia. Pacific Northwest Medical Education Institute, Everett, WA, Nov 85.

Steudel WT: The Common Denominator for Myocardial Ischemia: Endothelial Dysfunction. Loma Linda Univ, Loma Linda, CA, May 86.

Steudel WT: The Total Ischemic Burden. Los Alamitos Medical Center, Los Alamitos, CA, Jan 86.

DEPARTMENT OF NURSING

Burns PK, Gregersen RA, Underhill SL: Adequate Discard Volume Determinations to Obtain Accurate Coagulation Studies from Heparinized Arterial Lines. American Heart Asso Meeting, Washington, DC, Nov 85.

DEPARTMENT OF OB/GYN

Crandall B, Schipul AH, Read JA: Cholelithiasis Ultrasound Diagnosis in Symptomatic Obstetrical Patients. Armed Forces District, American College of Oncology/ Gynecology, New Orleans, LA, OCt 85.

Eldridge E, Jarrett R, Schipul AH, Duff WP: A Case of Dicephalus Dipus Tribrachius Conjoined Twins. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, OCT 85.

Department of OB/GYN - Cont

Elg S, Lee RB, Stones C, Webber PJ, Benson WL: Evaluation of Serum Haptoglobin Levels in Patients with Adnexal Masses. Annual Meeting West Assoc Gynecol Oncol, Monterey, CA, May 86.

Johansen RK, Soisson AP, Duff WP: Tight Nuchal Cord: A Cause of Neonatal Anemia. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Kopelman JN, Duff WP: Treacher-Collins Syndrome: An Association with Polyhydramnids. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Kopelman J, Duff P, Dashow E, Coleman F, Read J: Intrapartum Antibiotic Irrigation: An Analysis of Prophylaxis Failures. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Kopelman JN, Duff P, Karl RD, Schipul AH, Read JA: Computed Tomographic Pelvimetry in the Evaluation of Breech Presentation. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Lee RB, Stone IK, Magelssen D, Belts RP, Benson WL: Presacral Neurectomy for Chronic Pelvic Pain. Armed Forces District, American College of Oncology/ Gynecology, New Orleans, LA, Oct 85.

Magelssen DJ, Lee RB, Stone IK, Belts RP, Benson WL: Presacral Neurectomy for Chronic Pelvic Pain. EXHIBIT: 1st Prize, Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Magelssen DJ, Lee RB, Stone IK, Belts RP, Benson WL: Presacral Neurectomy for Chronic Pelvic Pain. Assoc of Military Surgeon of the United States, 1986.

Magelssen DJ, Lee RB, Stone IK, Belts RP, Benson WL: Presacral Neurectomy for Chronic Pelvic Pain. American College of Obstet & Gynecol, 1986.

Magelssen DJ, Lee RB, Stone IK, Belts RP, Benson WL: Presacral Neurectomy for Chronic Pelvic Pain. American College of Surgeons, 1986.

Milligan DA, Duff PA, Read JA: Acute Urinary Retention in Early Pregnancy Secondary to Incarcerated Uterus. Armed Forces District, American College of Oncology/ Gynecology, New Orleans, LA, Oct 85.

Mukai MT, Schipul AH, Hallinan V, Read JA: Chromosome Thirteen Trisomy Syndrome; Four Variations. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Mukai, M.T., Schipul, A.H., Magelssen, D.J., Belts, R.P.: Utilization of Endoscopy in a Military OB/GYN Training Program. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Parke CD, Slyter TM, Schipul AH, Duff WP: Post-cesarean Section Hypothermia and Shock: An Early Manifestation of Sheehan's Syndrome? Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Department of OB/GYN - Cont

Polzin WJ, Mukai MT, Benson WL, Lee RB: Primary Carcinoma of Bartholin's Gland: 3 Case Reports and a Literature Review. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Read JA, Duff P, Dashow EE: Single Dose Cefamandole and Cefotaxime for Antibiotic Prophylaxis at Cesarean Section: Intraoperative Irrigation Versus Intravenous Administration. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Richard-Davis G, Webber PJ, Friedl KE, Schipul AH, Plymate SR: Maternal Diamine Oxide Levels: A Possible Marker for Severity of Asthma During Pregnancy. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Robertson AW, Duff WP: A Comparison of Two Single Dose Antibiotic Regimens for Treatment of Uncomplicated Lower Urinary Tract Infections in Obstetric Patients. Infectious Disease Soc Meeting for OB/GYN, Aug 86.

Schipul AH, Lenke RR, Hatch EI, Read JA: Fetal Gastroschisis: An Indication for Elective Cesarean Section Delivery. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Schipul AH, Lesko FEA, Schipul CG: Antepartum Religious Baptism Under Ultrasound Guidance. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Schipul AH, Read, JA, Benson WL: Postpartum Modified Physical Training Program. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Schipul AH, Read JA, Thompson RA, Benson W, Hallinan V, Stones C, Zumek D: Lactose Intolerance in Pregnancy: A Possible Etiology of IUGR? Incidence, Outcome, and Treatment (Preliminary Report). Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Soisson AP, Molina CY, Benson WL: The Value of Endocervical Curettage. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

Thompson RA, Schipul AH, Read JA, Benson WL, Hallinan V, Stones C, Zumek D: Antepartum Testing Nurse Clinician Role in Lactose Intolerance in Preganancy Protocols. Armed Forces District, American College of Oncology/Gynecology, New Orleans, LA, Oct 85.

DEPARTMENT OF PEDIATRICS

Charney PJ, Humberd OA, Borden J, DeVilbis J: Use of Multidisciplinary Team Approach in Infants with Failure to Thrive. 4th Annual Meeting, NW Society for Developmental and Behavioral Pediatrics, Seattle, WA, Mar 86.

PHYSICAL MEDICINE AND REHABILITATION SERVICE

Taylor RL, Friedl KE: Physiological Changes with Weight Loss. Reliability of Various Methods of Body Fat Determination. Annual AMSC Research Meeting, WRAMC, Jul 86.

PREVENTIVE MEDICINE SERVICE

Aduddell MD, Lednar W, Erdtman F: Fort Lewis Behavioral Risk Factor Prevalence Survey: Tobacco Use. Public Health Association Annual Meeting, Sep 86.

Fletcher DJ: Seroepidemiological Study of HTLV-III Antibody Prevalence in a Predominantly Heterosexual STD Clinic. Prevention 86 Conference, Apr 86.

DEPARTMENT OF PSYCHIATRY

Cripe LC: Neuropsychological Test Performance with Chronic Low Level Formaldehyde Exposure. Amer Psychological Assoc, Aug 86.

DEPARTMENT OF RADIOLOGY

Karl RD: Radiographic Assessment of the Spine. Washington State Chapter, APTA, Tacoma, WA, Feb 86.

Karl RD: Radiographic Assessment of the Spine. Southeast Minnesota Orthopedic Study Group, Rochester, MN, May 86.

Karl RD: Radiographic Assessment of the Spine. North Dakota Chapter, APTA, Medora, ND, Sep 86.

DEPARTMENT OF SURGERY

Andersen CA: Common Venous Disorders: Evaluation of Exertional Leg Pain. 38th Parallel Medical Society (Korea), Nov 85.

Andersen CA: Small Bowel Obstruction: Common Venous Disorders: Evaluation of Exertional Leg Pain. 38th Parallel Medical Society (Korea), Nov 85.

Andersen CA: Thoracic Outlet Syndromes, Dissections, and Surgical Demonstrations. 55th Annual Meeting of the Tacoma Surgical Club. Apr 86. (Exhibit)

Andersen CA: What's New in Vascular Surgery. Tacoma Surgical Club, Tacoma, WA, Apr 86.

Andersen CA, Bickerstaff LK, Greenfield NN: Cranial Nerve Dysfunction Following Carotid Endarterectomy. Gary Wratten Surgical Symposium, Washington, DC, Apr 86.

Department of Surgery - Cont

Andersen CA, Bickerstaff LK, Greenfield NN: Cranial Nerve Dysfunction Following Carotid Endarterectomy. Peripheral Vascular Surgery Society, New Orleans, LA, Jun 86.

Andersen CA, Bickerstaff LK, Greenfield NN: Cranial Nerve Dysfunction Following Carotid Endarterectomy. Washington State Chaper, American College of Surgeons, Salishan, OR, Jun 86.

Belville WD: Automated Urine Screening: Clinical Utility. Washington Urologic Society, Oct 85.

Belville WD: Automated Urine Screening. Visiting Professor, Washington Hospital Center, Washington, DC, Oct 85.

Belville WD: The Yesterday, Fantasy, and Today of Acid Phosphatase. Kimbrough Urological Seminar, Seattle, WA, Nov 85.

Belville WD: The Yesterday, Fantasy, and Tomorrow of Prostate Tumor Markers. Visiting Professor, George Washington University, Washington, DC, Oct 85.

Belville WD: Yesterday, Fantasy, and Today of Acid Phosphatase. Pierce County Medical Society, Ft Lewis, WA, Feb 86.

Bowersox J: Popliteal Artery Entrapment Syndrome. Washington State Chapter, American College of Surgeons, Salishan, OR, Jun 86.

Bratlof BD, Carter PL, Harris SC: Early Detection of Medullary Carcinoma of the Thyroid - Current Concepts. Gary P. Wratten Surgical Symposium, Washington, DC, Apr 86.

Bratlof BD, Carter PL, Harris SC: Early Detection of Medullary Carcinoma of the Thyroid Current Concepts. Annual Meeting of the Washington State Chapter, American College of Surgeons, Salishan, OR, Jun 86.

Carter PL: Surgery of Morbid Obesity. Amercian College of Surgeons, Vancouver, BC, Apr 86.

Carter PL: Surgery of Morbid Obesity. Tacoma Surgical Club, Tacoma, WA, Apr 86.

Carter PL, Deyo GA: Pitfalls in Delayed Primary Closure. Ann Clin Congress of the American College of Surgeons. Poster Session. Chicago, IL, Oct 85.

Fengler SA, Strand JA, Carter PL: The Madigan Experience with Local Procedures for the Management of Rectal Neoplasia. Gary P. Wratten Surgical Symposium, Washington, DC, Apr 86.

Fiore AC: Outlet Strut Fracture. Oregon Chapter of the American College of Surgeons, Gleneden Beach, OR, Apr 86.

Fiore AC: Patch Closure of Aortic Annulus Mycotic Aneurysms. 22nd Annual Meeting of the Society of Thoracic Surgeons, Washington, DC, Jan 86.

Fiore AC: Strut Fracture in Bjork-Shiley Mitral Valve: Clinical Recognition and Surgical Management. John E. Jesseph Memorial Dinner, Indianapolis IN. Feb 86.

Department of Surgery - Cont

Hall RL: Unusual Causes of Cerebrovascular Insufficiency. Gary P. Wratten Surgical Symposium, Washington, DC, Apr 86.

Hall RL, Carter PL, Harris SC: The Timing of Surgery in Biliary Pancreatitis. Gary P. Wratten Surgical Symposium, Washington, DC, Apr 86.

Hall RL, Carter PL, Harris SC: The Timing of Surgery in Biliary Pancreatitis. Washington State Chapter, American College of Surgeons, Salishan, OR, Jun 86.

Harris SC: Portacaval Procedures. Tacoma Surgical Club, Apr 86. (Exhibit)

Kiesling VF, Davis R, Plymate SR: Pituitary Testicular Axis Following Radiation for Prostatic Carcinoma. NW Urology Society, Vancouver, BC, Nov 85.

Kiesling VF, Davis R, Plymate SR: Pituitary Testicular Axis Following Radiation for Prostatic Carcinoma. Kimbrough Urology Symposium, Seattle, WA, Nov 85.

Loovis CF: Physiologic Correlates of Hearing Aid Fittings. Army Audiology Short Course, Nashville, TN, May 86.

Martindale RG: Hepatobiliary Complications of Long Term TPN in Neonates. Washington State Chapter, American College of Surgeons. Salishan, OR, Jun 86.

Martindale RG, Carter PL, Harris SC: Biliary Tract Surgery in Patients with Cirrhosis. Washington State Chapter, American College of Surgeons, Salishan, OR, Jun 86.

Martindale RG, Carter PL, Harris SC: Gallstones and Cirrhosis. A Dangerous Combination. Gary P. Wratten Surgical Symposium, Washington, DC, Apr 86.

Moore DW, Morris MR: Bilateral Lymphoepethelial Cysts of the Parotid. Amer Acad Otolaryngol, San Antonio, TX, Sep 86.

O'Reilly MJ: Management of the Pelvic Space and Its Influence on the Primary Healing of Perineal Wounds. Washington State Chapter American College of Surgeons, Salishan, OR, Jun 86.

Rozanski TA: In Vitro Culture of Primary Human Prostate Carcinoma. Kimbrough Urologic Meeting, Seattle, WA, Nov 85. AWARD: Best Resident Research Paper.

Rozanski TA: In Vitro Culture of Primary Human Prostate Carcinoma. Kimbrough Urologic Meeting, Seattle, WA, Nov 85. NW Urologic Society, Tacoma, WA, Dec 86. Best Resident Research Paper.

Sinclair JC, Harris SC, Carter PL: Hyperlipemic Abdominal Crisis Presenting as Right Lower Quadrant Abdominal Pain. Annual Meeting of the Washington State Chapter, American College of Surgeons, Salishan, OR, Jun 86.

Strand JA: Anatomy and Physiology of Intestinal Stomas. Stoma Symposium, Tacoma, WA, Feb 86.

Vaccaro JA: Traumatic Hematocele: Association with Rupture of the Testicle. Kimbrough Urological Seminar, Seattle, WA, Nov 85.

Department of Surgery - Cont

Vaccaro JA: Prostatic Abscess: Computerized Tomography Scanning as a Aid to Diagnosis and Treatment. Kimbrough Urological Seminar, Seattle, WA, Nov 85.

Vaccaro JA: Prostatic Abscess: Computerized Tomography Scanning as an Aid to Diagnosis and Treatment. Northwest Urological Assoc, Vancouver, BC, Nov 85.

Woody EA: Prevention of Recurrent Acute Otitis Media: Chemoprophylaxis versus Tympanostomy Tubes. American Otological Society Meeting, Palm Beach, FL, May 86.

Yockey KL: Communication and Swallowing Problems Related to Parkinson's Disease. National Parkinson's Disease Symposium, Tacoma, WA, Sep 85.

INDEX TO PROTOCOLS

O = Ongoing T = Terminated TR = Transferred

C = Completed S = Suspended

PI and No.	Status		Page
		DEPARTMENT OF CLINICAL INVESTIGATION	
FRIEDL, K.E. #83/64	O	The Effect of 2-α-Hydroxy-4-Pregnen-3-One Treatment on Spermatogenesis and Gonadotrophins in Rats	44
FRIEDL, K.E. #85/35	C	Physiological Changes with Weight Loss. Part 2: Testosterone Binding Globulin and Plasma Steroids	45
FRIEDL, K.E. #86/101	O	Atropine Absorption After Administration with 2-Pralidoximine Chloride by Automatic Injector. A Comparison Between Injection of the Drugs Into the Same Intramuscular Site and Separate Intramuscular Sites	46
FRIEDL, K.E. #86/102	O	Effects of Oral and Injectable Testosterone Preparations on Serum Lipoproteins in Healthy Men. A Comparison of the Lipoprotein Effect and the Effect on Related Factors: Hepatic Trigylceride Lipase Activity, TeBG Concentration, and Androgen Metabolism	47
HANNAN, C.J. #85/36	O	Physiological Changes with Weight Loss. Part 3: Serum Lipids	48
HANNAN, C.J. #85/83	O	Mechanisms in Blood-Brain Barrier Function: Animal Model	49
HIGBEE, J.W. #85/59	O	Rapid Diagnosis of Leptospirosis Using Monoclonal Antibodies Against Genus Specific Leptospiral Antigen(s)	50
PLYMATE, S.R. #83/83	O	Relationship of Body Fat to Control of Synthesis by the Liver of Testosterone Estradiol Binding Globulin (TeBG) and Sex Hormones	51
PLYMATE, S.R. #83/84	O	Evaluation of Efficacy of Varicocele Repair	52
PLYMATE, S.R. #86/04	C	Diurnal Variation of Testosterone Estradiol Binding Globulin in Young and Elderly Males	53
PLYMATE, S.R. #86/61	O	Effect of Danazol on Serum and Salivary Testosterone Levels	54
PLYMATE, S.R. #86/62	O	Physiologic Consequences of Impaired Blood Brain Barrier Transport of Steroid Hormones	55
YARBROUGH, L. #86/20	O	Total Colectomy with Ileo-Anal Anastomosis and Longitudinal Myectomy in the Porcine Model - A Pilot Study	56

PI and No.	Status		Page
DEPARTMENT OF EMERGENCY MEDICINE			
LAYMAN, M.A. #86/41	C	Intraosseous Infusion of Blood and Crystalloid in Hypovolumic Shock	58
MOORE, G.P. #86/91	O	Clinical Effect of Succinylcholine Intraosse in Sheep	59
PFAFF, J.A. #86/77	O	Usefulness of Chlamydiazyme Test in the Emergency Department	60
ROBINSON, M.D. #82/25	O	Emergency Room Procedure Training.	61
SMITH, S.W. #86/98	O	Adult Vascular Headaches	62
DEPARTMENT OF FAMILY PRACTICE			
COWSAR, J.D. #86/42	C	Comparison of Acute and Chronic Antidepressant Usage at Madigan Army Medical Center	64
ROBERTS, D.W. #84/69	S	Preventive Cardiology Demonstration and Education Research Grant	65
SORSBY, M.C. #85/48	C	Identification of Adolescents at Risk for Pregnancy	66
DEPARTMENT OF MEDICINE			
ANDRADE, W.P. #86/74	O	Methotrexate in the Treatment of Steroid Dependent Asthma	68
BAKER, T.M. #84/57	T	Pilot Study for Treatment of Refractory Breast Cancer with Cis-Platinum and 5-Fluorouracil Infusion	69
BAKER, T.M. #85/30	C	Phase II Study of Cisplatin Plus Continuous Infusion 5-Fluorouracil and Radiotherapy in Locally Advanced Esophageal Cancer (Part 1 and Part 2) - to be Done in Conjunction with the University of Indiana	70
BAKER, T.M. #85/31	O	The Use of Serial Bone Scans, X-Rays, and CT Scans in Assessingthe Response of Bone Metastasis to Systemic Treatment	71
CARLIN, K.J. #86/83	O	Investigation of Effects of Calcium Channel Blockers on Production of Testosterone	72
COLMAN, L.K. #86/96	O	Bone Scan Versus Spinal Magnetic Resonance Imaging in the Evaluation of New Back Pain in Women with Breast Cancer	73

PI and No.	Status		Page
Department of Medicine (Cont)			
DAVIDSON, H. #85/32	O	The Use of Serial Computed Tomography (C.T.) Scans to Evaluate Response to Radiation Therapy	74
DAVIDSON, H. #86/28	O	Phase II Study of Ifosfamide and Mesna Alone or as Part of Combination Chemotherapy in Refractory Testicular Cancer	75
DUNNING, D. #86/87	O	Radiation Survival of Human Prostate Carcinoma Cells	76
GOMATOS, P.J. #86/54	S	The Natural History of HTLV-III Infection and Disease in a United States Military Population	77
GROVER, B.S. #86/55	O	Comparison of Bronchial Washings versus Formal Broncho-alveolar Lavage in the Cytologic Diagnosis of Peripheral Pulmonary Neoplasms	78
GROVER, B.S. #86/73	O	Pleuroscopy in the Sheep with a Flexible Fiberoptic Bronchoscope	78
GROVER, B.S. #86/78	O	Evaluation of Prednisone as an Antitussive During Bronchoscopy	80
JONES, R.E. #83/81	O	Studies on Fatty Acid Activation in Spermatozoa: Kinetics and Localization	81
JONES, R.E. #85/17	O	Establishment of a Long Term Mammalian Hepatocyte Tissue Culture	82
JONES, R.E. #85/74	C	Influence of Acute Verapamil Infusion on Pituitary Responsiveness to Exogenous GnRH	83
JONES, R.E. #85/84	O	Purification of Long Chain Fatty Acid: CoASH Ligase From Human Spermatozoa	84
JONES, R.E. #85/85	O	Kinetics of Polyunsaturated Fatty Acid (PUFA) Activation in Human Sperm	85
JONES, R.E. #86/70	-	Hormonal Regulation of Rabbit *(Oryctolagus cuniculus)* Liver Long Chain Fatty Acid:CoASH Ligase (AMP). Effects of Insulin, Glucagon, Glucocorticoids and Thyroid Hormones	86
KIRK, J.W. #84/80	O	A Comparison of Thallim Stress Testing and Cardiac Pacing Stress Testing in the Preoperative Evaluation of Patients Undergoing Abdominal Aortic Aneurysmectomy and/or Aortofemoral Revascularization	87
KNODEL, D.H. #86/19	O	Transhepatic Lipoprotein Gradients and Their Relationship to Sex Steroid Concentrations	88
KNODEL, D.H. #86/22	O	Potentiation of Tricyclic Antidepressants by Triiodothyronine	89
KNODEL, D.H. #86/48	T	False Positive Clonidine Suppression Tests Resulting from Hypothyroidism	90

PI and No.	Status		Page
Department of Medicine (Cont)			
KOLLEF, M.H. #86/33	C	Investigation of the Occurrence of Lactic Acidosis During Treatment of Exacerbations of Chronic Obstructive Lung Disease (COLD)	91
KOLLEF, M.H. #86/81	O	Investigation of the Use of Parenteral Solumedrol (Methylprednisolone Sodium Succinate) versus Inhaled Beclomethasone Dipropionate in Patients with a Mild or Moderate Exacerbation of Chronic Obstructive Lung Disease (COLD)	92
NUOVO, J.A. #86/99	O	Investigations into Immune Phenomena Associated with Thyroid Auto-immune Disease	93
O'MEARA, T.F. #85/80	O	The Utility of Including Iron Assay on an Automated Chemistry Panel	94
PEARCE, W.A. #85/25	O	Efficacy and Safety of Trimethoprim-Sulfamethoxazole versus Ampicillin in the Treatment of Upper Urinary Tract Infections	95
REDMOND, J.F. #85/81	C	CT Scanning, CT Myelography, and Magnetic Resonance Imaging in the Diagnosis of the Metastasis to the Axial Spine	96
STEUDEL, T. #84/12	C	Western Washington Randomized Trial of Intravenous Streptokinase in Acute Myocardial Infarction	97
STONE, M.D. #84/14	T	Danazol Therapy for Idiopathic Thrombocytopenic Purpura (ITP)	98
STONE, M.D. #84/56	O	Weely Low Dose CCNU for Extensive Adenocarcinoma of the Colon and Rectum	99
STONE, M.D. #86/57	O	The Effect of Nonsteroidal Antiinflammatory Agents (NSAIAs) on the Template Bleeding Time	100
TREECE, G.L. #81/56	O	The Effect of Nephrosis on Treated Hypothyroidism	101
TREECE, G.L. #82/05	O	The Utility of Urinary Free Cortisol to Monitor Replacement Therapy for Adrenal Insufficiency	102
TREECE, G.L. #83/37	O	The Effect of Rapid, Short Term Blood Glucose Control on Leukocyte Function in Diabetic Patients	103
TREECE, G.L. #84/40	O	Treatment of Graves' Ophthalmopathy with Cyclosporin	104
TREECE, G.L. #85/24	O	Physiological and Biochemical Changes During Thyroid Extract Withdrawal	105
TREECE, G.L. #85/42	O	The Treatment of Refractory Paget's Disease of Bone with Synthetic Human Calcitonin	106
WITTE, M.C. #86/46	O	Assessment of the Incidence of Bronchial Hyperreactivity to Methacholine in Patients with Sarcoidosis	107

PI and No.	Status		Page
Department of Medicine (Cont)			
WITTE, M.C. #85/47	O	The Effect of Abnormal Thyroid States on the Metabolism of Theophylline and Methylprednisolone	108
YOVANOFF, J. #86/17	O	Colon Inflammation in Reiter's Syndrome: Response to Sulfasalazine. Results of a Controlled Study	109
DEPARTMENT OF NURSING			
CHINLUND, L.D. #85/82	O	An Evaluation of the Impact of the ANA's Standards of Nursing Practice at MAMC	111
REEDER, J.M. #86/60	C	A Comparison of Structured and Unstructured Intraoperative Family Progress Reports	112
DEPARTMENT OF OB/GYN			
BRUMFIEL, M. #85/03	C	Antithrombin III, Uric Acid, and Platelet Levels as Predictors of Preeclampsia	114
CARPENTER, C. #86/79	T	Factors Having Potential Influence on the Pregnant Adolescent's Infant Feeding Decision	115
DUFF, W.P. #85/26	T	The Pharmacokinetics of Clindamycin and Gentamicin in Patients with Postcesarean Endometritis	116
DUFF, W.P. #85/27	T	An Investigation of Neutrophil Phagocytic Function in Obstetric Patients	117
DUFF, P. #85/70	C	A Comparison of Two Single-Dose Antibiotic Regimens for Treatment of Uncomplicated Lower Urinary Tract Infections in Obstetric Patients	118
DUFF, P. #85/71	T	A Comparison of Clindamycin plus Cefazolin versus Mezlocillin for Treatment of Postcesarean Endometritis and Posthysterectomy Pelvic Cellulitis	119
DUFF, P. #85/72	C	A Comparison of Cefazolin versus Cefonicid as Single-Dose Prophylaxis for Prevention of Postcesarean Endometritis	120
DUFF, P. #86/66	O	A Comparison of Cefazolin Versus Cefotetan as Single-Dose Prophylaxis for Prevention of Postcesarean Endometritis	121
KOPELMAN, J. #85/16	C	A Randomized Comparison of Oral Terbutaline vs Oral Ritodrine for Prevention of Recurrent Premature Labor	122
LEE, R.B. #86/40	O	Infection Prevention in Patients Undergoing Radical Hysterectomy	123

PI and No.	Status		Page
Department of OB/GYN (Cont)			
MAGELSSEN, D. #83/17	O	External Cephalic Version with Tocolysis Using Ritodrine	124
PARKS, K.D. #86/18	O	Impact on Health and Military Readiness of a Tri-Cycle Oral Contraceptive Regimen	125
POLZIN, W.J. #85/11	O	The Effect of Estrogens on the Renal Actions of Calcium-Regulating Hormones in Postmenopausal Women	126
READ, J.A. #83/02	O	Randomized Trial of Ambulation vs Oxytocin for Labor Enhancement	127
READ, J.A. #83/12	O	The Detection of Fetal Maternal Hemorrhage in External Version and OCT via Alpha-feto-protein	128
READ, J.A. #84/05	T	Effects of Position on the Second Stage of Labor and Delivery	129
ROBERTSON, A. #86/56	O	A Comparative Study of Treatment of UTI in Obstetric Patients Utilizing Three Different Dosage Regimens of Augmentin	130
SA'ADAH, D.M. #80/48	C	Impact of Fetal Monitoring on the Premature Infant	131
SOUTHMAYD, K. #86/51	O	Objective Measurement of Thyroid Volume During Pregnancy	132
STONE, I.K. #85/20	O	Microsurgical Technique	133
WILLIAMS, L. #86/30	T	Single versus Multidose Topical Treatment of Vulvovaginal Candidiasis with Clotrimazole	134
DEPARTMENT OF PEDIATRICS			
ALVAREZ, #84/11	T	The Coping Process of Families of Children with Birth Defects	136
BRUECKNER, R. #85/93	T	Duration of Positive Pressure (DPP) as a Measure of Lung Compliance	137
GARCIA, #84/73	O	Prophylactic Intravenous Immunoglobin in High Risk Neonates	138
GARCIA, J. #86/68	O	Antenatal Phenobarbital: Prophylactic Efficacy for the Prevention of Neonatal Intracerebral Hemorrhage (ICH)	139
GLASSHEIM, J. #86/35	O	Urine and CSF Latex Agglutination: Predictive Value for Subsequent Culture-Proven Sepsis/Meningitis on a General Pediatrics Service	140

PI and No.	Status		Page
Department of Pediatrics (Cont)			
JARRETT, R.V. #86/33	T	Arterial Diastolic Half Time Analysis in the Evaluation of Left to Right Ductal Shunting	141
KRUG, E.F. #86/82	O	Neuromotor Status of Infants with Non-Organic Failure to Thrive (NOFIT)	142
MOORE, D.C. #84/77	C	Eating Attitude Questionnaire	143
MOORE, D.C. #86/03	T	Treatment Use of Recombinant Methionyl-Human Growth Hormone for Hypoglycemia of Growth Hormone Deficiency	144
O'NUFER, C.N. #84/54	C	Determination of a Possible Association Between Migraine Headaches and Attention Deficit Disorders in Children	145
ONUFER, C.N. #86/49	T	Determination of a Possible Association Between Iron Deficiency and Attention Deficit in Children with Attention Deficit Disorder with Hyperactivity (ADD-H)	146
RIVERA-DELEON #86/97	O	Associations Between IVH and Prolonged QT-Interval in Premature Neonates	147
STRACENER, C. #85/52	O	Child Abusive Attitudes and Social Support - A Descriptive Study of A Military Environment	148
DEPARTMENT OF SURGERY			
BARNARD, B. #86/88	O	Method of Determining in Dogs the Vascularity of Transposed Patellar Tendons Used in ACL Reconstructions Utilizing Fluorescein Dye, with Correlation to Viability	150
BELVILLE, W. #79/57	T	The Effect of Dimethyl Sulfoxide on the Uptake of Cisplatin From the Urinary Bladder of the Dog	151
BELVILLE, W. #84/51	O	Orchiectomy and Observation in the Treatment of Clinical Stage I Nonseminomatous Germ Cell Tumor of the Testis (NSGCTT)	152
BELVILLE, W. #86/86	O	An 18-Month Double-Blind, Multicenter Study to Compare the Efficacy and Safety of the Antiandrogen RU 23908 in Comb nation with Leuprolide with that of Leuprolide in Patients with Carcinoma of the Prostate (Stage D_2, Followed by an Extended Treatment Period to Evaluate the Long-Term Safety and Tolerance of RU 23902	153
BOWERSOX, J. #86/34	C	Effects of Intravenous Fat Emulsions on Plasma Fibronectin Metabolism	154
ELLIS, M.B. #84/42	C	The Effects of the Shaw Scalpel on Wound Healing	155

PI and No.	Status		Page
Department of Surgery (Cont)			
ERPELDING, J. #85/49	O	Synovial Fluid Changes Following Arthroscopy in Patients with Effusions	156
ERPELDING, J. #85/50	T	The Effect of Nonsteroidal Anti-inflammatory Agents on Synovial Fluid Following Arthroscopy	157
EVANS, C.P. #86/94	O	A Prospective Evaluation of Testicular Shielding in Preventing Hypogonadism in Prostate Cancer Patients Receiving External Beam Radiotherapy	158
GREENFIELD, N. #86/50	O	Ultrasonic Imaging of Veins Throughout Pregnancy and Early Post-Partum	159
HARRIS, S.C. #85/21	O	Advanced Trauma Life Support Course	160
LUDVIGSON, M. #84/35	T	Scrotal Blood Flow Following Shouldice Herniorrhaphy	161
MADER, T.H #79/64	O	Implantation of Intraocular Lenses	162
MADER, T.H. #85/51	O	The Transconjunctival Oxygen Monitoring System as a Predictor of Carotid Stenosis	163
MADER, T.H. #85/86	C	Intraocular Lenses in Pilots. A Review of the U.S. Army Experience	164
MADER, T.H. #86/01	C	Transconjunctival Oxygen Tension in an Altitude Chamber	165
MADER, T.M. #86/29	O	The Clinical Study of Intraocular Lens Implant and the Use of Viscoat™ and CDS II™	166
MADER, T.H. #86/58	T	The Effects of "G" Forces on Conjunctival Oxygen Tension	167
MOORE, D.W. #84/23	O	Sinusitis Secondary to Foreign Bodies in the Nasal Cavity and Its Relationship to Sepsis in the Severely Ill Patient	168
NYREEN, M. #85/66	C	A Hemodynamic Comparison of Protamine Reversal of Bovine Lung vs Porcine Intestinal Mucosal Heparin in Vascular Surgical Patients	169
PARR, T.J. #85/65	O	Biologic Ingrowth Total Hip Replacement	170
PARR, T.J. #86/95	O	Youth Soccer Injuries in a Training Camp	171
PETERSON, D. #83/75	C	Ultrasonic Localization of Internal Fixation Devices Within Connective Tissues	172

PI and No.	Status		Page
Department of Surgery (Cont)			
ROZANSKI, T. #85/47	C	The Effect of Staged Hormonal Manipulation (Orchiectomy) on Survival of Nude Mice Inoculated with Human Prostate Carcinoma	173
ROZANSKI, T. #86/43	O	Nitrofurantoin and Pediatric Pulmonary Function	174
ROZANSKI, T. #85/100	O	Effects of Androgen Depletion on Human Prostate Tumor Cell Growth in the Athymic Balb/c Mouse	175
SMITH, D.B. #86/84	O	Intraoperative Monitoring of Recurrent Laryngeal Nerve Function in Swine	176
SMITH, D.B. #86/85	O	Device for Intraoperative Identification of Recurrent Laryngeal Nerve	177
WHEELER, B.R. #86/16	O	Teaching Program for Practical Microsurgery	178
YOCKEY, K. #85/92	O	Voice Quality, Acceptability and Intelligibility of Partially Laryngectomized Persons	179
PHYSICAL AND MEDICAL REHABILITATION SERVICE			
KANE, M.D. #86/69	T	The Effects of Combined Inversion/Passive Back Extension Exercises on Herniated Nucleus Pulposus	181
TAYLOR, R.L. #85/34	C	Physiological Changes with Weight Loss. Part I: Reliability of Various Methods of Body Fat Determination	182
PREVENTIVE MEDICINE SERVICE			
ADUDDELL, M. #86/02	C	Cross-Sectional Community Health Assessment of Fort Lewis Soldiers and Their Families	184
CARROLL, D.A. #86/92	O	Correlates of Smoking Behaviors Among Soldiers and Family Members	185
ERDTMANN, F. #86/21	O	Data Collection for the Selected Cancers Among Vietnam Veterans Study	186
EVENSON, E.T. #85/94	C	A Clinical Trial of a Training-Associated Injury Prevention Program in Active Duty Soldiers	187
LEDNAR, W.M. #85/33	C	Cancer Incidence and Magnetic Field Exposure	188
LEDNAR, W. #85/68	C	Genital Herpes During Pregnancy: Historical Cohort Study of Newborn and Maternal Outcomes	189

PI and No.	Status		Page
Preventive Medicine Service (Cont)			
PHILLIP, D.F. #85/95	C	Day Care Diarrhea: A Concurrent Prospective Study	190
SANCHEZ, R.J. #86/93	O	Assessing Potential Predictor Variables of Overweight in a Military Population	191
		SOCIAL WORK SERVICE	
DAVIS, T.A. #85/60	T	Family Violence: Prevention and Treatment	193
		DEPUTY COMMANDER FOR ADMINISTRATION	
STANSBURY, E. #86/67	C	An Analysis of the Surgery Scheduling Process At Madigan Army Medical Center	195
		9TH INFANTRY DIVISION	
TYNUM, W #83/34	T	Ranger Medic Procedures Training.	197
		385TH COMBAT SUPPORT HOSPITAL (USAR)	
BINGHAM, K.E. #86/76	C	Hands on Medical Training Using Sheep	199
		FORT WAINWRIGHT, ALASKA	
FOUTCH, R. #86/63	C	Dexamethasone versus Placebo for Prevention of Acute Mountain Sickness	201
		ACTIVE DUTY FULL TIME GRADUATE STUDENTS ASSIGNED TO HSC	203
FANCHER, R.D. #86/36	C	Correlation Between Vertical Fixation Disparity and Essential Hypertension; Effects of Correcting Vertical Fixation Disparities on Blood Pressure	
MCKEE, M.G. #86/37	C	An Investigation Into the Effect of Various Positions of Gaze and Head Inclination on the Measurement of Lateral Fixation Disparities, Heterophorias, and Ductions	204
SWEENEY, J.K. #84/62	O	Screening of Infants for Movement Deficits	205
SWEENEY, J.K. #85/15	O	Physiologic Correlates of Neurological Assessment	206

PI and No.	Status		Page
CHILDRENS CANCER STUDY GROUP PROTOCOLS			
HARTMAN, K. #86/64	C	CCG 104: Treatment of Newly Diagnosed Acute Lymphoblastic Leukemia in Children with a Good Prognosis	208
HARTMAN, K. #86/65	O	CCG 105: Treatment of Newly Diagnosed Acute Lymphoblastic Leukemia in Children with an Intermediate Prognosis	209
HARTMAN, K. #86/44	O	CCG-107: Treatment of Newly Diagnosed Acute Lymphoblastic Leukemia and Acute Undifferentiated Leukemia in Infants Less Than 12 Months of Age	210
HARTMAN, K. #86/31	O	CCG 323P: Cyclic Combination Chemotherapy for Newly Diagnosed Stage III Neuroblastoma Age 2 Years or Older at Diagnosis and Newly Diagnosed Stage IV Neuroblastoma All Ages	211
HARTMAN, K. #86/45	O	CCG 631: Intergroup Rhabdomyosarcoma Study - III. NCI Protocol #:INTERG-0032	212
FRED HUTCHINSON CANCER RESEARCH CENTER GROUP PROTOCOLS			
DABE, I.B. #83/30	O	FHCRC #11 - Protocol for Treatment of Adult Acute Nonlymphocytic Leukemia, Study V	214
DAVIDSON, H. #83/47	O	FHCRC #152: Combined Modality Treatment for Non-Hodgkin's Lymphomas of Intermediate and High-Grade Malignancy	215
GYNECOLOGY ONCOLOGY GROUP PROTOCOLS			
LEE, R.B. #82/07	O	GOG #26C: A Phase II Trial of Cis-Platinum Diamminedichloride	217
LEE, R.B. #83/18	O	GOG #26D: A Phase II Trial of VP-16 in Patients with Advanced Pelvic Malignancies	218
LEE, R.B. 83/19	O	GOG #26E: A Phase II Trial of Glactitol 1,2:5,6-Dianhydro in Patients with Advanced Pelvic Malignancies	219
LEE, R.B. #83/20	O	GOG #26G: A Phase II Trial of ICRF-159 in Patients with Advanced Pelvic Malignancies	220
LEE, R.B. #83/21	O	GOG #26I: A Phase II Trial of AMSA in Patients with Advanced Pelvic Malignancies	221
LEE, R.B. #83/22	O	GOG #26J: A Phase II Trial of Yoshi 864 in Patients with Advanced Pelvic Malignancies	222

PI and No.	Status		Page
GOG's (Cont)			
LEE, R.B. #83/52	O	GOG 26-L: A Phase II Trial of Tamoxifen (NSC 180973) in Patients with Advanced Eipthelial Ovarian Carcinoma	223
LEE, R.B. #83/23	O	GOG #26M: A Phase II Trial of PALA in Patients with Advanced Pelvic Malignancies	224
LEE, R.B. #83/24	O	GOG #26N: A Phase II Trial of Dihydroxyanthracenedione (DHAD) in Patients with Advanced Pelvic Malignancies	225
LEE, R.B. #82/30	O	GOG #26-O: A Phase II Trial of Aziridinylbenzquinone (AZQ) in Patients with Advanced Pelvic Malignancies	226
LEE, R.B. #83/25	O	GOG #26P: A Phase II Trial of AT-125 in Patients with Advanced Pelvic Malignancies	227
LEE, R.B. #83/26	O	GOG #26Q: A Phase II Trial of Aminothiadiazole in Patients with Advanced Pelvic Malignancies	228
LEE, R.B. #84/25	O	GOG #26R: A Phase II Trial of Progesterone in the Treatment of Advanced or Recurrent Epithelial Ovarian Cancers ThatHave Failed Combination Chemotherapy	229
LEE, R.B. #84/64	O	GOG 26-S: A Phase II Trial of Teniposide in Patients with Advanced Pelvic Malignancies	230
LEE, R.B. #84/65	O	GOG 26-T: A Phase II Trial of 4'-Deoxydoxorubicin in Patients with Advanced Pelvic Malignancies	231
LEE, R.B. #85/87	O	GOG 26 U: A Phase II Trial of Ifosfamide (NSC #109724) and the Uroprotector, Mesna (NSC #25232), in Patients With Advanced Pelvic Malignancies	232
LEE, R.B. #85/88	O	GOG 26V: A Phase II Trial of N-Methylformamide in Patients with Advanced Pelvic Malignancies	233
LEE, R.B. #86/75	O	GOG 26W: A Phase II Trial of Echinomycin (NSC #526417) in Patients with Advanced Pelvic Malignancies	234
LEE, R.B. #81/24	O	GOG #34: A Randomized Study of Adriamycin as an Adjuvant After Surgery and Radiation Therapy in Patients with High-Risk Endometrial Carcinoma Stage I and Occult Stage II	235
LEE, R.B. #81/79	O	GOG #40: A Clinical-Pathologic Study of Stages I and II Uterine Sarcomas	236
LEE, R.B. #81/25	O	GOG #44: Evaluation of Adjuvant Vincristine, Dactinomycin, and Cyclophosphamide Therapy in Malignant Germ Cell Tumors of the Ovary After Resection of all Gross Tumor, Phase III	237
LEE, R.B. #84/46	C	GOG 45: Evaluation of Vinblastine, Bleomycin, and Cis-Platinum in Stages III and IV and Recurrent Malignant Germ Cell Tumors of the Ovary	238

PI and No.	Status		Page
GOG's (Cont)			
LEE, R.B. #81/71	C	GOG #50: A Study of Adriamycin as Postoperative Therapy for Ovarian Sarcoma, Primary or Recurrent, with No Prior Chemotherapy	239
LEE, R.B. #81/116	O	GOG #54: The Treatment of Women with Malignant Tumors of the Ovarian Stroma with Combination Vincristine, Dactinomycin, and Cyclophosphamide--Phase III; and a Phase II Evaluation of Adriamycin in Malignant Tumors of the Ovarian Stroma Refractory to Primary Chemotherapy	240
LEE, R.B. #81/44	O	GOG #55: Hormonal Contraception and Trophoblastic Sequelae After Hydatidiform Mole, Phase III	241
LEE, R.B. #82/08	O	GOG #56: A Randomized Comparison of Hydroxyurea Versus Misonidazole as an Adjunct to Radiation Therapy in Patients with Stage II_B, III, and IV_A Carcinoma of the Cervix and Negative Para-aortic Nodes (Phase III)	242
LEE, R.B. #82/31	O	GOG #57: A Randomized Comparison of Multiple Agent Chemotherapy With Methotrexate, Dactinomycin, and Chlorambucil vs the Modified Bagshawe Protocol in the Treatment of "Poor Prognosis" Metastatic Gestational Trophoblastic Disease (Phase III)	243
LEE, R.B. #81/117	O	GOG #59: A Randomized Comparison of Extended Field Radiation Therapy and Hydroxyurea Followed by Cisplatin or no Further Therapy in Patients with Cervical Squamous Cell Carcinoma Metastatic to High Common Iliac and/or Para-aortic Lymph Nodes, Phase III	244
LEE, R.B. #81/118	O	GOG #60: A Phase III Randomized Study of Doxorubicin Plus Cyclophosphamide Plus Cisplatin vs Doxorubicin Plus Cyclophosphamide Plus Cisplatin Plus BCG in Patients with Advanced Suboptimal Ovarian Adenocarcinoma, Stages III and IV	245
LEE, R.B. #86/38	O	GOG 62: Data Collection Form for Extravasation Injury with Doxorubicin	246
LEE, R.B. #82/36	O	GOG #63: A Clinical-Pathologic Study of Stages II_b, III, and IV_a Carcinoma of the Cervix	247
LEE, R.B. #83/40	O	GOG #66: Ultrastructural, Staging, and Therapeutic Considerations in Small Cell Carcinoma of the Cervix, Phase II	248
LEE, R.B. #83/63	O	GOG 70: A Randomized Comparison of Single Agent Chemotherapy (Methotrexate, and Methotrexate with Folinic Acid Rescue) in "Good Prognosis" Metastatic Gestational Trophoblastic Disease	249

PI and No.	Status		Page
GOG's (Cont)			
LEE, R.B. #83/41	O	GOG #71: Treatment of Patients with Suboptimal Stage IB Carcinoma of the Cervix: A Randomized Comparison of Radiation Therapy and Post-Treatment Para-Aortic and Common Iliac Lymphadenectomy Versus Radiation Therapy, Para-Aortic and Common Iliac Lymphadenectomy and Adjunctive Extrafascial Hysterectomy, Phase III	250
LEE, R.B. #84/33	O	GOG 72: Ovarian Tumors of Low Malignant Potential: A Study of the Natural History and A Phase II Trial of Melphalan and Secondary Treatment with Cisplatin in Patients with Progressive Disease	251
LEE, R.B. #84/26	O	GOG #73: A Clinicopathologic Study of Primary Malignant Melanoma of the Vulva Treated by Modified Radical Hemivulvectomy	252
LEE, R.B. #84/27	O	GOG #74: Early Stage I Vulvar Carcinoma Treated With Ipsilateral Superficial Inguinal Lymphadenectomy and Modified Radical Hemivulvectomy	253
LEE, R.B. #84/28	O	GOG #75: Postoperative Pelvic Radiation in Stages I & II Mixed Mesodermal Sarcomas of the Uterus	254
LEE, R.B. #84/74	O	GOG 78: Evaluation of Adjuvant Vinblastine, Bleomycin, and Cisplatin Therapy in Totally Resected Choriocarcinoma, Endodermal Sinus Tumor, or Embryonal Carcinoma of the Ovary, Pure and Mixed with Other Elements	255
LEE, R.B. #85/89	O	GOG 79: Single Agent Weekly Methotrexate (NSC #740) Therapy in the Treatment of Nonmetastatic Gestational Trophoblastic Disease	256
LEE, R.B. #86/59	O	GOG 80: Cytoreductive Surgery and PAC Chemotherapy vs PAC Chemotherapy for Advanced Stage Epithelial Ovarian Carcinoma After Previous Debulking (Primary Stage III and Only Stage IV with Malignant Pleural Effusion, Phase III	257
LEE, R.B. #86/08	O	GOG 81/A: Master Protocol for Hormonal Treatment of Advanced or Recurrent Carcinoma of the Endometrium	258
LEE, R.B. #86/09	O	GOG 81/B: A Phase I-II Trial of Medroxyprogesterone Acetate (MPA) in Patients with Advanced or Recurrent Endometiral Carcinoma Positive for Estrogen and Progesterone Receptors	259
LEE, R.B. #86/10	O	GOG 81/C: A Phase I-II Trial of Medroxyprogesterone Acetate (MPA) in Patients with Advanced or Recurrent Endometiral Carcinoma Negative for Estrogen and Progesterone Receptors	260

PI and No.	Status		Page
(GOG's Continued)			
LEE, R.B. #86/11	O	GOG 81/D: A Phase I-II Trial of Medroxyprogesterone Acetate (MPA) in Patients with Advanced or Recurrent Endometiral Carcinoma Positive for Either Estrogen or Progesterone Receptors but Not Both	261
LEE, R.B. #86/12	O	GOG 81/E: A Phase I-II Trial of Medroxyprogesterone Acetate (MPA) in Patients with Advanced or Recurrent Endometiral Carcinoma with Unknown Estrogen and Progesterone Receptors	262
LEE, R.B. #86/13	O	GOG 81/F: A Phase I-II Trial of Tamoxifen Citrate in Patients with Advanced or Recurrent Endometrial Carcinoma Responsive to Progestins	263
LEE, R. B. #86/23	O	GOG 82: A Phase III Trial Comparing Combination Chemotherapy (CAP) With Whole Abdominal Radiation Therapy for Stage III Optimal Epithelial Ovarian Cancer with No Gross Residual Disease	264
LEE, R.B. #85/90	O	GOG 83: A Clinico-Pathologic Study of Simultaneous Endometrial and Ovarian Carcinomas	265
LEE, R.B. #86/89	O	GOG 85: A Randomized Comparison of Hydroxyurea versus 5-FU Infusion and Bolus Cisplatin as an Adjunct to Radiation Therapy in Patients with Stages II-B, III, and IV-A Carcinoma of the Cervix and Negative Para-aortic Nodes	266
LEE, R.B. #86/14	O	GOG 86/A: Master Protocol for Phase II Drug Studies in Treatment of Recurrent Carcinoma of the Endometrium	267
LEE, R.B. #86/15	O	GOG 86/B: A Phase II Trial of Hexamethylmelamine (NSC #13875) in Patients with Advanced or Recurrent Endometrial Carcinoma	268
LEE, R.B. #86/24	O	GOG 87A: Master Protocol for Phase II Drug Studies in the Treatment of Recurrent or Advanced Uterine Sarcomas	269
LEE, R.B. #86/25	O	GOG 87B: A Phase II Trial of Ifosfamide (NSC #109724) and the Uroprotector, Mesna (NSC #25232), in the Treatment of Recurrent of Advanced Uterine Sarcomas	270
LEE, R.B. #86/90	O	GOG 88: A Randomized Study of Radical Vulvectomy and Bilateral Groin Dissection versus Radical Vulvectomy and Bilateral Groin Radiation	271
LEE, R.B. #86/39	T	GOG 89: A Randomized Comparison of IV Cyclophosphamide, Doxorubicin and Cis-platin vs IV Cyclophosphamide and Doxorubicin & IP Cisplatin in Patients with Epithelial Ovarian Carcinoma, Stage III Optimal (Phase III)	272

PI and No.	Status		Page
NATIONAL CANCER INSTITUTE PROTOCOLS			
BAKER, T.M. #81/102	O	NCI I80-12: Group C Guidelines for the Use of Delta-9-Tetrahydrocannabinol	274
LEE, R.B. #81/33	O	NCI 7602: All Stage I_C and $II_{(A,B,C)}$ and Selected Stage I_{Aii} and I_{Bii} Ovarian Cancer	275
SOUTHWEST ONCOLOGY GROUP PROTOCOLS			
DAVIDSON, H. #78/42	O	SWOG 7804: Adjuvant Chemotherapy with 5-Fluorouracil, Adriamycin, and Mitomycin-C (FAM) vs Surgery Alone for Patients with Locally Advanced Gastric Adenocarcinoma	277
DAVIDSON, H. #78/47	O	SWOG 7808: Combination Modality Treatment for Stages III and IV Hodgkin's Disease, MOPP #6	278
DAVIDSON, H. #79/96	O	SWOG 7827: Combined Modality Therapy for Breast Carcinoma, Phase III	279
DABE, #81/80	O	SWOG 7984: The Treatment of Chronic Stage CML with Pulse, Intermittent Busulfan Therapy with or without Oral Vitamin-A, Phase III	280
DAVIDSON, H. #86/05	C	SWOG 8024: Combined Modality Therapy for Disseminated Soft Tissue Sarcomas, Phase III	281
DAVIDSON, H. #82/13	O	SWOG 8049: Treatment of Resected, Poor Prognosis Malignant Melanoma: Stage 1: Surgical Excision vs Surgical Excision Plus Vitamin A	282
DAVIDSON, H. #83/05	O	SWOG 8107: Management of Disseminated Melanoma, Master Protocol, Phase II-III	283
BAKER, T.M. #86/06	O	SWOG 8208: Trial Chlorozotocin and 5-FU in Metastatic Islet Cell Carcinoma, Phase II	284
DABE, I.B. #85/07	S	SWOG 8213: Evaluation of Aclacinomycin A in Refractory Multiple Myeloma, Phase II	285
DAVIDSON, H. #84/18	O	SWOG 8216/38: Comparison of BCG Immunotherapy and Adriamycin for Superficial Bladder Cancer	286
DAVIDSON, H. #83/60	O	SWOG 8219: Evaluation of Combined or Sequential Chemo-Endocrine Therapy in the Treatment of Advanced Adenocarcinoma of the Prostate, Phase III	287
DAVIDSON, H. #84/19	O	SWOG 8221: Treatment of Advanced Bladder Cancer with Preoperative Irradiation and Radical Cystectomy Versus Radical Cystectomy Alone, Phase III	288

PI and No.	Status		Page
SWOG's (Cont)			
DAVIDSON, H. #83/55	O	SWOG 8228: Correlation Between Progesterone Receptor and Response to Tamoxiten in Patients with Newly Diagnosed Metastatic Breast Disease, Phase II	289
DAVIDSON, H. #83/61	O	SWOG 8229/30: Combined Modality Therapy for Multiple Myeloma, VMCP-VBAP for Remission Induction Therapy: VMCP + Levamisole vs Sequential Half-Body Radiotherapy + Vincristine-Prednisone for Patients Who fail to Achieve Remission Status with Chemotherapy Alone, Phase III	290
DAVIDSON, H. #83/68	O	SWOG 8231: Chemotherapy of Extragonadal Germinal Cell Neoplasms, Phase III	291
BAKER, T.M. #85/76	C	SWOG 8269: Concurrent Chemo-Radiotherapy for Limited Small Cell Carcinoma of the Lung, Phase II	292
DAVIDSON, H. #84/47	C	SWOG 8293: Intergroup Phase III Protocol for the Management of Locally or Regionally Recurrent but Surgically Resectable Breast Cancer	293
DAVIDSON, H. #83/56	O	SWOG 8294: Evaluation fo Adjuvant Therapy and Biological Parameters in Node Negative Operable Female Breast Cancer (ECOG, EST-1180), Intergroup Study	294
BAKER, T.M. #85/08	O	SWOG 8300: Treatment of Limited Non-Small Cell Lung Cancer: Radiation versus Radiation Plus Chemotherapy (FOMi/CAP), Phase III	295
DAVIDSON, H. #84/78	C	SWOG 8308: Combination Cis-Platinum and Dichloromethotrexate in Patients with Advanced Bladder Cancer, Phase II	296
BAKER, T.M. #85/62	O	SWOG 8310: Evaluation of Aziridinylbenzoquinone (AZQ) (NSC-182986) in Refractory Relapsing Myeloma, Phase II	297
BAKER, T.M. #84/72	O	SWOG 8312: Megestrol Acetate and Aminoglutethimide/ Hydrocortisone in Sequence or in Combination as Second-Line Endocrine Therapy of Estrogen Receptor Positive Metastatic Breast Cancer, Phase III	298
DAVIDSON, H. #84/59	O	SWOG 8313: Multiple Drug Adjuvant Chemotherapy for Patients with ER Negative Stage II Carcinoma of Breast, Phase III	299
DAVIDSON, H. #84/61	O	SWOG 8367: Combined Modality Treatment of Regional Non-Small Cell Lung Cancer, Phase I-II Pilot	300
DAVIDSON, H. #85/91	C	SWOG 8369: Combination Chemotherapy with Mitoxantrone, Cis-Platinum, and MGBG for Refractory Lymphoma, Phase II	301
DAVIDSON, H. #84/07	O	SWOG-8370: Vinblastine and Cis-Platinum in the Treatment of Refractory Sarcomas, Phase II - Pilot	302

PI and No.	Status		Page
SWOG's (Cont)			
BAKER, T.M. #84/37	O	SWOG-8378: Evaluation of Fludrabine Phosphate in Chronic Lymphocytic Leukemia	303
BAKER, T.M. #85/54	C	SWOG 8384: Evaluation of Fludarabine Phosphate (NSC-312887) in Small Cell Lung Carcinoma, Phase II	304
BAKER, T.M. #85/55	T	SWOG 8403: Evaluation of Fludarabine Phosphate in Squamous Cell Carcinoma of the Head and Neck Region, Phase II	305
BAKER, T.M. #85/43	O	SWOG 8409: Evaluation of Fludarabine Phosphate in Refractory Multiple Myeloma, Phase II	306
BAKER, T.M. #85/44	O	SWOG 8411: Evaluation of DTIC in Metastatic Carcinoid, Phase II	307
DAVIDSON, H. #86/53	O	SWOG 8412: Carboplatin/Cyclophosphamide versus Cisplatin Cyclophosphamide in Patients with Measurable and NonMeasurable (Sub-Optimal) Disease Stages III and IV Ovarian Cancer, Phase III	308
COLMAN, L.K. #86/07	O	SWOG 8417/19: Evaluation of Two Consolidation Regimens in the Treatment of Adult Acute Lymphoblastic Leukemia, Phase III	309
BAKER, T.M. #85/45	O	SWOG 8418: Evaluation of Cis-Diamminedichloroplatinum in Unresectable Diffuse Malignant Mesothelioma, Phase II	310
DAVIDSON, H. #85/46	O	SWOG 8460: Combination Chemotherapy (COPE) and Radiation Therapy for Extensive Small Cell Lung Cancer, Phase II, Pilot	311
DAVIDSON, H. #85/56	O	SWOG 8493: Simultaneous Cis-Platinum + Radiation Therapy Compared with Standard Radiation Therapy in the Treatment of Unresectable Squamous or Undifferentiated Carcinoma of the Head & Neck, Phase III (Intergroup Study, EST 2382)	312
BAKER, T.M. #85/77	O	SWOG 8494: A Comparison of Leuprolide with Flutamide and Leuprolide in Previously Untreated Patients with Clinical Stage D_2 Cancer of the Prostate, Phase III, Intergroup (INT-0036)	313
DAVIDSON, H. #85/78	O	SWOG 8503: Combination Chemotherapy of Intermediate and High Grade Non-Hodgkin's Lymphoma with Pro-MACE-Cytabom, Phase II	314
BAKER, T.M. #86/26	O	SWOG 8504: Evaluation of Menogaril (NSC-269148) in Renal Cell Carcinoma, Phase II	315
BAKER, T.M. #86/52	C	SWOG 8508: Combination Cheeotherapy of Intermediate and High-Grade Non-Hodgkin's Lymphoma with MACOP-B, Phase II	316

PI and No.	Status		Page
SWOG's (Cont)			
BAKER, T.M. #86/27	O	SWOG 8509: Evaluation of Menogaril (NSC-269148) in Adenocarcinoma of the Prostate, Phase II	317
BAKER, T.M. #86/71	O	SWOG 8514: Randomized Comparison of CisPlatin + 5 Fluorouracil versus CBDCA + 5-Fluorouracil versus Methotrexate in Advanced Squamous Cell Carcinoma of the Head and Neck, Phase III	318
BAKER, T.M. #86/80	O	SWOG 8516: A Phase III Comparison of CHOP versus m-BACOD versus ProMACECytaBOM versus MACOP-B in Patients with Intermediate or High-Grade Non-Hodgkin's Lymphoma	319
COLMAN, L.K. #86/72	O	SWOG 8573: Treatment of Limited Small Cell Lung Cancer with Concurrent Chemotherapy, Radiotherapy, and Intensification with High Dose Cyclophosphamide, Phase II Pilot	320
BAKER, T.M. #85/73	O	SWOG 8590: Phase III Study to Determine the Effect of Combining Chemotherapy with Surgery and Radiotherapy for Resectable Squamous Cell Carcinoma of the Head and Neck Phase III (Intergroup Study, EST 2382) (O)	321
BAKER, T.M. #85/64	O	SWOG 8591: NCI Intergroup #0035, An Evaluation of Levamisole Alone or Levamisole plus 5-Fluorouracil as Surgical Adjuvant Treatment for Resectable Adenocarcinoma of the Colon, Phase III - Intergroup (O)	322

D E T A I L S H E E T S

F O R

P R O T O C O L S

DEPARTMENT OF CLINICAL INVESTIGATION

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 83/64 Status: On-going

Title: The Effect of 2-α-Hydroxy-4-Pregnen-3-One Treatment on Spermatogenesis and Gonadotrophins in Rats

Start Date: 20 May 83 Estimated Completion Date: Dec 87

Department: Clinical Investigation Facility: MAMC

Principal Investigator: CPT Karl E. Friedl, MSC

Associate Investigators:

COL Bruce I. Fariss, MC LTC Lewis I. Kelley, MC

COL Stephen R. Plymate, MC Mina Garrison, DAC, B.S., M.T.

Key Words: Physiological role, direct and indirect actions

Accumulative MEDCASE Cost: -0- Est Accumulative OMA Cost: $2750.00 Periodic Review: Nov 85 - Continue

Study Objective: To examine the possibility of a physiological role for the steroid metabolite 2-α-hydroxy-4-pregnen-3-one in the hypothalamic-pituitary testes axis.

Technical Approach: 32 young adult male rats will be anesthetized and castrated on the day prior to treatment. They will be randomly distributed into 4 treatment groups. In a second experiment, 32 intact rats from the same shipment will also be randomized into 4 treatment groups. In both experiments, the groups will be injected daily for 30 days with 1 mg progesterone, 1 mg 2-α-OHP, 5 mg 2-α-OHP, or sesame oil. After 30 days of treatment they will be guillotined and trunk blood will be collected into heparinized containers, centrifuged and plasma aliquots for the hormone assay will be made and stored at -80°C. The testes will be removed from the intact animals, decapsulated and weighed. The left testis will be divided and preserved for histology. The right testis will be frozen at -80°C until assay of intratesticular T, E_2, and androgen binding protein (ABP). For all animals, the ventral prostate and seminal vesicles will be ligated, removed and weighed. Epididymides will be weighed from intact animals and the right epididymis will be frozen at -80°C for later assay of T, E_2, and ABP. Testes will be sectioned at 4 microns and 22 tubules representing 7th stage cell associations will be used per animal. Spermatogonia, spermatocytes, and 17 spermatids will be counted and expressed in terms of Sertoli cell nuclei counts. Unusual features such as necrotic germ cells and high lipid content of the Sertoli cells will be noted. Means of counts and tubule diameters will be compared between the 4 groups by t test. Steroids and gonadotrophins will be measured for all 8 groups by RIA and then compared between intact groups and castrated groups by t test. The relationship between the quantitative assessment of spermatogenesis and hormonal changes will be compared between intact groups.

PROGRESS: Preliminary data indicated that 20-α-OHP acts on both the hypothalamic/pituitary and the testis mechanisms. The actions result in a substantial activation of the seminiferous tubule component of the testes as demonstrated by significant increases in androgen binding protein concentrations. More rats are to be studied.

Detail Summary Sheet

Date: 30 Sep 86 | Protocol No.: 85/35 | Status: Completed

Title: Physiological Changes with Weight Loss. Part 2: Testosterone Binding Globulin and Plasma Steroids
(see page 181 for Part I and page 42 for Part III)

Start Date: 18 Jan 85 | Est Completion Date: Jan 86

Department: Clinical Investigation | Facility: MAMC

Principal Investigator: CPT Karl E. Friedl, MS

Associate Investigators:

COL Stephen R. Plymate,
LTC Robert E. Jones, MC
MAJ T. Kaduce, MSC, USAR
MAJ Arthur Knodel, MC
Thomas Kettler, B.S.
Louis Matej, B.S.

Key Words: Diet, exercise, TeBG, plasma steroids

Accumulative MEDCASE Cost: -0- | Est Accumulative OMA Cost: $4900.00 | Periodic Review: Apr 86: Continue

Study Objective: To examine metabolic and endocrine factors which appear to be related to the changes in plasma TeBG seen in obesity and to examine the significance of the TeBG change to steroid hormone balance.

Technical Approach: Healthy male non-smokers who have been referred for caliper measurements because they were over the Army weight standard will be randomized into three groups: Group 1 (controls - 0-5% below maximum allowable fat standard): blood samples and hydrostatic weight initially and at six months; Group 2 (diet/over fat standard); and Group 3 (diet and exercise/ over fat standard). Groups 2 and 3 will be sampled once a week after an overnight fast with blood samples, caliper measurements, and hydrostatic weight. They will be asked to fill out a questionnaire at the first session, to submit a weekly food intake sheet, and to take part in weekly counselling sessions.

The mechanism of plasma TeBG suppression in obesity will be studied by measuring its restoration to normal levels during weight loss. The changes associated with TeBG alterations will be followed into a stable weight maintenance phase subsequent to the active weight loss. Testosterone, estradiol, DHEA-S, cortisol, hLH, hGH, B-lipotropin, TeBG, glucuronides, and dihydrotestosterone will be measured.

Progress: Nineteen of 24 subjects lost body fat (2.4 $\pm$ 0.2) in 1-3 months. This corresponded to a mean reduction in body weight of 5.8 $\pm$ 1.1 pounds and a 1" reduction in waist circumference. Significant increases in apoprotein AI and in TeBG were observed. Data analysis is continuing and a manuscript is in preparation.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/101	Status: On-going

Title: Atropine Absorption After Administration with 2-Pralidoximine Chloride by Automatic Injector. A Comparison Between Injection of the Drugs Into the Same Intramuscular Site and Separate Intramuscular Sites

Start Date: Jan 87	Est Completion Date: Jun 87	
Department: Clinical Investigation		Facility: MAMC
Principal Investigator:	CPT Karl E. Friedl, MS	
Associate Investigators:	COL Stephen R. Plymate, MC LTC Thomas Mader, MC LTC Robert Jones, MC MAJ Charles Hannan, MS	
Key Words: atropine, single vs separate injections, autoinjector		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine if the systemic delivery of atropine by autoinjector is equally effective when administered at a single intramuscular injection site (MARK-I system) compared to two separate intramuscular injection sites. Secondary objectives will include confirming previous findings that there is no difference in the 2-pralidoxime chloride blood levels achieved and establishing any differences in subjective pain levels and tissue damage by the two methods of delivery.

Technical Approach: Two groups of healthy males (ages 19-40) will be studied. One group will be injected with the MARK-I delivery system and the other will be injected with the multichambered autoinjector delivery system. One week later the groups will be reversed, receiving the alternate form of injection. After an overnight fast, the subjects will be connected to an ECG machine and an indwelling catheter with heparin lock will be inserted into the antecubital vein. Subjects will sit quietly on a bed at an approximate 45° angle. After a minimum 30 minute quiescent period a baseline ECG will be recorded and a 4 ml blood sample will be taken for pre-test CPK. Then the drug will be administered and the subjects will be asked to rate the degree of pain. Blood samples will be be drawn at 3, 6, 10, 15, 20, 30, 40, and 50 minutes and at 1, 1.5, 2, 2.5, 3, 4, 5, 6, 9, and 12 hours. An ECG will be recorded and pupillary diameters will also be estimated at these time intervals. Subjects will be asked to remain supine during the testing and for two hours after. The diameter of erythema of the injection sites will be measured at the end of the experiment and an additional 4 ml blood sample will be drawn for post-injection CPK. Atropine and pralidoxime assays will be performed. Two way ANOVA analysis and t-test will be used for statistical analysis when comparing the different groups.

Progress: This protocol has not been started. The investigators are awaiting final approval from USAMRDC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/102	Status: On-going

Title: Effects of Oral and Injectable Testosterone Preparations on Serum Lipoproteins in Healthy Men. A Comparison of the Lipoprotein Effect and the Effect on Related Factors: Hepatic Triglyceride Lipase Activity, TeBG Concentration, and Androgen Metabolism

Start Date: Oct 86	Est Completion Date: Sep 88
Department: Clinical Investigation	Facility: MAMC
Principal Investigator:	CPT Karl E. Friedl, MS
Associate Investigators:	COL Stephen Plymate, MC LTC Robert Jones, MC MAJ Charles Hannan, MS SP4 Gregory Thomas
Key Words:	testosterone, oral, injectable, serum lipoproteins

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $4137.00	Periodic Review: N/A

Study Objective: To examine qualitative differences in the effects of oral (methyl testosterone) and injectable testosterones (testosterone enanthate) which may be related to their different routes of entry (portal-hepatic vs peripheral). In a second comparison, the experiment will evaluate the role of estradiol in HDLC suppression by the addition of testolactone, an aromatase inhibitor, to the injected group.

Technical Approach: Eighteen male subjects (ages 20-25 years) preferably non-smokers, >15% body fat, after a PE, will be tested once in a control period and will be randomized to the following groups: Group 1: Methy testosterone pills, 20 mg 2 BID, daily for 12 weeks. Group 2: Testosterone enanthate, IM injection, 280 mg once a week for 12 weeks, and Group 3: Testosterone enanthate, IM injection, 280 mg, once a week for 12 weeks plus testolactone pills, 250 mg 4 times a day, daily for 12 weeks. Subjects will be checked weekly for side effects and variations in eating or exercise habits and have a fasting blood sample drawn. Salivary samples will be obtained after 3-5 minutes of chewing parafilm. At 0, 1, 2, 4, 8, and 16 weeks subjects will be injected with heparin and 10 mls of blood will be drawn 10 minutes later. At 0, 4, 8, 12, and 16 weeks, body densities will be obtained by hydrostatic weight. Semen analyses will be done at 16 weeks. These same samples period will be performed during the 16 post-treatment weeks. Comparisons will be made between the TE and MeT and between the TE and TE+testolactone groups over time of treatment and recovery. Determinants of HDLC change and HTGLA will be examined in a multivariate analysis with the samples from all groups, once generalizable relationships are indicated.

Progress: New study - has not been started.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/36	Status: On-going

Title: Physiological Changes with Weight Loss. Part 3: Serum Lipids (see page 181 for Part 1 and page 41 for Part 2)

Start Date: 18 Jan 85	Est completion Date: Jan 87
Department: Clinical Investigation	Facility MAMC

Principal Investigator: MAJ Charles J. Hannan, MS

Associate Investigators:

COL Stephen R. Plymate,	MAJ Arthur Knodel, MC
LTC Robert E. Jones, MC	CPT Karl E. Friedl, MS
MAJ T. Kaduce, MS, USAR	Thomas Kettler, GS/09

Key Words: Diet, no exercise, Serum lipids, body fat

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $8155.00	Periodic Review: Apr 86**

Study Objective: To determine if there is a measureible change in 12-hr fasted serum lipids during an extended period of caloric restriction (with and without exercise) and if any change is maintained after a reduced weight is established. A second objective of this study is to examine the relationship of alterations in lipid levels which are observed in this study with endocrine changes observed in the associated study with the same subjects.

Technical Approach: Healthy male non-smokers who have been referred for caliper measurements because they were over the Army weight standard will be randomized into three groups: Group 1 (controls - 0-5% below maximum allowable fat standard): blood samples and hydrostatic weight initially and at six months; Group 2 (over fat standard/diet); and Group 3 (over fat standard/diet and exercise). Groups 2 and 3 will be sampled once a week after an overnight fast with blood samples, caliper measurements, and hydrostatic weight. Subjects will fill out a questionnaire at the first session, submit a weekly food intake sheet, and take part in weekly counselling sessions. Whole blood serum will be analyzed for changes in both free and total cholesterol and triglycerides.

** This protocol was reviewed by the IRB in April 1986. At that time additional funding was approved because the costs of the ultracentrifugation and HPLC had not been adequately reflected in the original protocol. There had also been some criticism of the project because further identification of apolipoproteins separated by HPLC was not proposed. For this reason, isoelectric focusing will be done to further specifically identify proteins in HPLC eluents.

Progress: A comparison was made between size exclusion HPLC and a monoclonal antibody RIA in the estimate of apolipoprotein A-I concentration present in the ultracentrifugally isolated HDL fraction from human serum. Although the correlation coefficient between the two assays was 0.899, there was a consistent difference between the measurements. Physiologically induced changes in apolipoprotein A-I concentration in subjects who lost fat were detected equally well by HPLC or RIA; but, while relative changes were consistent, absolute measurements by the two methods suggest the possibility of different subsets of A-I with a narrower range being detected by RIA.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/83	Status: On-going

Title: Mechanisms in Blood-Brain Barrier Function: Animal Models

Start Date: 23 Aug 85 Est Completion Date: Dec 87

Department: Clinical Investigation Facility: MAMC

Principal Investigator: MAJ Charles J. Hannan, MS

Associate Investigators:

COL Stephen R. Plymate, MC	CPT Mark Flanery, MC
LTC Robert E. Jones, MC	Alan A. Artru, M.D.
LTC James Temo, ANC	Judy Y. Sey, Ph.D.
MAJ Leslie Yarbrough, VC	Thomas Kettler, B.S.

Key Words: patency, anesthesia, biochemical markers

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $12,848.00	Periodic Review: N/A**

Study Objective: To evaluate patency of the blood-brain barrier (BBB) during anesthesia and to evaluate various cerebral spinal fluid (CSF) biochemical markers of BBB status.

Technical Approach: Three animal models with three inhalation anesthetics (halothane, isoflurane, and enflurane) will be used: (1) two strains of mice, the relatively short-lived NZB and the longer-lived C57BL mouse, will be used at different ages in biochemical studies *in vitro* with isolated cerebral capillaries; (2) Fisher 344 rats will be used in acute experiments to measure regional brain uptake of BBB permeability tracers such as ^{3}H-water while anesthetized; and (3) macaques, anesthetized with the three agents will be prepared for CSF collection by lumbar puncture.

Progress: Permeability of the BBB was evaluated in five pigtail macaques by cerebrospinal fluid to plasma ratios of albumin and Tc^{99m} during 5 hours of hypocapnic halothane N_2O anesthesia. Blood samples were drawn each 30 minutes and cisterna magna CSF was pumped continuously 2 µl/min/kg. High density lipoprotein and cholesterol were measured as an age estimate. Two monkeys with the most extreme hypocapnia exhibited disruption of the BBB. The cortisol CSF/plasma ratio was also significantly increased in the extreme hypocapnic group. Although evidence for BBB disruption by halothane has been reported, only extreme hypocapnia with 0.5% halothane and N_2O produced increased permeability.

** Protocol was not approved by USAMRDC until 23 Dec 85.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/59	Status: On-going

Title: Rapid Diagnosis of Leptospirosis Using Monoclonal Antibodies Against Genus Specific Leptospiral Antigen(s)

Start Date: 19 Apr 85 Estimated Completion Date: Jun 87

Department: Clinical Investigation Facility: MAMC

Principal Investigator: LTC James W. Higbee, MSC

Associate Investigators:

MAJ Wayne M. Ledner, MC Miss J. Garrison, B.S.

MAJ Leslie W. Yarbrough, VC Corporal K. Sulzer, B.S.

Key Words: Leptospirosis, monoclonal antibodies, diagnosis

Accumulative MEDCASE Est Accumulative Periodic Review

Cost: -0- OMA Cost: $3720.00 Jan 86 - Continue

Study Objectives: To isolate genus specific antigen(s) of leptospires from selected serovars; to produce monoclonal antibodies against leptospiral antigens; to determine the specificity and sensitivity of monoclonal antibody clones against genus-specific and other reactive leptospiral antigens; and to use labeled monoclonal antibodies in leptospiral diagnosis.

Technical Approach: Genus specific antigens prepared by two methods will be compared for sensitivity and specifity. Actively growing cultures will be centrifuged and washed twice and lysed, followed by centrifugation and supernatant sucrose density gradient centrifugation. Antigenic activity of each fraction will be tested against rabbit-produced antisera. Antigens of the same serovars prepared by ethanol precipitation will be similarly tested. Antigens demonstrating broad spectrum genus-specific activity against sera for representative serovars of different serogroups will be used for testing the antibody secreting hybridoma clones. Leptospira organisms will be statistically grown to $\approx 10^8$ organisms/ml concentration. Following harvesting, BALB/C mice cells will be sensitized to leptospira using a 6-week immunization schedule, then injected intraperitoneally with 10^3 organisms in complete Freud adjuvant with additional injections with 10^8 leptospira and final intraperitoneal booster 3 days before cell fusion. Cell fusion will be conducted by combining mouse leptospira sensitized spleen cells and mouse-adapted myeloma cells in the presence of polyethylene glycol. Combined cells will be washed and suspended to $\approx 25 \times 10^6$ cells/ml. When hybrids exhibit good growth, the culture supernatants will be screened for antileptospiral activity. Positive cultures will be expanded and those which continue to produce targeted antibody will be cloned. The specificity of antibody producing hybrid clones will be demonstrated against various leptospiral antigens using the MAT, ELISA FA and/or isolated antigenic fractions. Monoclonal antibodies will be labeled with horseradish peroxidase, alkaline phosphatase or fluorescein isothiocyanate and profiled against leptospiral infected animals. Assays will be conducted on samples collected at different intervals.

Progress: Balb/c mice were immunized with whole cell, killed leptospira. Booster immunizations were given every 3 weeks. Following final booster, spleenocytes were harvested and hybridized with NS-1 multiple myeloma cells in the presence of thymocytes. Clones were observed after 10 days. Antibody screening has not been done.

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 83/83 Status: On-going

Title: Relationship of Body Fat to Control of Synthesis by the Liver of Testosterone Estradiol Binding Globulin (TeBG) and Sex Hormones

Start Date: 16 Sep 83 Est Completion Date: Sep 86

Department: Clinical Investigation Facility: MAMC

Principal Investigator: COL Stephen R. Plymate, MC

Associate Investigators:

COL Bruce L. Fariss, MC	CPT Karl E. Friedl, MSC
COL Gary L. Treece, MC	Mina J. Garrison, B.S., M.T.
MAJ Stanley P. Liebenberg, VC	Louis A. Matej, B.S., M.T.

Key Words: Beagles, estradiol valerate, tamoxifen, levothyroxine

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $500.00	Periodic Review: Oct 85**

Study Objective: To determine the metabolic parameters responsible for modifying production of TeBG in weight gain.

** Technical Approach: The investigators had originally planned to use female beagles for this protocol. However, the protocol was suspended while a decision was made on the use of dogs in research. When the restrictions were officially placed on the use of dogs, the investigators conducted this study *in vitro* using a human hepatoma cell line, Hep G2, provided by Dr. B. Knowles of the Wistar Institute. Cells were grown to confluence in Dulbecco's Minimum Essential Median (DMEM) with 10% FCS. Additions of T_4, insulin, estradiol, and testosterone were then begun daily for three days with DMEM without FCS, and media were collected at the end of each three day period and assayed for SHBG using a radioimmunometric assay specific for human SHBG. At the end of each experiment, the cells were harvested and counted in each flask. SHBG production was normalized for cell number. Each hormone addition was performed in triplicate per experiment.

Progress: Preliminry data suggest that T has no significant effect on production of SHBG, *in vitro* insulin and T_4 are at least as significant as E_2 and T in regulating SHBG, the suppressive effects of insulin *in vitro* may explain the extremely low levels of SHBG seen in obesity; and that insulin abolishes the effects of T_4 and E_2 on SHBG production.

The investigators plan to study more cultures.

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 83/84 Status: On-going

Title: Evaluation of Efficacy of Varicocele Repair

Start Date: Sep 83 Est Completion Date: Oct 86

Department: Clinical Investigation Facility: MAMC

Principal Investigator: CDR Stephen R. Plymate, MC

Associate Investigators: [illegible], MC

[illegible], M.D.

[illegible] E. Berger, M.D.

Key Words: Infertility, Varicocele, LH/RH stimulation tests, semen analysis, sperm penetration assay

Accumulative MEDCASP: Periodic Review:

Cost: -0- OMA Cost: -0- Oct 85 - Continue

Study Objective: To determine the efficacy of varicocele repair in improving fertility in the infertile male.

Technical Approach: Four groups (25 men each) will be studied: (1) infertile men who are going to have their varicoceles repaired, (2) infertile men without varicoceles; (3) fertile men who have varicoceles, and (4) fertile men without varicoceles. Prior to entering into this study all subjects will have a complete history and physical examination done, including assessment of the presence or absence of a varicocele as well as calibrated measurement of testicular size. Each group will have 8-10 semen analyses performed, two sperm penetration assays performed at least four weeks apart, and two LH/RH stimulation tests performed using 200 mg of LH/RH. Blood samples will be drawn every 15 minutes for two hours after the injection of the LH/RH. Following repair of the varicocele, the men will have a seminal fluid analysis performed every two to four weeks, sperm penetration assay performed at 6 and 12 months after the varicocele ligation, and LH/RH again performed at six and twelve months after the varicocele ligation.

Progress: To date, [illegible]5 subjects have been studied. Twenty have withdrawn from the study due to change of duty assignment or other work-related [illegible] complete the study.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/04	Status: Completed

Title: Diurnal Variation of Testosterone Estradiol Binding Globulin in Young and Elderly Males

Start Date: 18 Oct 85	Est Completion Date: Sep 86
Department: Clinical Investigation	Facility: MAMC
Principal Investigator: COL Stephen R. Plymate, MC	
Associate Investigators:	
CPT Karl E. Friedl, MS	William Bremner, M.D.
Louis Matej, B.S., GS/09	Lisa Myers, M.D., Ph.D.
Key Words: TeBG, young versus elderly males, diurnal variation	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1000.00	Periodic Review: N/A

Study Objective: To determine if the diurnal variation seen in testosterone in young men is due to a diurnal variation in testosterone estradiol binding globulin (TeBG).

Technical Approach: Ten healthy young men and 10 healthy men over the age of 60 will be studied. The men will have to have no significant disease, especially heart, liver, or gonadal disease. They will be nonsmokers and will be on no medications. Blood samles will be drawn every 15 minutes for 24 hours in each of the men to assess LH pulse frequency. LH pulse frequency will be assessed by the standard program developed by Clifton and Steiner. One sample at the beginning of each hourly draw will be analyzed for testosterone and SHBG. Testosterone will be measured by a standard radioimmunoassay and SHBG will be measured by both dextran coated charcoal saturation analysis assay previously reported by Plymate, et al. and radioimmunoassay. Diurnal variation of all components will be assessed by appropriate statistical methods and correlation of T and TeBG levels will be assessed by multiple regression analysis. Free T measurements will be determined by a formula previously determined by Drs. Plymate, Mason, and Vaughan.

Progress: Twenty-six young men and 26 elderly men were studied. Data is being analyzed and a manuscript is in preparation.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/61	Status: On-going

Title: Effect of Danazol on Serum & Salivary Testosterone Levels

Start Date: Apr 86	Est Completion Date: Jun 87
Department: Clinical Investigation	Facility: MAMC
Principal Investigator: COL Stephen R. Plymate, MC	
Associate Investigators:	
MAJ Charles J. Hannan, MS	C. Alvin Paulsen, M.D.
CPT Karl Friedl, MS	Rae Nagao, M.D.
Key Words: testosterone, serum, salivary, levels, effect	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $306.00	Periodic Review: N/A

Study Objective: To confirm our previous observation that there is a disproportion and alteration in the protein bound testosterone versus free testosterone following administration of danazol to normal men.

Technical Approach: Four normal men age 20 to 45 years will have a complete history and physical examination. There will be a one-week control period and a two-week drug exposure period followed by a four-week postdrug recovery period. During drug exposure, the men will receive 400 mg of danazol orally a day. Serum and saliva samples will be collected on days 2 and 7 of the baseline period; days 3, 7, 10 and 14 of the drug exposure period; and at weeks 6 and 7 of the study. At each collection period, approximately 30 mls of blood will be taken and 20 mls of saliva collected by chewing paraffin for approximately 30 minutes. Saliva and blood samples will be measured for dihydrotestosterone, HDL cholesterol, and SHBG. Testosterone measurements will be made both before and after HPLC separation and SHBG will be measured by both dextran coated charcoal saturation analysis and radioimmunoassay.

Progress: Four subjects have completed the study with no adverse effects. The serum and saliva samples are presently being analyzed.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/62	Status: On-going

Title: Physiologic Consequences of Impaired Blood Brain Barrier Transport of Steroid Hormones

Start Date: Jun 86	Est Completion Date: Jun 87
Department: Clinical Investigation	Facility: MAMC
Principal Investigator:	COL Stephen R. Plymate, MC
Associate Investigators:	MAJ Charles J. Hannan, MC SGT John Robbins Louis Matej, DAC Wendy Garden,
Key Words:	hormones, steroid, blood brain barrier

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $950.00	Periodic Review: N/A

Study Objective: To determine if the elevated LH level in hyperthyroid men is the consequence of increased sex hormone binding globulin (SHBG) and subsequent retarded availability of testosterone and estradiol to the pituitary and hypothalamus.

Technical Approach: Serum will be obtained from five to ten men who are hyperthyroid. Euthyroid control serum will be obtained from standard pools and samples on hand at Department of Clinical Investigation. The amount of testosterone or estradiol available for transport across the blood brain barrier will be determined by the single pass carotid injection technique originally described by Oldendorf (Am J Physiol 221:1629, 1971) and modified by Pardridge et al. (Am J Physiol 247:R582-R588, 1978). In this procedure the right carotid artery of a 200-400 gram rat is isolated and the test solution is then injected as a bolus. Fifteen seconds after injection, the animal is decapitated and the brain removed. The right hemisphere is isolated, placed in solvent and counted. The injection solution is a total volume of 200 µl consisting of 0.5 µCi C^{14} H_2O and 0.1 µCi H^3 testosterone or estradiol along with test serum. Following counting, the percent of steroid available to transverse the blood brain barrier will be calculated by the following formula:

$$\text{Brain Uptake Index (BUI)} = \frac{\text{test dpm/ref DPM (T)}}{\text{test dpm/ref DPM (injection)}}$$

LH and FSH will be measured using materials obtained from the National Pituitary Agency by established methods. Testosterone and estradiol will be measured by procedures established in the laboratory at the Department of Clinical Investigation, MAMC. SHBG will be measured by materials obtained as a gift from Dr. C.Y. Cheng of the Population Council, Cornell University. Data will be analyzed using the STATGRAPHICS program.

Progress: Serum has been obtained from 10 hyperthyroid men and 10 euthyroid men.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/20	Status: On-going

Title: Total Colectomy with Ileo-Anal Anastomosis and Longitudinal Myectomy in the Porcine Model - A Pilot Study

Start Date: 15 Nov 85	Est Completion Date: Jun 86
Department: Clinical Investigation	Facility: MAMC

Principal Investigator: MAJ Leslie Yarbrough, VC

Associate Investigators:

COL Stephen Plymate, MC
MAJ Jans A. Strand, MC
CPT Robert Hall, MC
Gordon Klatt, M.D., USAR

Key Words: colectomy, ileo-anal anastomosis, longitudinal myectomy, porcine model

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1450.00	Periodic Review: Sep 86 - continue*

Study Objective: To assess the ability of longitudinal myectomy to safely create an ileal reservoir above an ileo-anal anastomosis and to determine the time required for the reservoir to develop in the porcine model.

Technical Approach: To assess the passive creation of an ileo-anal reservoir and the time required for same, total colectomy will be performed on six swine. Straight ileo-anal anastomosis without myectomy will be performed on one swine and five swine will have two 15 cm strip myectomies removed from the terminal ileum before performing the ileo-anal anastomosis. The swine will be kept on a clear liquid diet for 24-hours prior to surgery and for four days postoperatively. In the postoperative period, the following observations will be made to assess if a reservoir is developing and how soon it is developing: general health, weight, and hygiene (assessment of stool frequency and continence); stool consistency and frequency, normal defactory posturing; barium contrast x-ray of terminal ileal reservoir at 3, 6, and 9 weeks; and pull through manometry to demonstrate low pressure reservoir and intact sphincture at 3, 6, and 9 weeks. Blood sampling to include CBC will be used as deemed necessary. The swine will be euthanatized and necropsied at the end of the study for direct observation of the terminal ileal reservoir. Reservoirs will be harvested for evaluation after euthanasia for histopathologic exam.

*ADDENDUM (September 1986): Change of principal investigator to MAJ Leslie Yarbrough, VC. Nine additional pigs will be studied. Four pigs will have a total colectomy with ileo-anal anastomosis without myectomy to act as controls. Five pigs will have a surgically created J-pouch anastomosis, which is the current standard of treatment, to compare with five pigs that have had a myectomy in the pilot study.

Progress: Six pigs have been studied as described in the protocol. It has been determined that this procedure is valid and warrants further study.

D E T A I L S H E E T S

F O R

P R O T O C O L S

DEPARTMENT OF EMERGENCY MEDICINE

Detail Summary Sheet

Date: 30 Sept 86	Protocol No.: 86/41	Status: Completed

Title: Intraosseous Infusion of Blood and Crystalloid in Hypovolemic Shock

Start Date: Mar 86	Est Completion Date: Apr 86	
Department: Emergency Medicine		Facility: MAMC
Principal Investigator: CPT Michael A. Layman, MC		
Associate Investigators: MAJ Mel Robinson, MC MAJ Leslie W. Yarbrough, VC		
Key Words: shock, hypovolemic, I.O., infusion, blood, cyrstalloid		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: 640.00	Periodic Review: N/A

Study Objective: To determine intraosseous (IO) infusion rates obtainable for both blood and crystalloid in a pediatric animal model undergoing Class IV hemorrhage, to address the hemodynamic response to intraosseous blood or crystalloid as compared to no timely intervention, and to determine the degree of red cell lysis as a result of pressurized intraosseous infusion of blood by measuring plasma-free hemoglobin.

Technical Approach: Autologous blood (30 ml/kg) will be obatined by phlebotomy from 3 groups of lambs (5/group) and stored. The animals will be returned to a normovolemic state with IO infusions of blood (Group 1) and Ringer's lactate (Group 2). Group 3 will act as a control group. The rates of infusion, the degree of hemolysis, and the hemodynamic response to the hemorrhage and the infusions will be recorded. A week later the animals will be anesthetized, tracheally intubated, and mechanically ventilated. An arterial line will be inserted via the femoral artery to monitor mean arterial pressure (MAP) and arterial blood pH. An external jugular vein catheter will be inserted to monitor central venous pressure (CVP). After 10 minutes of baseline recording in the normovolemic state the animals will be bled of 30 mg/kg in 10 ml/kg increments every 10 minutes. The control group will be monitored continuously without further intervention for 90 minutes. Twenty minutes after hemorrhage, Group 1 will have the previously withdrawn blood reinfused and Group 2 will be resuscitated with a volume of lactated Ringer's equal to 3 times the shed blood volume. All groups will be monitored for 60 minutes after completion of the infusion for HR, CVP, and MAP. Arterial pH will be recorded every 5 minutes. Plasma free hemoglobin levels will be measured in the animal immediately prior to hemorrhage, immediately after completion of blood infusion, and 60 minutes after completion of infusion. Plasma free hemoglobin will also be measured on the stored blood immediately prior to IO infusion.

Progress: Group 2 (IO Ringer's lactate) was not studied. Plasma free hemoglobin levels did not rise above normal values. The data demonstrate that administration of blood can be instituted rapidly with the IO route and that improvement in MAP occurs steadily with infusion. Although high flow rates were not demonstrated, improvement in hemodynamic status can occur while IV access is being attempted. A paper has been submitted for publication.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/91	Status: On-going

Title: Clinical Effect of Succinylcholine Intraosseously in Sheep

Start Date: Nov 86	Est Completion Date: Feb 87
Department: Emergency Medicine	Facility: MAMC
Principal Investigator: CPT Gregory P. Moore, MC	
Associate Investigator: MAJ Mel D. Robinson, MC	
Key Words: succinylcholine, intraosseously, effect, sheep	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1225.00	Periodic Review: N/A

Study Objective: To determine if succinylcholine will work by the intraosseous route and to compare the response to the intravenous and intramuscular routes.

Technical Approach: Sheep will be put in four point restraints and vital signs will be taken. Halothane anethesia will be given and the animal will be intubated. The animal will have the intraosseous site of the tibia and the overlying skin anesthetized and 200 cc of normal saline will be bolused to ensure that it is functioning. The animal will be allowed to lighten up so that it is breathing spontaneously and then ketamine will be used. The animal will be observed for 10 minutes with repeat vital signs done. Succinylcholine will be administered in a dose of 1 mg/kg. If no effect is observed, a second dose of 1 mg/kg will be given. The animal will be observed for fasciculations and respiratory arrest. Paralysis will be noted by absence of response to nerve stimulator; train of four will be placed over femoral nerve (this will cause leg to kick). This will be tested every 15 seconds. The animal's respirations will be supported until the effect of succinylcholine has worn off (5-10 minutes). Repeat vitals will be done 10 minutes later and as required. The intraosseous line will be removed, topical bacitracin applied, and the site bandaged. No post trial of anesthesia will be given. The animal will be observed for three days for signs of local infection. After 6 animals have been done using the intraosseous technique, the same 6 animals will be put through the protocol with the succinylcholine given intramuscularly and then given intravenously. At least two days will separate trials.

Progress: This is a new study and has not been started.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/77	Status: On-going

Title: Usefulness of Chlamydiazyme Test in the Emergency Department

Start Date: Jul 86	Est Completion Date: Nov 86	
Department: Emergency Medicine		Facility: MAMC
Principal Investigator: CPT James A. Pfaff, MC		
Associate Investigators: MAJ Mel D. Robinson, MC CPT Laura Pimental, MC		
Key Words: chlamydiazyme test, *Chlamydia*, ER, management		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To define the usefulness of the Chlamydiazyme Assay in the population of women who are seen in the ER/AIC with complaints in which a sexually transmitted disease is suspected, and, more specifically, to determine the extent to which patient care is altered by the tests.

Technical Approach: Chlamydiazyme kits will be included in the pelvic setup of every patient undergoing a pelvic exam in which a gonorrhea culture or wet mount/KOH slides are made. A data sheet will be completed on each patient to standardize follow-up and it characteristics. The data sheets will be filled out by individual physicians at the time of the exam. Positive Chlamydiazyme cultures will be followed by the the ER chief resident or the investigator as is presently done. Charts of all patients in the study will be reviewed to determine the extent to which management is altered with respect to the following major points: (a) those cases in which antibiotic therapy is instituted or changed as a result of the test result; (b) those cases in which referral is made to the Sexually Transmitted Diseases Clinic for follow-up; and (c) the incidence of *Chlamydia* in the ER population of patients suspected of having sexually transmitted diseases. Chlamydiazyme tests are routinely run on these patients. This will be a data collection protocol only.

Progress: This is a new study and has not been started.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 82/25	Status: On-going

Title: Emergency Room Procedure Training

Start Date: Feb 82	Est Completion Date: Feb 87
Department: Emergency Medicine	Facility: MAMC
Principal Investigator:	MAJ Mel D. Robinson, MC
Associate Investigators:	COL Frederick Burkle, MC LTC Samuel T. Coleridge, MC MAJ Steven C. Dronen, MC MAJ Stanley P. Liebenberg, VC
Key Words:	Training techniques, invasive & life-saving procedures

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1360.00	Periodic Review: Apr 86**

Study Objective: To provide training to acquire the necessary manipulative skills in performing invasive, life-saving procedures for the Emergency Medicine Residency Program.

Technical Approach: The procedures listed below will be performed in two separate sessions under the supervision of a staff member and the veterinarian assigned to Clinical Investigation. All animals will be anesthetized and then will be sacrificed immediately after the procedures.

PART I:

1. Femoral vein cutdown
2. Peritoneal lavage
3. Tube thoracostomy
4. Thoracotomy
5. Aortic cross-clamping
6. Control of pulmonary hemorrhage
7. Cardiac wound repair
8. Endotracheal intubation
9. Percutaneous transtracheal ventilation
10. Cricothyroidotomy

PART II:

1. Tissue pressure monitoring
2. Arterial pressure monitoring
3. Swan-Ganz catheter placement
4. Transvenous ventricular pacemaker placement
5. Transthoracic ventricular pacemaker placement
6. Pericardiocentesis
7. Segstaken-Blakemore tube placement
8. Auto transfusion from hemothorax
9. Twist drill decompression
10. Skull Trephination

Progress: ER residents continued to train in life-threatening procedures utilizing this protocol in FY 86; however, a goat model was used rather than a dog model.

In March of 1986, the principal investigator was changed to MAJ Robinson upon the departure of COL Burkle.

**The IRB recommended continuation of this protocol with the provision that the actual written protocol be revised to meet current guidelines and to state that the model being utilized is a goat. The investigators are in the process of this revision.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/98	Status: On-going

Title: Adult Vascular Headaches

Start Date: Oct 86	Est Completion Date: Mar 87	
Department: Emergency Medicine		Facility: MAMC
Principal Investigator: MAJ Stephen W. Smith, MC		
Associate Investigator 1LT Patrick J. Bennett, ANC		
Key Words: vascular headaches, secobarbital, meperidine, placebo		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To compare the efficacy of two standard therapies for adult vascular headache; parenteral narcotic (Meperidine) versus oral sedative-hypnotic Secobarbital.

Technical Approach: Fifty (50) adult patients with a throbbing, disabling headache with nausea will be randomized to either Secobarbital, 200 mg p.o. plus an IM saline placebo or to Meperidine, 75 mg IM, plus an oral placebo. Patients will be contacted by telephone one week after the therapy (by a physician blinded to therapy) and asked to rate the headache on a ten point scale and to specify the time of onset of relief, duration of relief, whether symptoms have recurred within one week, any side effects of therapy and whether the patient has consulted his primary care provider for follow-up.

Progress: This is a new study which has not been implemented.

D E T A I L S H E E T S

F O R

P R O T O C O L S

DEPARTMENT OF FAMILY PRACTICE

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/42	Status: Completed

Title: Comparison of Acute and Chronic Antidepressant Usage at Madigan Army Medical Center

Start Date: Feb 86	Est Completion Date: May 1986
Department: Family Practice	Facility: MAMC
Principal Investigator:	MAJ John D. Cowsar, MC
Associate Investigators:	MAJ Charles E. Hensley, MC
	CPT Matthew J. Gervais, MC
	CPT Mark W. Robinson, MC
Key Words: antidepressants, chronic, acute, care, diagnosis	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $88.00
	Periodic Review: N/A

Study Objective: To descriptively examine the differences between patients on acute vs chronic antidepressant therapy; specifically, to look at patients on long term antidepressant therapy to determine those parameters which may distinguish them from patients on short term or episodic treatment.

Technical Approach: Patients receiving antidepressants at MAMC will be studied. Group I will be long terms users, defined as patients on antidepressant therapy for >24 months, with no lapses in medications >3 months. Group II will be the short term group consisting of patients receiving medications for <16 months who have stopped medication for at least 4 months. Group III will be a normal control group randomly selected from outpatient records. Subjects will be mailed a questionnaire covering data on medications, treatment, and demographic data. They will also be asked to complete the Illness Behavior Questionnaire. An extensive chart review will be performed to confirm pertinent data such as psychological diagnosis, treatment, medication, duration of treatment, associated illnesses, other medications, and other diagnoses such as chronic pain syndromes. Correlations between groups will be made looking for significant differences between these groups in such areas as demographics, types of medications, association with other conditions, prescribers and primary treatment providers.

Progress: This protocol has been completed and a thesis has been submitted and accepted by Dr. Cowsar's committee at Pacific Lutheran University.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/69	Status: Suspended

Title: Preventive Cardiology Demonstration and Education Research Grant

Start Date: 17 Aug 84	Est Completion Date: Jun 88
Department: Family Practice	Facility: MAMC

Principal Investigator: LTC David W. Roberts, MC

Associate Investigators:

Daniel J. Erickson, M.D.	Craig S. Scott, Ph.D.
William Neighbor, M.D.	Steven C. Macdonald, M.P.H.
Robert L. Van Citters, M.D.	Douglas C. Schaad, M.Ed.
	Marcia Hunt, B.A.

Key Words: attitudes, knowledge, clinical practice, intervention group, residents.

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85 - Cont

Study Objective: The primary aim of the NHLBI Education/Demonstration Preventive Cardiology Project is introducing concepts and practice relating to primary prevention of coronary disease into the basic training of Family Practice residents in the University of Washington Family Practice Residency Network. The hypothesis to be tested is that a core curriculum of preventive cardiology integrated into the existing curriculum of a Family Practice residency training program will result in measurable modification of the attitudes, knowledge, and clinical practice of an intervention group of residents as compared to internal and external controls.

Technical Approach: All residents in the Madigan Family Practice Residency will be asked to test for their attitudes and knowledge of preventive cardiology. Following testing, a curriculum in preventive cardiology will be developed. This curriculum will be developed and administered in conjunction with the staff of the Department of Family Practice at Madigan. In an attempt to personalize the process of cardiovascular risk assessment, an individual cardiovascular risk profile will be made availabe to the residents. Clinical practice of preventive cardiology by residents will be measured by an audit of patient charts at twice yearly intervals. The audit will be conducted by Preventive Cardiology staff auditors from the University of Washington.

Progress: The curriculum was begun again in FY 86; however, due to the departure of LTC Roberts, the process had to be discontinued. At the request of the present Director of the Faculty Development Program in the Department of Family Practice, the protocol has been placed in a suspended state until talks with the collaborators at the University of Washington can be concluded and a decision made as to whether to continue the study.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/48	Status: Completed

Title: Identification of Adolescents at Risk for Pregnancy

Start Date: 15 Mar 85	Estimated Completion Date: Apr 86
Department: Family Practice	Facility: MAMC
Principal Investigator:	CPT Stephen Sorsby, MC
Associate Investigators:	LTC Anthony Zeid, MSC
	Rita Sorenson, R.N.
Key Words: unmarried, pregnant, nonpregnant, questionnaires	

Accumulative MEDCAST Cost: -0-	Est Accumulitive OMA Cost: $212.00	Periodic Review: Oct 85 - Cont

Study Objective: To identify the factors which place an adolescent girl at increased risk for pregnancy, concentrating on those items which would be easily identified by her primary care physician.

Technical Approach:

Pregnant adolescents: All unmarried adolescent girls visiting the Adolescent Obstetrical Clinic in the second trimester will be asked to complete a questionnaire during the course of that clinic visit regarding family, education, social life, socioeconomic status, and other activities plus questions regarding sexual activity. This will continue for one year or until 50 girls have entered the study.

Non-pregnant adolescents: All unmarried females adolescent enrolled in the Family Practice Clinic will be mailed a letter requesting that they fill out a modified version of the questionnaire which has additional questions regarding why the subject has not yet started sexual activity.

After collection of the questionnaires is completed, the control and pregnant groups will be compared statistically to determine if the groups are comparable in terms of age and socioeconomic status. If so, the data obtained will be compared to determine what, if any, significant differences exist. If the two groups are not comparable, the pregnant adolescents will be matched with controls before evaluation of the data is carried out.

Progress: Data collection is complete with an approximate 85% response rate. After completion of data analysis, the investigators will prepare a manuscript for possible publication.

D E T A I L S H E E T S

F O R

P R O T O C O L S

DEPARTMENT OF MEDICINE

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/74	Status: On-going

Title: Methotrexate in the Treatment of Steroid Dependent Asthma

Start Date: Jun 86	Est Completion Date: May 87	
Dept/Svc: Medicine/Allergy/Immunology		Facility: MAMC
Principal Investigator:	LTC William P. Andrade, MC	
Associate Investigators:	LTC Gary B. Carpenter, MC MAJ Michael Witte, MC Michael F. Mullarkey, M.D.	
Key Words: asthma, steroid dependent, treatment, methotrexate		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $435.00	Periodic Review: N/A

Study Objective: To demonstrate a statistically significant reduction in the cortisone requirements of asthmatic patients who used a minimum of 10 mg/day of prednisone or its equivalent during the preceding year and who are clearly Cushingoid. Patients with evident adverse reactions from corticosteroids will be sought for this study.

Technical Approach: Diagnosed asthmatics, 18-70 years of age, who have required an average of 10 mg/day of prednisone or its equivalent during the preceding year and who meet other requirements as listed in the protocol will be entered in a double blind crossover study of 24 weeks duration. Patients will be randomly assigned to receive methotrexate (2.5 mg) or placebo for 12 weeks. At 12 weeks the crossover will occur and patients will receive the alternate treatment to that received the first 12 weeks. Patients will receive a complete medical history and physical examination prior to entry and will be given a diary in which to record the date, daily cortisone usage, and subjective rating of asthma symptoms. Patients will be seen at least every three weeks during the study period for collection of diary data, directed examination, pulmonary function tests, monitoring of compliance of medication, and a review of any adverse reactions. Data analysis will be performed using the two-tailed t-test to determine the effect on cortisone usage. Analysis will also be done to compare the effect of methotrexate versus placebo on symptom scores (grouped and analysed individually), pulmonary function to include DL_{CO}, WBC, SGOT, theophylline levels, presence or absence of positive allergy skin tests, prior dosage of steroid as determinant of response, and adverse occurrences.

Progress: Three patients have been entered. Thus far, although this is a double blind study, it is quite evident that methotrexate is quite active. Results reveal significantly decreased prednisone doses. No adverse reactions have been reported.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/57	Status: Terminated

Title: Pilot Study for Treatment of Refractory Breast Cancer with Cis-Platinum and 5-Fluorouracil Infusion

Start Date: 18 May 84	Est Completion Date: May 86
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: MAJ Thomas Baker, MC	
Associate Investigators:	LTC Howard Davidson, MC
COL Friedrich H. Stutz, MC	MAJ Timothy J. O'Rourke, MC
COL Irwin B. Dabe, MC	MAJ Michael D. Stone, MC
Key Words: cis-platinum, 5FU, response rate, duration of response	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Co: -0-
	Periodic Review: Oct 85 - Continue

Study Objective: To determine the anti-tumor activity of cis-platinum followed by continuous 4-day infusion of 5-FU given every 3 to 4 weeks in patients with metastatic carcinoma of the breast who have failed standard chemotherapy regimens, utilizing response rate and duration of response to measure the activity and to determine the toxicity of the combination of 5-FU by continuous infusion over 4 days and high dose cis-platinum when given with hypertonic saline, magnesium, hydration, and aggressive antiemetic therapy.

Technical Approach: Following a 24-hr urine collection and simultaneous calculated creatinine clearance $\geq$60 cc/min and adequate IV hydration with D5 and normal saline, cis-platinum, 120 mg/M^2, in 500 cc of 3% saline plus 500 cc solution of 20% mannitol and 3 gm of magnesium sulfate, will be given by IV infusion over 2-4 hours. This will be followed by continuous hydrating fluids. The day following cis-platinum chemotherapy, the patient will be started on 5-FU, 1 mg/M^2, by continuous IV infusion days 2-5. This will be followed by standard antiemetic regimens. This regimen will be repeated every three to four weeks as tolerated by the patient. Dosages will be modified as required by creatinine clearance and toxicity.

Progress: This protocol was terminated because of an insufficient patient population. No new patients were entered in FY 86. In previous years, two patients had been entered with no response or undue toxicity.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/30	Status: Completed

Title: Phase II Study of Cisplatin Plus Continuous Infusion 5-Fluorouracil and Radiotherapy in Locally Advanced Esophageal Cancer (Part 1 and Part 2) - to be Done in Conjunction with the University of Indiana

Start Date: 18 Jan 85	Estimated Completion Date: Nov 86
Department/Service: Medicine/Hematology	Facility: MAMC
Principal Investigator: MAJ Thomas M. Baker, MC	
Associate Investigators: MAJ Andrew C. Fiore, MC MAJ Pushpa M. Patel, MC	
Key Words: Respone rate, duration of remission, survival	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0- Periodic Review May 86 - continue

Study Objective: To evaluate: the response rate, duration of remission, and survival of patients with carcinoma of the esophagus treated concomitantly with Cisplatin plus 5-FU and radiotherapy prior to surgical resection and in non-surgical patients; the toxicity of chemotherapy given in combination with radiotherapy; the survival of patients with residual disease at surgery following additional radiotherapy post-operatively; Cisplatin plus 5-FU in locally advanced esophageal carcinoma. Also, to determine the toxicity of the proposed treatment regimen and to confirm results reported from other institutions utilizing this approach.

Technical Approach: Part 1: Patients who are thought surgically resectable will receive preoperative chemotherapy (2 courses of Cisplatin and 5-FU) and radiation therapy (3000 R over 3 weeks), concomitantly. Surgery will be done 3 weeks after completion of the second course of chemotherapy. Those patients who had a negative celiotomy with resection of the primary and are found to have residual disease in the resected esophagus or nodes will receive an additional 2000 R (daily 5 days a week for 2 weeks), to start no sooner than 3 weeks after surgery.

Part 2: Patients that are ineligible for surgery because of unresectability or inoperability or patients that refuse surgery will be treated with a combination of chemotherapy and radiation therapy (5000 R - daily 5 days a week for 5 weeks) after which response will be assessed and feasibility of subsequent surgery will be discussed with the patient.

In both parts, chemotherapy will consist of Cisplatin 20 mg/M^2 on days 1-4 and days 29-32; 5-FU will be given as a continuous infusion over 24 hours on days 1-4 and days 29-32.

Progress: This protocol was originally opened in order to treat a patient who was on this protocol at the University of Indiana and was transferring to MAMC. No other patients were entered on the protocol; therefore it was closed at the end of treatment.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/31	Status: Ongoing

Title: The Use of Serial Bone Scans, X-Rays, and CT Scans in Assessing the Response of Bone Metastasis to Systemic Treatment

Start Date: 18 Jan 85	Estimated Completion Date: Jan 87
Dept/Svc: Medicine/ Hematology	Facility: MAMC
Principal Investigator: MAJ Thomas Baker, MC	
Associate Investigators: COL Robert Karl, MC COL John Redmond, MC LTC Howard Davidson, MC	
Key Words: adenocarcinoma, multiple myeloma, lymphoma, x-rays bone scans, CT scans	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review May 86 - Continue

Study Objective: To examine the utility of bone CT scanning as compared to TC 99-M nucleotide bone scans and plain radiographs in assessing the response of bone metastasis to systemic chemotherapy treatment.

Technical Approach: Eligible patients will be those with life expectancy of at least four months with histologically proven adenocarcinoma of the breast or prostate, multiple myeloma or lymphoma who have evidence on bone scan or x-ray of bone involvement and for whom a new systemic therapy is planned. Patients will receive standard systemic treatment, either hormonal manipulation or chemotherapy. At 0, 3, and 6 months the following observations and testing will be done: area of pain and dosage of pain medication will be recorded; performance status and weight; clinical impression of response, bone scans, plain radiographs of involved lesions, and CT scan of area of concern.

Progress: Preliminary results indicate that CT scans give a more accurate assessment of results to therapy. Patients are still being entered.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/83	Status: On-going

Title: Investigation of Effects of Calcium Channel Blockers on Production of Testosterone

Start Date: 15 Aug 86	Est Completion Date: Aug 87	
Dept/Svc: Medicine/Endocrinology		Facility: MAMC
Principal Investigator:	CPT Kevin J. Carlin, MC	
Associate Investigators:	COL Stephen R. Plymate, MC COL Gary L. Treece, MC LTC Robert E. Jones, MC MAJ Daniel H. Knodel, MC	
Key Words: testosterone, production, calcium channel blockers		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $3491.00	Periodic Review: N/A

Study Objective: To determine the effects of calcium channel blockers on testicular function, using testosterone levels in 10 healthy males before and after administration of medication for one week and to observe subjects for altered testicular function after stimulation with HCG (both on and off med medication).

Technical Approach: Ten helathy males (18-40) will have a history and physical exam plus CXR, EKG, SMA-20, CBC, and UA. Stage I: Off all medication, subjects in AM will have baseline levels of LH by RIA, LH bioactive, testosterone, estradiol, and SHBG drawn. HCG (3000 units IM) will be given and the repeat levels of testosterone, estradiol, and SHBG will be drawn at 1,2,3, and 72 hours. Subjects will then be started on verapamil, 80 mg po QID. On day 8 the baseline levels will be repeated and subjects will be injected with HCG as previously done. At 1, 2, 3, and 72 hours after administration the blood levels will again be drawn and then medication will be stopped. Stage II: After a two week rest period without medication, the procedures in Stage I will be repeated using diltiazem, 60 mg po QID. Stage III: Again, after a two week rest period with no medication, the procedures will be repeated utilizing nifedipine, 10 mg (2) po qid. There will be a postmedication pill account to monitor compliance with medication. Patients will have post-investigation physical, SMA-20, CBC, and EKG to make sure no ill side effects have occurred.

Progress: Ten patients have been entered and data collection is still in progress.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/96	Status: On-going

Title: Bone Scan Versus Spinal Magnetic Resonance Imaging in the Evaluation of New Back Pain in Women with Breast Cancer

Start Date: Sep 86	Est Completion Date: Dec 87
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: LTC Lauren K. Colman, MC	
Associate Investigators:	MAJ Thomas Baker, MC
COL Irwin B. Dabe, MC	MAJ David Dunning, MC
COL Robert Karl, MC	Dana Olson, M.D.
COL John Redmond, MC	Bruce Porter, M.D.
LTC Howard Davidson, MC	Gary Stinac, M.D., Ph.D.
Key Words: bone scan, spinal magnetic resonance imaging, cancer	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $10,000.00	Periodic Review: N/A

Study Objective: To determine the relative sensitivity and specificity of spinal magnetic resonance imaging (MRI) using the STIR (short inversion time recovery) sequencing technique versus radionuclide bone scanning in the detection of spinal metastases in women with breast cancer.

Technical Approach: Prior to entry, 10 female patients >20 years with a history of breast cancer plus new or progressive back pain lasting >2 weeks, not attributable to known benign disorder, and with normal neurologic exam or neurologic deficits not attributable to cord or nerve root compression will have history and PE, plain radiographs of spine, bone scan, and spinal MRI using STIR sequence with or without additional MRI using T1 spin-echo sequence at the discretion of the radiologist. If both bone scan and MRI are interpreted as benign, both studies will be repeated in 3 months. If bone scan is indeterminate or if either bone scan or spinal MRI is interpreted as showing metastatic disease, a spinal CT will be performed. Five millimeter CT transverse sections will be obtained from the top of the vertebral body above to the bottom of the vertebral body below the area of abnormality on either bone scan or MRI. If destruction of the bony cortex adjacent to the spinal canal is noted on spinal CT, a metrizamide myelogram with 5 mm CT transverse sections will be ordered. TREATMENT: All patients with destruction of pedicles or posterior cortex or vertebral body will be referred for radiation therapy after metrizamide myelography to delineate the extent of cord impingement. Other patients will receive radiation therapy, hormonal therapy, chemotherapy at the discretion of the primary oncologist. Follow-Up: Bone scans and MRI scans will be obtained as outlined above. Additional scans will be obtained at the discretion of the primary oncologist.

Progress: This is a new study. No patients have been entered.

Detail Summary Sheet

Date: 30 Sep 86 | Protocol No.: 85/32 | Status: On-going

Title: The Use of Serial Computed Tomography (C.T.) Scans to Evaluate Response to Radiation Therapy

Start Date: 18 Jan 85 | Estimated Completion Date: Jan 87

Dept/Svc: Medicine/ Oncology | Facility: MAMC

Principal Investigator: LTC Howard Davidson, MC

Associate Investigators:

COL Robert Karl, MC
COL Irwin B. Dabe, MC
COL John Redmond, MC
MAJ Thomas Baker, MC

Key Words: metastatic lesions, bone, x-rays, bone scans, CT scans

Accumulative MEDCASE Cost: -0- | Est Accumulative OMA Cost: -0- | Periodic Review: May 86 - Continue

Study Objective: To examine the utility of bone CT scanning to assess the response of bone metastasis to radiation therapy.

Technical Approach: Patients with a life expectancy of at least six months with tissue proven metastatic lesions to bone who have not previously received radiation to the local lesion will be eligible. The lesion must be detected prior to radiation therapy by CT scanning. At 0, 3, and 6 months the following observations and testing will be done: area of pain and dosage of pain medication will be recorded; performance status and weight; clinical impression of response, bone scans, plain radiographs of involved lesions, and CT scan of area of concern.

Progress: Ten patients (9 with breast cancer and 1 with prostate cancer) have been studied. Serial CT scans of treated bone lesions show that lesions which have more radionuclide uptake on the three month bone scan were actually healing in response to radiation therapy and they often show progression or response of the lesions which occurred after treatment in patients whose bone scans were interpreted as unchanged. Overall, it appears that CT scans give a more accurate assessment of results to therapy.

A paper has been accepted for presentation at the 1987 meeting of the American Society of Clinical Oncologists.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/28	Status: On-going

Title: Phase II Study of Ifosfamide and Mesna Alone or as Part of Combination Chemotherapy in Refractory Testicular Cancer

Start Date: 17 Jan 86	Est Completion Date: Jan 88
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: LTC Howard Davidson, MC	
Associate Investigators: COL John Redmond, MC MAJ David Dunning, MC	
Key Words: testicular, cancer, ifosfamide, mesna, combination	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the objective response rate and duration of remission of ifosfamide in patients with testicular cancer refractory to cis-diamminedichloroplatiunm (CDDP) combination chemotherapy; the objective response rate and duration of remission of Ifosfamide combination chemotherapy for remission reinduction in patients not cured with initial therapy, the toxicity of Ifosfamide in refractory testicular cancer; the toxicity of ifosfamide in combination with cisplatin + VP-16, VP-16 alone, or vinblastin ± bloemycin in refractory testicular cancer.

Technical Approach: After one 5-day course of either treatments A, B, C, D, E, or F (see below) response to therapy will be evaluated. If disease has decreased and/or some symptom relief is noted with no increase in disease, therapy will continue on the same schedule for as long as response is noted for a maximum of 6 courses of therapy. If there is no response after 6 courses, the treatment will be stopped. Patients will receive Ifosfamide alone or in combination based on prior experience with chemotherapy. Treatment will be repeated every 3 weeks for patients who do not demonstrate progression for a maximum of 6 courses. In patients with subsequent resection of residual carcinoma, 2 additional post surgical courses will be done. Treatment A: Ifosfamide - single agent; Treatment B: Ifosfamide + platinum; Treatment C: Ifosfamide + Platinum + VP-16; Treatment D: Ifosfamide + Platinum plus Velban; Treatment E: Ifosfamide + VP-16 + Bleomycin; Treatment F: Ifosfamide + Velban ± Bleomycin. This study is being done in conjunction with the University of Indiana.

Progress: One patient has been entered at MAMC. Severe neutropenia and neutropenic fever with staph epidermitis sepsis were reported, which required reduction of ifosfamide and velban doses in cycles 2, 3, and 4.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/87	Status: Ongoing

Title: Radiation Survival of Human Prostate Carcinoma Cells

Start Date: 15 Aug 86	Est Completion Date: Nov 87
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator:	MAJ David Dunning, MC
Associate Investigators:	COL Donald Kull, MC CPT Joseph Hellman, MS Richard Ostenson, M.D. Stephen Loop, M.S.
Key Words:	cells, carcinoma, prostate, survival, radiation

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1943.00	Periodic Review: N/A

Study Objective: To determine *in vitro* survival following incremental exposure to radiation of several prostate cancer cell lines that have been established and maintained in tissue culture medium.

Technical Approach: Confluent tissue culture flasks or cell suspension will be exposed to incremental doses (100-1400 rads) of radiation (approximately 100 rads/min) using a Co 60 source. Throughout the procedures, all cells will be kept on ice to maintain viability. Following radiation treatment, the adherent tumor cells will be trypsinized for 5-10 minutes at 37°C. The cells will be washed several fold in PBS containing 1% FCS to inhibit further enzyme action. Cell numbers will be determined by direct counting in a hemacytometer. Cell viability will be ascertained by trypan blue exclusion. Irradiated suspension cultures and control cultures will be treated in an analogous fashion. Control cultures will consist of TC flasks or suspension cultures harvested at the time of the initiation of the experiment and maintained on ice throughout the radiation period.

Progress: Of six available human prostate cell lines, all have been irradiated in cell suspension. Data have been analyzed only for the first two lines which reveal an LD_{50} of approximately 400 rads. Growth of one cell line was potentiated by low dose (100 and 200 rads) radiation. It appears that thymidine uptake will be a useful tool for determining radiation survival. Further conclusions will require more complete data analysis and survival experiments using tissue culture preparations.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/54	Status: Suspended

Title: The Natural History of HTLV-III Infection and Disease in a United States Military Population

Start Date: has not started	Est Completion Date: Not known
Dept/Svc: Medicine/Infectious Disease	Facility: MAMC
Principal Investigator: COL Peter Gomatos, MC	
Associate Investigators: None	
Key Words: HTLV-III, natural history, progression, military	

Accumulative MEDCASE Cost: $5,920.00**	Est Accumulative OMA Cost: $1,940,064.00**	Periodic Review: N/A

**All funds to be provided by Medical R & D Command.

Study Objective: To assess the impact of HTLV-III infection on fitness for duty by systematically defining the natural disease progression in individuals with documented HTLV-III infections in the general military population; to determine the impact of cofactors, i.e., drug abuse, physical activity, on disease progression; and to form an information base and a study cohort upon which numerous other studies can be built, i.e., drug treatment of HTLV-III.

Technical Approach: Currently, all military health care beneficiaries with serological evidence of HTLV-III infection are referred to an Army medical center for evaluation by an Infectious Disease specialist. These patients will be evaluated by the complete standard battery of testing done for HTLV-III patients, plus patient education and counselling. Each HTLV-III infected individual will be staged according to the Walter Reed Staging Classification. The only additional requirement of individuals enrolled in this study is that information gathered from each individual as a consequence of this study will be centralized in a common data base located at WRAIR. These subjects will have repeat evaluation every 6 months for up to five years with communication continued via letters at three month intervals to maintain contact and provide any new information to the subjects. At a minimum, the occurrence/staging of disease progression will be determined with time interval, age, sex, risk factor, ethnic group, coinfection with EBV, CMV, and HBV representing individual variables.

Progress: This protocol has not received final approval from OTSG. It has been suspended until a final decision is made by OTSG as to if and how the protocol will be implemented.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/55	Status: On-going

Title: Comparison of Bronchial Washings versus Formal Bronchoalveolar Lavage in the Cytologic Diagnosis of Peripheral Pulmonary Neoplasms

Start Date: Apr 86	Est Completion Date: Mar 87
Dept/Svc: Medicine/Pulmonary	Facility: MAMC
Principal Investigator: CPT Bruce S. Grover, MC	
Associate Investigators:	COL J. Waylon Black, MC
MAJ W. Hal Cragun, MC	MAJ Michael Witte, MC
MAJ Thaddeus L. Dunn, MC	CPT Ronald Fullmer, MC
Key Words: neoplasms, pulmonary, diagnosis, washings, lavage	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine if formal 240 cc bronchoalveolar lavage (BAL) increases the diagnostic yield of bronchoscopy in the evaluation of patients with peripheral pulmonary neoplasms. In addition, the yield of BAL is to be compared with that of the traditional small volume washes.

Technical Approach: Forty subjects, >18 years of age, with lung nodules suspicious for malignancy, will have standard fiberoptic bronchoscopy performed. The lesion will be localized as well as possible by fluoroscopy. A radiopaque catheter will be used to identify the relevant subsegmental bronchus, and the bronchoscope will be wedged into the subsegmental orifice, and small volume washes will be done in the orifice. After the small volume wash (7 cc return), a large volume wash will be done by adding sterile room temperature saline in 30 cc aliquots according to the method of Watters et al (ARRD 133:105), with harvest of the fluid by hand suction. The effluent will be placed into Saccomanno's solution. Then, if clinically indicated, brushings and transbronchial biopsies will be performed, followed by a repeat small volume wash. Supplemental oxygen will be provided during the procedure; both electrocardiographic and oximeter monitoring will be employed. The procedure will be terminated if >100 cc of lavage fluid remains "unharvested" at any point to preclude undue hypoxemia.

The large volume (BAL) and small volume washes will be compared on the basis of yield of diagnosis, with the endpoint being whether or not malignancy can be diagnosed by cytologic examination of the fluid. The small volume washes, pre and post transbronchial biopsy, will also be compared on the basis of yield of diagnosis of malignancy. The chi^2 test will be used in the statistical analysis.

Progress: Three patients have been entered.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/73	Status: On-going

Title: Pleuroscopy in the Sheep with a Flexible Fiberoptic Bronchoscope

Start Date: 20 Jun 86	Est Completion Date: Jan 87
Dept/Svc: Medicine/Pulmonary	Facility: MAMC
Principal Investigator:	CPT Bruce S. Grover, MC
Associate Investigators:	COL J. Waylon Black, MC MAJ Hal W. Cragun, MC MAJ Thaddeus L. Dunn, MC MAJ Michael C. Witte, MC
Key Words:	pleuroscopy, fiberoptic bronchoscope, flexible, sheep

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review N/A

Study Objective: To determine the best technique for the use of the fiberoptic bronchoscope in pleuroscopy.

Technical Approach: The animals will be given a general anesthetic for pain control and an area will be shaved in the lateral thorax 5 to 6th intercostal space along the posterior axillary line. The site will be infiltrated with a local anesthetic. A 1-2 cm incision will be made in the skin and a purse string suture of #0 silk placed around it. With sharp dissection, the incision will be extended through the intercostal muscles. By blunt dissection the pleural space will be entered. The sterilized fiberoptic bronchoscope will be inserted into the pleural space with a purse string ligature to maintain an airtight seal. Pleural fluid will be removed through the suction channel of the bronchoscope to clear the pleural space. Air will be introduced as needed through the suction channel to produce a small controlled pneumothorax for better visualization. Pleural space will then be systematically explored visually with the bronchoscope. Biopsy forceps will be inserted through the suction channel and biopsies will be taken. The air will be sucked out from the thorax as the bronchoscope is being removed. The area will then be closed with the #0 silk suture. The same procedure will then be performed again. The only difference in technique will be that an endotracheal tube will be inserted through the hole in the chest cavity and the fiberoptic bronchoscope will then be inserted directly through the endotracheal tube. The two methods will be compared for ease of maneuverability of the scope to see which gives better visual access and which is the most efficient in obtaining biopsies. A third method will be performed using a thicker scope, the flexible sigmoidoscope.

Progress: Five sheep have been studied. A new scope has been ordered and more sheep will be studied upon its arrival.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/78	Status: On-going

Title: Evaluation of Prednisone as an Anti-tussive During Bronchoscopy

Start Date: 18 Jul 86	Est Completion Date: Nov 86
Dept/Svc: Medicine/Pulmonary	Facility: MAMC
Principal Investigator:	CPT Bruce S. Grover, MC
Associate Investigators:	COL J. Waylon Black, MC
	MAJ Hal W. Cragun, MC
	MAJ Thaddeus L. Dunn, MC
	MAJ Michael C. Witte, MC
	CPT Marin Kollef, MC
Key Words:	bronchoscopy, anti-tussive, prednisone, placebo

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $50.00	Periodic Review: N/A

Study Objective: To determine if prednisone given prior to bronchoscopy will help reduce the incidence and severity of coughing during bronchoscopy.

Technical Approach: Thirty adult patients scheduled for bronchoscopy will be randomized into two arms. Arm I will receive prednisone the night prior to and at 6 hours prior to the procedure. Arm II will receive a placebo on the same schedule. Approximately 72 hours prior to the procedure, patients will undergo pre and post-bronchodilator spirometry. Spirometry will be done immediately prior to and immediately after the bronchoscopy. Patients will receive atropine and codeine 20-30 minutes prior to the procedure. Nebulized lidocaine and lidocaine jelly will be administered in one nostril and bronchoscopy will then be initiated in the usual manner. Once the bronchoscope is through the nasal passage, all coughs during the procedure will be recorded with the amount of topical lidocaine used as a cough suppressant noted. At the end of the procedure, the patient will be asked to complete a questionnaire, stating his tolerance of the procedure, what he disliked most about the procedure, and whether or not he would undergo the procedure again. Statistical analysis will be done using analysis of variance. The amount of coughing and the degree of patient tolerance will be compared between the prednisone and placebo groups. The bronchoscopy will be divided into 15 minute periods and the coughs will be counted as coughs per 15 minute period and also as coughs per minute. If there is a significant difference in coughing or patient tolerance, an analysis will be done to determine whether there is a difference in response between the groups with and without bronchodilator response during pulmonary function testing. The data will be analyzed after 30 subjects have been studied to determine if more subjects need to be studied in order to achieve statistical significance.

Progress: Three patients have been entered.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/81	Status: On-going

Title: Studies on Fatty Acid Activation in Spermatozoa: Kinetics and Localization

Start Date: 16 Sep 83	Est Completion Date: Sep 84
Dept/Svc: Medicine/Endocrine	Facility: MAMC
Principal Investigator:	LTC Robert E. Jones, MC
Associate Investigators:	COL Bruce L. Fariss, MC COL Stephen R. Plymate, MC
Key Words:	Palmitic acid, ATP, Mg++, CoASH, time and protein dependency curves, enzyme location/latency

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $785.00	Periodic Review: Nov 85 - Continue

Study Objective: To define the kinetic characteristics and cellular localization of the enzyme system responsible for the initiation of saturated fatty acid metabolism in spermatozoa.

Technical Approach: Normal human semen samples will be used to establish a ligase assay. Ligase activity will be measured using a sensitive radioligand/millipore filter procedure that utilizes (3H)-coenzyme A as the radioactive trace. Approximately 0.2 microcuries of (3H) will be present in each individual assay. The samples will be centrifuged at 2800g for 10 minutes at room temperature, the seminal plasma supernatant will be discarded, and the sperm pellet will be resuspended in an isotonic buffer. This sperm mixture will be recentrifuged and washed twice prior to use. After the final centrifugation, the pellet will be diluted in a potassium enriched buffer to achieve a sperm density of 200 million per ml. The assay mixture will contain palmitic acid, ATP, Mg++ and CoASH and will be initiated by the addition of the washed sperm preparation. Time and protein dependency curves will be run to determine the length of incubation needed to achieve first order kinetics in the measurement of initial velocities. Both Lineweaver-Burk plots and hyperbolic best-fit will be used to calculate approximate Km values for each substrate. Temperature, pH curves, and rates with alternate substrates will also be run. Enzyme location/latency will be determined by assaying separate cell fractions prepared by sonication and differential centrifugation of the isolated sperm. The effects of sufhydrl reagents, albumin, and detergents will be studied to assist in estimation of latency.

Progress: Sperm long-chain fatty acid:CoASH ligase was able to activate myristic, palmitic, and stearic acids, but was incapable of utilizing lauric, arachidic, and behenic acids. Peak activity was obtained with palmitic acid. Additional studies are in progress. The study should be completed by the end of the year.

PRESENTATION: 3rd International Congress of Andrology.

PUBLICATION: Jones RE, Plymate SR: J Androl 7:323-327, 1986.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/17	Status: Ongoing

Title: Establishment of a Long Term Mammalian Hepatocyte Tissue Culture

Start Date: 19 Nov 84	Estimated Completion Date: Nov 85
Dept/Svc: Medicine/Endocrinology	Facility: MAMC
Principal Investigator:	LTC Robert E. Jones, MC
Associate Investigators:	COL Stephen R. Plymate, MC LTC James W. Higbee, MSC CPT Karl E. Friedl, MSC
Key Words: Biomatrix, rabbit, rat, liver	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1075.00	Periodic Review: Feb 86 - Cont

Study Objective: To examine the feasibility of establishing a hepatocyte monolayer culture using a homologously derived biomatrix.

Technical Approach: Both rat and rabbit livers will be used. The animals will be anesthetized and the liver perfused *in situ* with Hank's BSS with 0.5 mM EGTA and 0.05 M HEPES, followed by a RPMI 1640-based collagenase solution. Upon completion of the dispersal step, the liver will be excised, trimmed, and gently disrupted. The hepatocytes will be harvested by centrifugation and counted to insure a proper plating density. Liver biomatrix will be prepared, isolated, and sterilized by exposure to gamma rays. The biomatrix will be layered in tissue culture wells, utilizing RPMI 1640 supplemented with insulin, glucagon, ECG, prolactin, growth hormone, linoleic acid, and trace elements as the nutrient medium. Penicillin, streptomycin, and fungizone will be added to retard bacterial/fungal growth. The cells will be grown in a humidified incubator at 37°C in a 95% air/5% CO_2 atmosphere. The media will be changed in the laminar flow hood every 48-72 hr and the viability of cells will be intermittantly assessed by measuring trypan blue exclusion.

Progress: Progress on the perfection of tissue culture technique continues to be satisfactory.

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 85/74 Status: Completed

Title: Influence of Acute Verapamil Infusion on Pituitary Responsiveness to Exogenous GnRH

Start Date: 28 Jun 85 Est Completion Date: Jan 86

Dept/Svc: Medicine/ Endocrine Facility: MAMC

Principal Investigator: LTC Robert E. Jones, MC

Associate Investigators: COL Stephen R. Plymate, MC
CPT Karl E. Friedl, MSC
Louis A. Matej, B.S., DAC

Key Words: verapamil, GnRH, LH

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1673.20	Periodic Review: Nov 85 - Cont

Study Objective: To ascertain what role the calcium/calmodulin system plays in modulating the GnRH-stimulated secretion of biologically active lutenizing hormone (LH).

Technical Approach: Six normal male volunteers will be solicited. The subjects will be randomized into two groups; Group I will receive GnRH alone followed in one week by GnRH plus verapamil; Group II will undertake the testing scheme in reverse order. The testing will be performed after an overnight fast and at the same time of the day. The GnRH tests will be conducted over three hours with blood being obtained at 15 minute intervals. Verapamil will be started at time 0 and will be administered IV at a rate of 5 mg/hr. GnRH will be given as a 200 µg bolus at time + 60 minutes. Blood will be analyzed for LH by RIA and by bioassay. LER 907 (NIAMDD) will be used as the standard in both assays. LH will be iodinated using the Iodogen method and the RIA will be conducted according to published methods. The LH bioassay will be performed with the Swiss-Webster mouse Leydig cell model. Parameters to be scrutinized will be LH deltas, per cent change in LH, and total area under the LH curve. A Student's paired t test will be used to test for significant differences between the control GnRH challenge and the test performed during the verapamil infusion.

Progress: Intravenous verapamil blunted the LH response to GnRH; however, there was considerable intersubject variability. It appeared that the release of bioactive LH was more succeptible to inhibition than was the secretion of immunoreactive LH.

Presentation: 1986 Endocrine Society Meeting

Detail Summary Sheet

Date: 30 Sep 86 | Protocol No.: 85/84 | Status: On-going

Title: Purification of Long Chain Fatty Acid: CoASH Ligase From Human Spermatozoa

Start Date: 23 Aug [illegible] | Completion Date: Sep 86

Dept/Svc: Medicine/Endocrine | Facility: MAMC

Principal Investigator: LTC Robert F. [illegible], MC

Associate Investigators: [illegible], MC

[illegible], MSC

Key Words: cellular [illegible], molecular [illegible], functional relationship, hepatic mitochondrial [illegible]

Accumulative MEDCASE: | Est Accumulative: | Periodic Review:

Cost: -0- | OMA Code: [illegible] | Oct 85 - Continue

Study Objective: To isolate and purify long chain fatty acid: CoASH ligase (AMP) [illegible].

Technical Approach: Human sperm will be collected and prepared. Ligase will be protected with 5 mM p-aminobenzamidine and extracted with 1.0% Triton X-100. The crude preparation will be delipidated by serial washings with n-butanol, acetone, and ether. The final pellet will be extracted under nitrogen and reconstituted in 10 mM phosphate buffer. Affinity chromatography with Blue Sepharose CL-6B will be the principle purification step. Ligase will be eluted from the column with palmitoyl CoA dissolved in phosphate buffer. Fractions will be collected, read at 280 nm to determine the presence of protein, and assayed for ligase activity.

It is possible that several proteins which require nucleotides will be retained on the column; the eluate obtained by adding a palmitoyl CoA solution should contain those enzymes which possess a relatively high affinity for acyl CoA. Ligase acyl CoA:L-glycerol -3-phosphate transferase, palmitoyl carnitine O-acyl transferase and palmitoyl CoA deacylase would fall into the latter category. Ligase differs from the other acyl CoA dependent enzymes by virtue of an approximate 50-100 fold lesser affinity for palmitoyl CoA and an absolute requirement for ATP. By using a concentration of 1 mM palmitoyl CoA and/or an ATP elution step, these steps would be final purification of ligase.

Classical purification procedures for ligase are extremely complicated and involve multiple intermediate steps. On the other hand, affinity chromatography of a related enzyme using a related matrix yielded a 14-fold increase in specific activity with a single pass over the column. Purity and sizing of ligase will be accomplished by isoelectric focusing, polyacrylamide gel electrophoresis, and size exclusion chromatography (either HPLC or Sephadex G200). Protein will be determined with a BioRad kit and ligase specific activity will be calculated after each purification step.

Progress: The columns have been prepared and known samples have been run through the system. The investigators are awaiting a diverter valve before the protocol can be continued.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/85	Status: On-going
Title: Kinetics of Polyunsaturated Fatty Acid (PUFA) Activation in Human Sperm		
Start Date: 23 Aug 85	Est Completion Date: Sep 86	
Dept/Svc: Medicine/Endocrinology		Facility: MAMC
Principal Investigator: LTC Robert E. Jones, MC		
Associate Investigators: COL Stephen R. Plymate, MC MAJ Charles J. Hannan, MSC		
Key Words: PUFA, ligase activity, human sperm, acyl CoA		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: 700.00	Periodic Review Oct 85 - Continue

Study Objective: To determine the kinetics and substrate specificities of PUFA as related to acyl CoA synthesis in human sperm.

Technical Approach: Semen samples will be obtained from the semen analysis laboratory. Only those ejaculates deemed normal by standard criteria will be utilized in this study. The samples will be frozen at -70°C until use.

Two different techniques for determining ligase activity will be used. The first is a radioligand-millipore filter assay which measures acyl CoA formation via the incorporation of 3H-CoASH. The second measures the rate of 3H-palmitic acid conversion to palmitoyl CoA. The former assay is nonspecific in detecting activation of virtually all saturated or unsaturated medium to long chain (12 carbons or greater) fatty acid while the latter is specific for palmitic acid. The incubation mixture, which has been previously optimized, will be identical for both techniques. Protein will be measured colorimetrically with a BioRad kit, and kinetic constants (Km, Vmax, Ki) will be calculated using standard formulae and plots.

The following two questions will be addressed: what is the PUFA specificity for sperm ligase and are PUFA and saturated fatty acids activated by the same enzyme. The experimentall approach is summarized as follows:

Experiment	Assay	Variables	Data Collected
PUFA specificity	3H-CoASH	16:1, 18:1, 18:2, 18:3 20:4, 22:1, 22:6	Km, Vmax
Double Bond specificity	3H-CoASH	16:1 (cis, trans)	Km, Vmax
Competition curve	3H-PA	Coincubation of 16:0 (0-10 μM) with 0, 5, 10 μM PUFA	Km/Ki, Vmax

Progress: The following fatty acids (16:1, 18:1, 18:2, 18:3, 20:4, 22:6) were compared to 16:0 activation. With the exception of 22:6, all fatty acids processed similar K_ms to 16:0 (4 μM). In addition, 22:6 was a non-competitive reactor to 16:0 activation.

A publication is in press from this protocol.

Date: 30 Sep 86 Protocol No.: 86/70 Status: On-going

Title: Hormonal Regulation of Rabbit [illegible] Liver Long Chain [illegible] Effects of Insulin, Glucagon, Glucocorticoid Hormones

Start Date: 20 Jan 86 Completion Date: Jul 87

Dept/Svc: Medicine Facility: MAMC

Principal Investigator: LTC Robert [illegible], MC

Associate Investigator: COL [illegible], MC

Key Words: long chain fatty acid, [illegible], rabbit liver, hormones, [illegible]

Accumulative Man-Hrs: [illegible] Periodic Review:

Cost: -0- [illegible] N/A

Study Objective: To determine if [illegible] liver ligase is modulated by hormonal influences by testing the effects of various hormones on the kinetics of fatty acid activation in cultured hepatocytes.

Technical Approach: Hepatocytes will be obtained and cultured using modifications of a previously applied MAMC protocol. The biomatrix (collagen-coated) [illegible] commercially generated using commercially available [illegible]. The plates will be allowed to air dry and will be [illegible] the biomatrix has set, the plates will be covered in parafilm and stored at 4°C. To guarantee culture plate sterility, the wells will be exposed to 10000 rads from a cobalt source prior to cell plating. Hormonal testing, in triplicate, will then be [illegible] (10^{-9}, dexamethasone, insulin [without SGF-7 and in CBM 2000 containing 1% BSA], and glucagon) using varying concentrations, [illegible] concentration. All hormones will be tested at a [illegible] concentration with CBM 2000 and SGF-7. The effects of time exposure will be assessed. After the incubations have been completed [illegible] will be harvested by collagenase digestion, [illegible] tubes will be pooled, and the cells counted. Per cent cellular viability will be determined, cells will be centrifuged [illegible] and Tris and homogenized. The homogenate will be centrifuged to remove cellular debris/plasma membrane and the resulting supernatant will be centrifuged at 10000 g. The pellet containing mitochondria will be saved and the [illegible] microsomal fraction will be centrifuged at 100000 g. The microsomes will be [illegible] centrifuged as outlined [illegible] and purity determined by [illegible] analysis. [illegible] activity will be measured using minor modifications of the method of Pollokoff and Bell (J Lipid Res 1975). One way ANOVA will be used to determine ditferences within a given hormone treatment group. If a difference is found ($P<0.05$), a t test [illegible] comparison will be used to identify the specific variables. A similar approach will be used to study differences between different hormone incubations.

Progress: Hepatocytes from three rabbits were studied to optimize the conditions for culture. If contamination was avoided, the hepatocytes survived for two weeks, but normal biochemical function could not be readily documented. The possible use of Hep-G2 cells instead of hepatocytes as the model for this study is being studied.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/80	Status: On-going

Title: A Comparison of Thallium Stress Testing and Cardiac Pacing Stress Testing in the Preoperative Evaluation of Patients Undergoing Abdominal Aortic Aneurysmectomy and/or Aorto-femoral Revascularization

Start Date: 21 Sep 84	Est Completion Date: Oct 85
Dept/Svc: Medicine/Cardiology	Facility: MAMC
Principal Investigator: LTC John W. Kirk, MC	
Associate Investigators: COL Charles Andersen, MC COL Stanton Brown, MC	
Key Words: treadmill stress testing, thallium perfusion imaging	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Nov 85 - Cont

Study Objective: To determine the utility of treadmill stress testing with thallium perfusion imaging and cardiac pacing stress testing in the preoperative evaluation of patients with evidence of heart disease who are scheduled to undergo major vascular surgery involving the abdominal aorta, the iliac arteries, and/or the femoral arteries.

Technical Approach: Each subject will undergo treadmill stress testing followed by thallium perfusion imaging. A week later, each patient will undergo a right atrial pacing stress test followed by selective left and right coronary angiography and contrast left ventriculography from a brachial artery. If contrast left ventriculography is not performed or is of suboptimal technical quality, a blood pool radionuclide angiogram will be obtained within 48 hours. Patients will be followed through induction of anesthesia and the post-operative period for cardiac complications, and the vital status will be determined at one and six months. Coronary arteriography will be employed as the gold standard to determine the sensitivities, predictive values, specificities, and accuracies of these two diagnostic tests in identifying coronary artery disease, particularly left main and severe three vessel coronary disease. In order to determine the ultimate value of any of these tests in increasing operative survival and reducing perioperative complications, surgical results in these patients will be compared with those of a similar group of patients who underwent the same type of surgery without such extensive preoperative evaluation.

Progress: 32 patients have been studied. Results to date indicate that right atrial pacing stress testing may be more sensitive than thallium stress testing in detecting significant coronary artery disease in these patients. More testing is planned. This study resulted in a presentation to the 14th Annual Session of the Association of Army Cardiologists.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/22	Status: On-going

Title: Potentiation of Tricyclic Antidepressants by Triiodothyronine

Start Date: 15 Nov 85	Est Completion Date: Jun 87	
Dept/Svc: Medicine/Endocrine		Facility: MAMC
Principal Investigator:	MAJ Daniel H. Knodel, MC	
Associate Investigators:		
COL Stephen Plymate, MC	Bill Finch, GS/0	
COL Gary Treece, MC	Doug Oberding, GS/07, DAC	
LTC John Wamble, MC		
Key Words: tricyclic antidepressants, triiodothyronine		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $3000.00	Periodic Review: N/A

Study Objective: To determine whether or not low dose triiodothyronine potentiates the action of desipramine, a tricyclic antidepressant, in the treatment of unipolar depression and to determine if thyrotropin releasing hormone stimulation tests (TRH stimulation tests) can predict responders.

Technical Approach: Fifty patients will be recruited for the study. After 20 patients have completed the protocol, statistical data will be analyzed and a decision made on whether to continue further patient investigation. For inclusion in the study the patients will meet the RDC and DSM III criteria for major depression and have an initial Hamilton Depression Scale Rating of at least 18. Excluded from the study will be patients who are pregnant and patients with a history of heart disease, <21 or >60 years of age, physical findings consistent with hyperthyroidism or laboratory evidence of hyperthyroidism or hypothyroidism. Both a psychiatric and a medical evaluation will be completed. The psychiatric evaluation will include two evaluators completing the Hamilton Depression Scale as well as the patient completing the Beck Depression Inventory. Medical evaluation will include an abbreviated physical exam, blood determinations of T3 RU, T4, FTI, T3 by RIA, TSH, TRH stimulation test, ACE level, testosterone binding globulin level, and dexamethasone suppression test. During the six week study period the Hamilton Depression Scale will be repeated at one, two, three, four, and six weeks. At four weeks the baseline medical test will be repeated. The study will be double blinded. All patients will receive the baseline studies mentioned above. Half of the patients will receive desipramine 50 mg t.i.d. plus a placebo. The other half will receive desipramine 50 mg t.i.d and triiodothyronine 25 µg daily. After four weeks of therapy the placebo and the triiodothyronine will be discontinued.

Progress: Four patients have entered the study. The associate investigator from the Department of Psychiatry who was to perform the psychiatric evaluations has been reassigned. The principal investigator is attempting to recruit another investigator to perform these evaluations.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/48	Status: Terminated

Title: False Positive Clonidine Suppression Tests Resulting from Hypothyroidism

Start Date: 21 Mar 86	Est Completion Date: Sep 86
Dept/Svc: Medicine/Endocrine	Facility: MAMC
Principal Investigator: MAJ Daniel H. Knodel, MC	
Associate Investigators: COL Gary L. Treece, MC William Finch, DAC	
Key Words: hypothyroidism, untreated, clonidine suppression	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $150.00	Periodic Review: N/A

Study Objective: To investigate whether patients with hypothyroidism have a false positive clonidine suppression test.

Technical Approach: Ten newly diagnosed, untreated hypothyroid patients or patients with iatrogenic hypothyroidism will be studied. Patients on beta blockers will be required to discontinue the beta blockers (if medically reasonable) because beta blockers can prevent the plasma catacholamine-lowering effect of clonidine by blocking hepatic clearance of catacholamines and can potentiate the hypertensive effects of the clonidine. Patients with severe hypothyroidism (myxedema, stupor, or coma) or unstable medical conditions will be excluded. Patients with a history of athrosclerotic heart disease or cerebral vascular disease will also be excluded. Individuals who are taking blood pressure lowering medications will also be excluded.

Patients selected for the study will have a clonidine suppression test performed before and after treatment of their hypothyroidism. The test will be performed as follows: An I.V. will be started. After 30 minutes, baseline levels will be taken to include T_3RU, T_4, FTI, and TSH, as well as plasma norepinephrine, epinephrine, and dopamine. Patients will be given 0.3 mg of clonidine p.o. Plasma catecholamine levels will be obtained at 120 and 180 minutes. The test will be repeated once TSH levels demonstrate a return to an euthyroid state. Patients will serve as there own controls. The following questions will be evaluated: Are these levels elevated when patients are hypothyroid? Are these levels non-suppressible with clonidine? After a return to an euthyroid state, do the catacholamine levels return to normal? Data will be analysed by analysis of variance.

Progress: Four patients were studied. No consistant results were found in patients being given the clonidine suppression test. Although no patients experienced adverse reactions, the invetigators were concerned that elderly hypothyroid patients experienced a greater blood pressure drop in the clonidine suppression test than is reported in the literature; therefore the protocol was terminated.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/33	Status: Completed

Title: Investigation of the Occurrence of Lactic Acidosis During Treatment of Exacerbations of Chronic Obstructive Lung Disease (COLD)

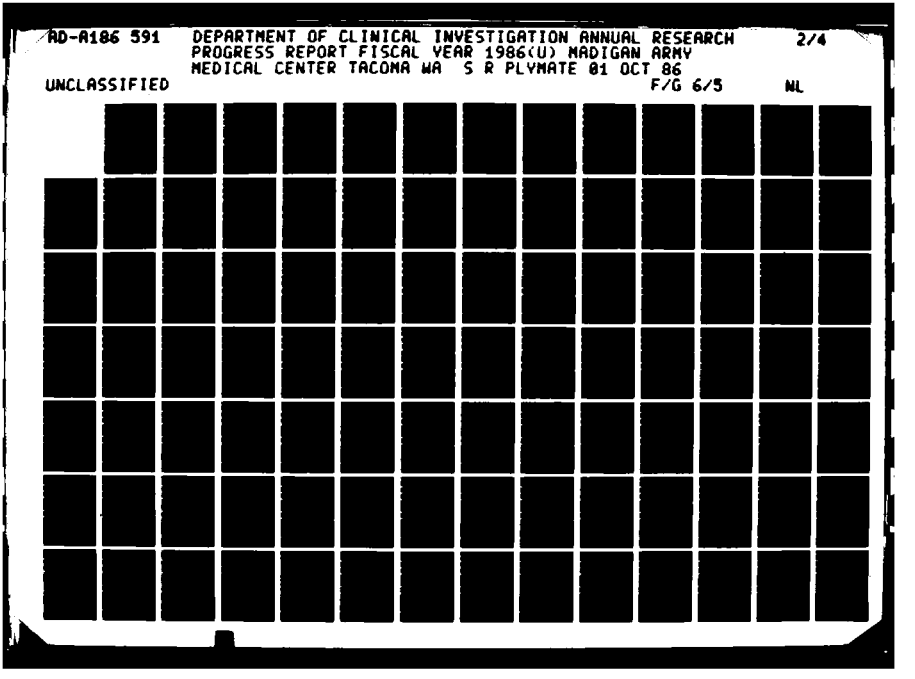
Start Date: 17 Jan 86	Est Completion Date: May 86
Dept/Svc: Medicine/Internal Medicine	Facility: MAMC
Principal Investigator: CPT Marin Kollef, MC	
Associate Investigators: MAJ William Cragun, MC	
Key Words: COLD, lactic acidosis, occurrence	

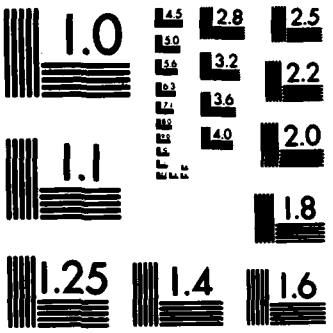
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine if lactic acidosis develops during treatment of exacerbations of COLD and to identify factors possibly leading to occurrence of lactic acidosis.

Technical Approach: Patients with suspected exacerbation of COLD will be admitted. BP, pulsus paradoxicus, HR/temp, accessory muscle use, paradoxical abdominal movement, chest ascultation findings, SMA-6, ABG, anion gap, lactate level, and PEFR will be measured at admission, 12, 24, and 48 hours; chest x-ray findings, ECG findings of P-pulmonale, urinalysis, and ketones will be done at admission; theophylline level will be done at admission and at 24 hours. All measurements will be recorded on a protocol data sheet. Patients will be treated with the following standardized regimen: metaproterenol sulfate via mechanical nebulizer initially 2-3 times in ER followed by treatments every 4 hrs for 48 hrs; methylprednisolone IVPE initially and daily; oxygen therapy as needed to maintain PaO_2 >55 mm Hg; aminophylline IV dosage based on prior usage and admission level to achieve desired therapeutic level of 10-20 mg/l as determined by admitting physician; other medications based on prior medical problems of the patient; atropine via nebulization will be used at the discretion of the admitting physician; antibiotics for treatment of bronchitis or pneumonia at the discretion of the admitting physician (to be studied separately). The occurrence of lactic acidosis may be difficult to assess in patients with acute and chronic carbon dioxide retention. Elevated serum venous lactate levels will be detected and defined as a value >2.8 mmol/l. Lactic acidosis will be defined as an elevated lactate level with accompanying elevation of the anion gap >12 and a pH of arterial blood lower than expected for measured partial pressure of arterial CO_2.

Progress: Eighteen patients were studied. It was concluded that the incidence of elevated serum lactate during intensive medical treatment of obstructive lung disease is significant but that lactic acidosis as a complication of that medical treatment is rare when there is no evidence of respiratory muscle fatigue or theophylline toxicity. A paper reporting the results of this study has been accepted for the 1986 ACP Meeting.


AD-A186 591
DEPARTMENT OF CLINICAL INVESTIGATION ANNUAL RESEARCH
PROGRESS REPORT FISCAL YEAR 1986(U) MADIGAN ARMY
MEDICAL CENTER TACOMA WA S R PLYMATE 01 OCT 86
2/4
UNCLASSIFIED
F/G 6/5
NL



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

Detail Sum mary Sheet

Date: 30 Sep 86	Protocol No.: 86/81	Status: On-going

Title: Investigation of the Use of Parenteral Solumedrol (Methylprednisolone Sodium Succinate) versus Inhaled Beclomethasone Dipropionate in Patients with a Mild or Moderate Exacerbation of Chronic Obstructive Lung Disease (COLD)

Start Date: 15 Aug 86	Est Completion Date: Aug 87
Dept/Svc: Medicine/Pulmonary	Facility: MAMC
Principal Investigator: CPT Marin H. Kollef, MC	
Associate Investigators: MAJ William Cragun, MC	
Key Words: COLD, parenterral methylprednisolone sodium succinate inhaled beclomethasone dipropionate, route	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine if the route of corticosteroid administration has any effect on patient outcome in patients with exacerbation of COLD requiring hospitalization for mild to moderate exacerbations when equivalent clinical doses of corticosteroids are used in parenteral and inhaled forms.

Technical Approach: Patients with suspected exacerbation of COLD will have FEV_1, FVC, pH, pO_2, PCO_2, O_2 used, BP, HR, RR, theophylline levels done on admission. FEV_1 and FVC will be measured daily. Steroids, theophylline, beta agonist, and other medications used will be recorded. Patients will be treated with the following standardized regimen: metaproterenol sulfate via mechanical nebulizer initially 2-3 times in ER followed by treatments every 4 hours followed by usage of metered inhaler 2 puffs every 4 hrs; oxygen therapy as needed to maintain PaO_2 >55 mm Hg; aminophylline IV dosage based on prior usage and admission level to achieve desired therapeutic level of 10-20 mg/l as determined by admitting physician for 12-36 hours and then switched to an equivalent oral dosage; atropine via nebulization will not be used; antibiotics for treatment of bronchitis or pneumonia at the discretion of the admitting physician (these patients will be studied separately). Patients will be randomly assigned to either methylprednisolone, 60 mg IVPB every 4 hours or beclomethasone dipropionate (42 mcg metered dose per inhalation) 5 puffs every 4 hours. The above doses will be used for the first 48 hours of hospitalization after which, if clinically indicated, the admitting physician may taper the dose of the inhaled beclomethasone or switch to oral prednisone in the parenteral group. The main parameters to be measured will be length of hospitalization, length of time on the initial form of corticosteroid before tapering is begun, FEV_1 and FVC measured daily from admission, and clinical parameters as stated above. Upon discharge patients will be maintained on respective tapering schedule of corticosteroid as determined by the admitting physician.

Progress: The protocol has not begun due to complications in obtaining the spacing devices from the drug company.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/99	Status: On-going

Title: Investigations into Immune Phenomena Associated with Thyroid Auto-immune Disease

Start Date: Oct 86	Est Completion Date: Jun 88
Dept/Svc: Medicine/Endocrinology	Facility: MAMC
Principal Investigator: MAJ Jennifer A. Nuovo, MC	
Associate Investigators:	COL Gary Treece, MC
COL Kenneth Burman, MC	LTC Robert Jones, MC
COL Stephen Plymate, MC	MAJ Daniel Knodel, MC
Key Words: thyroid auto-immune disease, insulin, goiter, cancer	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $3260.00	Periodic Review: N/A

Study Objective: To continue work in the area of thyroid immunology screening for evidence of concomitant auto-immunity to insulin and insulin receptors in patients with auto-immune thyroid disease and to observe changes in antibody production during the course of the disease; to look for evidence of thyroid and insulin auto-immunity in these patients and patients with thyroid disease not usually felt to be auto-immune; to further characterize the IgG to insulin found previously in sera of patients with Graves' disease.

Technical Approach: Study A: measurement of insulin antibodies in the serum of 50 normal subjects (matched to groups of diseased patients by sex and age), 50 patients with Graves' disease at diagnosis, during therapy, and following definitive therapy, 50 patients with Hashimoto's thyroiditis, 10 patients with acute/subacute thyroiditis, 10 patients with lupus or rheumatoid arthritis, 20 patients with simple goiter, 20 patients with multinodular goiter, 50 patients with diabetes mellitus using an ELISA test that has been modified for detecting insulin antibodies. Blood glucose levels will be checked on all subjects. If abnormal, insulin and C-peptide levels will be obtained. Diabetics, either Type I or Type II, will not be excluded from the study. Study B: insulin receptor binding studies will be performed on the same group of controls and subjects listed in Study A. A binding inhibition assay will be used to detect the presence of insulin receptor antibodies. Specifically, human lymphoblastoid cells (IM-9) will be grown in culture, incubated with test serum and ^{125}I-insulin, then the radioactivity of the pellet counted and compared to a known positive control and a known negative control. Study C: immunoglobulin detected by ELISA will be purified by means of insulin affinity columns to determine if the immunoglobulin is a specific anti-insulin antibody. The immunoglobulin adhering to the column will be eluted, dialyzed, and concentrated. This fraction will then be retested using the ELISA assay to test the ability of the antigen/antibody complex to inhibit insulin binding in previously positive sera.

Progress: This is a new study and has not been started.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/80	Status: On-going

Title: The Utility of Including Iron Assay on an Automated Chemistry Panel

Start Date: 23 Aug 85	Est Completion Date: Aug 86
Dept/Svc: Medicine/Gastroenterology	Facility: MAMC
Principal Investigator: LTC Thomas F. O'Meara, MC	
Associate Investigators:	CPT Bradley T. Heppner, MC
COL John Redmond, MC	CPT Margaret Richardson, MC
COL Carl Stones, MC	CPT Donald Zedalis, MC
Key Words: physician response, high and low serum iron values	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1620.00	Periodic Review: Oct 85 - Continue

Study Objective: to assess how physicians respond to an unsolicited chemical abnormality found in their patients, and to correlate high and low values of serum irons performed as part of an automated chemistry screen with more standard assays.

Technical Approach: For several months, an iron assay was added to the SMAC profile. For an arbitrary three week period, over 300 values which were high or low were identified. To assess how physicians responded to the abnormal values, each outpatient record will be pulled at least three months after the specimens were drawn and a systemic review of the physician's action or inaction recorded. Clinical impression based on the laboratory abnormality and further evaluation via other lab work will be looked for. To assess the accuracy of the SMAC iron, serum iron, and total iron binding capacity, ferritin values will be run on stored serum. If patient contact is deemed necessary, it will go through the primary physician. If no physician action was initiated by the abnormal iron values, the primary physician will be notified to do so when the high serum iron is confirmed as high and low irons are comfired in patients who are anemic or in patients >4[illegible] years of age. When assessing pediatric serum iron values, the physicians will use a standard chart for pediatric values. Charts of children less than one year of age will be excluded. Chi[illegible] and frequency distribution will be used for data analysis. If the numbers of pediatric and pregnant patients are too low, these will not be used for data analysis.

Progress: The chart review is completed. The stored serum was destroyed so the investigators were unable to determine iron levels on these. The present plan is to compare SMAC/iron levels with the determined Fe, TIBC levels and the physicians response to SMAC/iron.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/25	Status: On-going

Title: Efficacy & Safety of Trimethoprim-Sulfamethoxazole vs Ampicillin in the Treatment of Upper Urinary Tract Infections

Start Date: 18 Jan 85	Estimated Completion Date: Jun 85
Dept/Svc: Medicine/Infectious Disease	Facility: MAMC
Principal Investigator: CPT William A. Pearce MC	
Associate Investigators: COL Peter Gomatos, MC MAJ John W. Gnann, MC CPT Michael Lyons, MC	
Key Words: Pyelonephritis, intravenous antibiotics	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review May 86 - Continue

Study Objective: To compare the safety, clinical efficacy, and bacteriological efficacy of trimethoprim-sulfamethoxazole and ampicillin in the treatment of hospitalized patients with infections of the upper urinary tract.

Technical Approach: Patients with suspected pyelonephritis requiring IV antibiotics will be randomized to receive trimethoprim-sulfamethoxazole 10 ml (160 mg trimethoprim plus 800 mg sulfamethoxazole) I.V. every 12 hr plus gentamicin 1 mg/kg every 8 hr (adjusted for creatinine) or ampicillin 500 mg I.V. every 6 hr plus gentamicin 1 mg/kg every 8 hours (adjusted for creatinine). Medications will be given for at least 72 hr or until the patient has been afebrile for 24 hours. If urine culture does not reveal *Pseudomonas aeruginosa* or other resistant pathogens, the gentamicin will be discontinued after 24 hours. After the antibiotics are stopped, the patient will receive the corresponding oral preparation to complete a 14 day course. Urine culture and analysis, blood culture, CBC, SGOT, and creatinine will be obtained at predetermined intervals. Symptoms and physical findings will be recorded daily. Studies on urine bacteria isolates will include quantitation, antibiotic disc susceptibility testing, and MIC determination. Specimens will be sent to the University of Washington for ACB determination, *E. coli* serotyping, and piliation studies.

Progress: A total of 67 patients was entered on this protocol. Patient entry is now complete. After completion of the treatment phase of these patients, the data will be analyzed.

Upon the departure of CPT Lyons in June 1986, CPT William Pearce became the principal investigator on this protocol.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/81	Status: Completed

Title: CT Scanning, CT Myelography, and Magnetic Resonance Imaging in the Diagnosis of the Metastasis to the Axial Spine

Start Date: 23 Aug 85 Est Completion Date: 1 Jun 87

Department: Medicine Facility: MAMC

Principal Investigator: COL John P. Redmond, III, MC

Associate Investigators:

COL Irwin Dabe, MC	MAJ Thomas Baker, MC
COL Robert Karl, MC	MAJ David Dunning, MC
LTC Loren Colman, MC	Lawrence D. Cromwell, M.D.
LTC Howard Davidson, MC	Theodore Roberts, M.D., DAC

Key Words: Axial spine, metastasis, CT scanning, CT myelography, magnetic resonance imaging

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85 - Cont

Study Objective: To investigate the role of spinal CT scanning, CT metrizamide myelography, and spinal magnetic resonance imaging in the detection of subclinical compromise of the spinal canal using an algorithm.

Technical Approach: Patients will be studied using the following algorithm: Patients who have an abnormal bone scan or have back pain in a tumor that tends to show up on a bone scan will receive plain x-rays and then undergo spinal CT's. If the spinal CT shows only evidence of benign disease, patients will receive no further evaluation. If the spinal CT demonstrates evidence of spinal metastasis, the films will be carefully reviewed by radiologists to see if there is evidence of tumor eroding into the neural canal. If there is no evidence of tumor eroding into the neural canal but the patient has symptoms of metastatic disease to the bone, he will be referred for radiation therapy. If there is no evidence of erosion into the spinal canal and the patient has no symptoms of metastatic disease, the patient will not receive radiation therapy but will have a repeat spinal CT in one month. If there is evidence of the tumor eroding into the neural canal, then he patient will undergo a CT metrizamide myelogram to see if there is evidence of damage to the spinal cord and will be referred for radiation therapy. All patients will be asked to undergo the nuclear magnetic resonance scan within two weeks after the spinal CT scan.

Follow-up: Bone scans will be repeated as needed for new symptoms or every three to four months in the absence of symptoms. CT scans and CT metrizamide myelograms will be repeated as clinically indicated and as indicated by the study algorithm.

PROGRESS: Fifteen subjects were studied. This study supports the use of the algorithm. Magnetic resonance imaging (MRI) could not replace CT algorithm due to poor bone definition and questionable abnormalities, and MRI rapidly improved during the study, suggesting that further evaluation is warranted.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/12	Status: Completed
Title: Western Washington Randomized Trial of Intravenous Streptokinase in Acute Myocardial Infarction		
Start Date: 18 Nov 83	Est Completion Date: Nov 86	
Dept/Svc: Medicine/ Cardiology		Facility: MAMC
Principal Investigator:	COL Theodore Steudel, MC	
Associate Investigators:	COL John Hill, MC LTC Roger F. Chamusco, MC LTC John W. Kirk, MC MAJ Everette W. Newcomb, MC MAJ Stanley E. Pearson, MC	
Key Words: I.V., streptokinase, acute myocardial infarction		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Aug 85 - Continue

Study Objective: To determine if high dose infusion of streptokinase administered early in the course of a myocardial infarction will reduce hospital mortality when compared to conventional CCU care.

Technical Approach: Patients with a clinical and electrocardiographic diagnosis of acute, transmural myocardial infarction of <6 hours duration will be randomized to control or streptokinase treatment group and stratified according to the time of onset of symptoms and location of myocardial infarction. Controls will receive conventional therapy and IV heparin. The treatment group will receive streptokinase, 1,500,000 units in 250 ml of D_5W, as a 1-hr infusion, followed by full dose IV heprin anticoagulation. CPK or CPKMB isoenzymes will be drawn every 4 hours during the first 24 hours. These CPK curves will be used to define the occurrence of acute myocardial infarction and to give evidence of reperfusion. A gated blood pool radionuclide angiogram will be obtained at 0-48 hours after randomization to assess early left ventricular function. A coronary angiogram and contrast left ventriculogram will be performed prior to discharge at 7-14 days. If contrast ventriculography is declined by the patient, a second isotope radionuclide ventriculogram will be obtained. At 30-45 days, subjects will have a tomographic 201-Thallium quantitative myocardial pertusion study pertormed. At the same visit, each patient will have a standard radionuclide blood pool study tor global EF, as well as a tomographic blood pool study for analysis of regional EF. Each patient's vital status will be determined at 6 months and one year. After 100 subjects have been studied, an independent monitor will analyze the data for significant findings before entering more patients.

Progress: This was a collaborative protocol with the University of Washington sponsored by the Heart, Lung, and Blood Institute of the NIH. Sufficient patients have been studied to meet the requirements of the group study and the study has been closed. One hundred and twelve (112) patients were entered at MAMC. A joint paper is being written by the investigators at the University of Washington.

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 84/14 Status: Terminated

Title: Danazol Therapy for Idiopathic Thrombocytopenia (ITP)

Start Date: 18 Nov 83 Est Completion Date: Nov 86

Dept/Svc: Medicine/Oncology Facility: MAMC

Principal Investigator: MAJ Michael D. Stone, MC

Associate Investigators:

COL Irwin B. Dabe, MC
COL F.H. Stutz, MC
LTC Howard Davidson, MC
MAJ Thomas M. Baker, MC
MAJ Alfred H. Chan, MC
MAJ Timothy J. O'Rourke, MC

Key Words: Danazol, ITP, radioactive antiglobulin test, radiolabelled staphylococcal protein A

Accumulative MEDCASE Cost: -0-

Est Accumulative OMA Cost: $4870.00

Periodic Review: Feb 86 - continue

Study Objective: To determine the response of ITP patients to therapy with Danazol.

Technical Approach: Patient Eligibility: (1) All patients must meet the clinical definition of ITP to include a platelet count $<100,000/mm^3$, with normal or increased megakaryocytes on bone marrow aspirate and no drug use or other disease excepting SLE present known to cause thrombocytopenia. (2) Patients must be refractory to Prednisone or require unacceptably high doses to remain in clinical remission. (3) Patients may or may not have received prior splenectomy or other drug therapy. (4) All pregnant patients will be excluded.

Antiplatelet antibodies will be measured pretreatment. Danazol will be started at a dose of 200 mg QID and continued at this level for a period of 12 weeks. Antiplatelet antibodies will then be remeasured. A radioactive antiglobulin test and a radiolabelled staphylococcal protein A will be performed on each sample. All concurrent medications will be continued at the outset of the study. If during the first 12 weeks an excellent response is obtained, concurrent medications for ITP may be decreased or at the end of the 12 weeks, the drug will be discontinued in those patients with transient or poor response. In patients with excellent, good, or fair response, the dose may be modified in an attempt to continue response at a lower drug level. Danazol may be continued indefinitely in those patients who respond with acceptable toxicity.

Progress: One patient was entered in this study in FY 85. This patient redeveloped profound thrombocytopenia as prednisone was tapered. Danazol was discontinued at the time prednisone dose was increased. A second patient was entered in FY 86. This patient had a primary diagnosis of SLE. The danazol allowed discontinuation of prednisone, and danazol has been subsequently discontinued without exacerbation.

The study was terminated upon the reassignment of CPT Stone because the Hematology/Oncology staff felt that the study would not significantly add to the literature.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/56	Status: On-going

Title: Weekly Low Dose CCNU for Extensive Adenocarcinoma of the Colon and Rectum

Start Date: 18 May 84	Est Completion Date: May 86
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: MAJ Michael D. Stone, MC	
Associate Investigators: COL F.H. Stutz, MC MAJ Thomas M. Baker, MC	
Key Words: Adenocarcinoma, colon, rectum, CCnu, weekly	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85 - Continue

Study Objective: To determine the response rate of refractory adenocarcinoma of the colon or rectum to weekly low dose CCNU therapy and to determine the toxicity of weekly low dose CCNU therapy.

Technical Approach: CCNU will be administered by mouth at an initial dose of 40 mg/wk. The dose will be escalated by 10 mg after each 6 week period. Maximum dose will be 80 mg/wk. Therapy will continue until there is unequivocal evidence of tumor progression or until unacceptable toxicity occurs.

Study monitoring: CBC weekly, SMAC every three weeks, physical exam and toxicity notation every three weeks, and tumor measurement by appropriate studies every 12 weeks or more frequently at the discretion of the investigator.

Amendment (Feb 85): Because of the absence of any hematologic toxicity at the original starting dose of 40 mg Q wk, the starting dose was increased to 60 mg Q wk after continuing review and approval of the increase by the IRB.

Progress: There have been no adverse sequelae to the increased dosage in this study. One patient was entered in FY 86. Twelve (12) patients have been evaluated for response. No reponses have been observed.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/57	Status: On-going

Title: The Effect of Nonsteroidal Anti-inflammatory Agents (NSAIA's) on the Template Bleeding Time

Start Date: 18 Apr 86	Est Completion Date: Apr 88	
Dept/Svc: Medicine/Hematology		Facility: MAMC
Principal Investigator: MAJ Michael D. Stone, MC		
Associate Investigator: COL Irwin B. Dabe, MC		
Key Words: anti-inflammatory agents, nonsteroidal, template bleeding time, degree, duration		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the degree and duration of effect of various NSAIA's on the bleeding time when given at clinically used doses for a duration long enough to achieve steady state levels.

Technical Approach: Sixty patients with normal platelet count, renal function, hepatic function, alkaline phosphatase, and total bilirubin will be studied. Persons not receiving NSAIA'S will undergo a baseline bleeding time and receive one of the study drugs at the dose and for the duration listed below. A repeat bleeding time will be done two hours after the last dose. The bleeding time will be repeated every 24 hours until normalization. Patients already receiving a NSAIA will have a bleeding time done done two hours after their last dose. They will discontinue the drug and repeat bleeding times will be done every 24 hours until it normalizes. At that point, drug therapy will be restarted at the previous dose.

Drug doses: Ibuprofen - 800 mg p.o. T.I.D. x 12 doses
Indomethacin - 25 mg p.o. T.I.D. x 12 doses
Sulindac - 200 mg p.o., B.I.D. x 8 doses
Prioxacam - 20 mg p.o., QD x 14 doses

Patients will be assigned to a drug in the order they are entered in the protocol until there are 15 patients in each group.

Progress: Ten patients have been entered in the protocol.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 81/56	Status: On-going

Title: The Effect of Nephrosis on Treated Hypothyroidism

Start Date: 20 Mar 81 Est Completion Date: Sep 86

Dept/Svc: Medicine/Endocrinology Facility: MAMC

Principal Investigator: COL Gary L. Treece, MC

Associate Investigators:

COL Bruce L. Fariss, MC	MAJ Edward Lelonek, MC
COL Stanton Brown, MC	MAJ James W. Little, MSC
COL Stephen R. Plymate, MC	MAJ Louis N. Pangaro, MC
COL Poong S. Shim, MC	MAJ David Turnbull, MSC
MAJ Lawrence Agodoa, MC	CPT Jeffrey Addison, MC

Key Words: Hypothyroidism, treated, L-thyroxine

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $2425.00	Periodic Review: Oct 85: continue

Study Objective: To document an anticipated increased dosage requirement for patients with treated hypothyroidism who develop the nephrotic syndrome. Related objectives include answers to the questions (1) does nephrosis unmask hypothyroidism and (2) does nephrosis mask hyperthyroidism?

Technical Approach: SUBJECTS: normals; normals treated with L-Thyroxine for one month; subjects with hyperthyroidism; with hypothyroidism, primary untreated; with hypothyrodism treated for one month with L-thyroxine; with the nephrotic syndrome; subjects with the nephrotic syndrome treated for one month with L-thyroxine. All subjects will have a 24-hr urine for volume, creatinine, total protein, urine protein, electrophoresis, T_4, and T_3. Fasting samples will be drawn for SMAC-20, T_4, T_3 resin, T_3 by RIA, TSH, THAT (an extra tube will be drawn for free T_4, reverse T_3, and TBG). A fasting TRH test will be done and blood for TSH will be drawn at 0, 30, and 60 mins post injection. The above procedures will be repeated after at least 30 days on one or more doses of T_4 for the treated groups. Urine protein electrophoresis will not be performed on urine with a total protein of <150 mg for 24 hrs; patients with known cardiovascular disease or >50 years will be excluded from the treated groups; and 24-hr urines will be obtained prior to or at least 72 hours after the TRH test.

Progress: Two patients were entered in FY 86 for a total of eight patients studied according to protocol. Six patients had nephrotic syndrome (two of whom were found to be overtly hypothyroid as the result of testing for the protocol) and two patients had spontaneous hypothyroidism without nephrotic syndrome. Additional patients are being sought.

The thyroid function tests need to be rerun utilizng the highly sensitive TSH assay. Urinary T_3 and T_4 levels have not yet been determined pending the application of a suitable technique.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 82/05	Status: On-going

Title: The Utility of Urinary Free Cortisol to Monitor Replacement Therapy for Adrenal Insufficiency

Start Date: 20 Nov 81	Est Completion Date: Sep 86
Dept/Svc: Medicine/Endocrinology	Facility: MAMC
Principal Investigator: COL Gary L. Treece, MC	
Associate Investigators: MAJ Robert Jones, MC MAJ Daniel Knodel, MC	
Key Words: adrenal insufficiency, urinary free cortisol, monitor, hydrocortisone, cortisone	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $700.00
	Periodic Review: Feb 86 - continue

Study Objective: To evaluate the possible usefulness of monitoring urinary free cortisol as an objective parameter of therapy that may avoid both under and over medicating patients with chronic adrenal insufficiency.

Technical Approach: Ten euthyroid patients with spontaneous or surgically induced adrenal insufficiency will be evaluated. Patients taking Aldactone will not be included unless it can be withdrawn. Patient involvement will be divided into 3 parts. During all 3 parts, the dose of any mineralocorticoid will not be altered. Patients having been on previous maintenance dose of glucocorticoid for at least 3 days and free of acute illness will be asked to collect 2 consecutive 24 hr urines for free cortisol, 17 LH corticosteroids, and creatinine. A fasting plasma cortisol, an ACTH level, and a 2-hr post-dose cortisol will be drawn on one of the days that the urine is being collected. Patients will then be asked to take an amount of glucocorticoid, orally, equivalent to 50% of their maintenance dosage for 7 days, after which blood and urine will be obtained. If a difference should be found in any of the parameters between patients taking hydrocortisone vs cortisone, several patients will be asked to switch to an equivalent amount of the other drug in the maintenance dosage for 7 days after which blood and urine will be obtained. If a difference should be found in any of the parameters between patients taking mineralocorticoid and those not taking such a drug, several patients on mineralocorticoid will be asked to discontinue the drug for 7 days and be restudied. Several patients not taking mineralocorticoid will be asked to take Florinef 0.1 mg/day orally for 7 days and be restudied as above At the conclusion of the study, the patients will be given their maintenance dose and type of drug(s) unless otherwise clinically indicated.

Progress: Only two patients have so far been studied according to the protocol. Several patients with adrenal insufficiency have recently been identified and plans to study them are being made.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/37	Status: On-going

Title: The Effect of Rapid, Short Term Blood Glucose Control on Leukocyte Function in Diabetic Patients

Start Date: 21 Jan 83	Est Completion Date: Sep 86	
Dept/Svc: Medicine/Endocrinology		Facility: MAMC
Principal Investigator: COL Gary L. Treece, MC		
Associate Investigators:		
COL Bruce L. Fariss, MC	LTC Robert E. Jones, MC	
COL Stephen Plymate, MC	MAJ Michael Fincher, MC	
LTC James Higbee, MS	CPT Leroy Southmayd, MC	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $3000.00	Periodic Review: May 86 - Continue

Study Objective: To study the effect on *in vitro* leukocyte function testing of rapid and sustained normalization of blood glucose levels in poorly controlled diabetic patients. Blood glucose control is to be accomplished using the Biostator - GCIIS (Glucose Controlled Insulin Infusion System).

Technical Approach: Six Type I and six Type II adult non-pregnant, non-infected, poorly controlled diabetic patients will be the subjects for this study. They will not be taking antibiotics, glucocorticoids or other drugs known to affect hormonal or cellular immunity or leukocyte or bacterial activity. Diabetic drug therapy will be discontinued during the period of Biostator Control. After admission to the hospital, each patient will be connected to the Biostator, initially in Monitor Only mode, and blood for baseline fasting blood glucose, insulin, SMA-20, CBC, blood culture, triglycerides, Hg A_1C, and leukocyte function will be drawn. The Biostator will then be programmed to lower the blood glucose to 100 mg % and maintain the blood glucose at 100 mg % for 24-72 hrs with the patient ingesting a weight maintaining diet divided into sevenths (2/7, 2/7, 2/7, 1/7). Blood for leukocyte function will be drawn at 2, 4, and 6 hours after normalization of blood sugar and every 6 hours thereafter. Should it be determined that leukocytic function can be altered with less than 6 hours of blood glucose normalization, the Biostator will be programmed to raise the blood glucose to 200 mg % 12 hours prior to termination of the study period. After 6 hours of a sustained blood glucose of 200 mg %, blood for leukocytic function will again be drawn. Then the blood glucose will be raised to 300 mg % for an additional 6 hours followed by repeat leukocytic function testing. Biostator control of the patient's blood glucose will then be terminated and the patient placed back on prior treatment regimen.

Progress: Progress on this protocol has been slow due to difficulty in establishing a reproducible leukocyte function assay, using techniques reported in the literature. In the past year, some progress was made toward establishing a valid leukocyte function assay. However, to date, the assay is not sufficiently reproducible to allow patients to be studied. The investigators are continuing to work on this assay.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/40	Status: On-going

Title: Treatment of Graves' Ophthalmopathy with Cyclosporin

Start Date: 16 Mar 84	Est Completion Date: Sep 86
Dept/Svc: Medicine/Endocrinology	Facility: MAMC
Principal Investigator: COL Gary L. Treece, MC	
Associate Investigators:	COL Leonard Wartofsky, MC
COL Stanley Allison, MC	LTC Robert E. Jones, MC
COL Francis G. LaPianan, MC	CPT Andrew Ahmann, MC
Key Words: Graves' ophthalmopathy, cyclosporin, group study	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $200.00	Periodic Review: Oct 85 - Continue

Study Objective: To assess the efficacy of Cyclosporin treatment on the ophthalmopathy of Graves' disease.

Technical Approach: This will be a collaborative study with the Endocrine Services at the other MEDCEN's. The study will be composed of a random cross-over design comparing cyclosporin treatment to the most commonly employed current therapy, high dose oral prednisone. Since responses tend to be seen rapidly the drugs will each be administered for three weeks. Each patient's response to one drug will be compared to his own response to the other drug. A total of 20 patients will be evaluated initially with random alternating allocation to either Group A or Group B:

Group A: (1) prednisone, 40 mg, T.I.D. x three weeks
(2) full evaluation of response
(3) cyclosporin 5-10 mg/kg/day x three weeks

Group B: Reverse order of Group A.

Clinical assessment will be weekly with ophthalmopathy index and T_4, T_3, etc, at 0, 4, 6, 9, and 12 weeks. TRH will be done at 0, 4, and 9 weeks, and cyclosporin or prednisone levels will be done at 2, 3, 4, 7, 8, and 9 weeks.

Progress: Four patients have been entered Army-wide into this protocol. No new patients were entered in FY 86. The low accrual rate has been discussed among the group investigators, and it was decided to continue to try to obtain subjects for the study.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/24	Status: On-going

Title: Physiological and Biochemical Changes During Thyroid Extract Withdrawal

Start Date: 18 Jan 85	Estimated Completion Date: May 85
Dept/Svc: Medicine/Endocrinology	Facility: MAMC
Principal Investigator:	COL Gary L. Treece, MC
Associate Investigators:	COL Stephen R. Plymate, MC LTC Anthony P. Zavadil, MC LTC Robert E. Jones, MC
Key Words: Thyrolar, L-thyroxine, metabolism	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1810.00	Periodic Review: May 86 - Continue

Study Objective: To evaluate the physiological and biochemical changes that take place during thyroid extract withdrawal in order to better understand the origin of these patients' symptoms.

Technical Approach: Nonpregnant patients >21 years of age will fill out a symptom questionnaire and have a complete history and physical exam. A blood sample and a resting metabolic rate will be taken after an overnight fast. Patients will then receive an injection of TRH and have blood samples drawn at 30 and 60 min. Each patient will have systolic time intervals measured in a fasting or late postprandial state. Blood samples will be obtained four hours after ingestion of the daily thyroid hormone preparation on a day other than the day the TRH test is done. Patients will then be switched to L-thyroxine for 6 weeks with appropriate dosage modifications. At the end of the 6 weeks, the patients will have all the above tests performed. Patients will then be treated with the thyroid hormone preparation as determined by patient preference in consultation with the primary physician. Baseline data will be compared with the treatment data using Student's t test. The baseline and treatment data will also be compared with established normals or with age, sex, and weight matched control values.

Progress: Six patients were entered on the protocol during FY 87, for a total of 12 subjects.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/42	Status: On-going

Title: The Treatment of Refractory Paget's Disease of Bone with Synthetic Human Calcitonin

Start Date: 22 Feb 85	Estimated Completion Date: Indefinite
Dept/Svc: Medicine/Endocrinology	Facility: MAMC
Principal Investigator: COL Gary L. Treece, MC	
Associate Investigatos: LTC Robert E. Jones, MC	
Key Words: Cibacalcin, clinical and biochemical evaluation	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0- Periodic Review: Apr 86 - continue

Study Objective: To evaluate the clinical and biochemical response to synthetic human calcitonin in a patient refractory to diphosphonates and salmon calcitonin as an alternative to mithramycin treatment.

Technical Approach: A 67 year-old white female with incomplete control of Paget's disease of bone despite treatment with diphosphates and salmon calcitonin, but responsive to mithramycin, is deemed to be a candidate for treatment with human synthetic calcitonin as an alternative to mithramycin treatment (deemed to be a more toxic drug than human calcitonin). Human synthetic calcitonin will be administered S.C. or I.M. initially q.d., decreasing to q.o.d. as feasible. Baseline symptom history, physical examination, SMA-20, 24-hr urine for hydroxyproline, bone scan, and appropriate radiographs will be obtained prior to institution of the treatment. The response to the drug will be monitored by clinical and biochemical evaluation of one or more of the above parameters at least every three months or more often as feasible. The drug will be discontinued if an effect is not observed or if any significant adverse reactions occur.

Progress: The patient being treated was refractory to salmon calcitonin and diphosphonates. Her response to human calcitonin has been salutary with relief of right hip and leg pain and near normalization of serum alkaline phosphatase.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/46	Status: On-going

Title: Assessment of the Incidence of Bronchial Hyperreactivity to Methacholine in Patients with Sarcoidosis

Start Date: March 1986	Est Completion Date: March 1987
Dept/Svc: Medicine/Pulmonary	Facility: MAMC
Principal Investigator: MAJ Michael C. Witte, MC	
Associate Investigators: LTC Pierre Andrade, MC	
Key Words: bronchial hyperreactivity, methacholine, sarcoidosis	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the frequency with which nonspecific bronchial hyperreactivity to methacholine occurs in consecutive patients with sarcoidosis.

Technical Approach: Fifty (50) patients with a tissue-proven diagnosis of sarcoidosis will be studied. A form will be initiated for each patient seen with sarcoidosis to provide data on total incidence of sarcoidosis and to indicate whether those who decline methacholine challenge differ in any significant way from those who agree to participate. The pulmonary physician will complete the entries on the form, except those referring to atopy, and refer the patient for an anergy screen. The physician in the Allergy Clinic will review the form and complete those questions which refer to personal and family history of atopic disease. A group of volunteers of the same age range, with negative personal and family history for asthma or allergic rhinitis will be recruited to serve as normal controls. In accordance with accepted practice, a complete methacholine challenge with determination of a provocative dose FEV_1 20% will be performed only in those patients whose baseline FEV_1 is 70% or greater of predicted. In those patients whose baseline FEV_1 is 60-70% of predicted, a methacholine challenge may be initiated but will be terminated upon the occurrence of a 20% fall in FEV_1 from baseline. An attempt will be made to reevaluate all patients who have been placed on corticosteroids for their sarcoidosis at the time they return for reevaluation (approximately 3-4 months) or in other patients after approximately 6 months.

Progress: Thirty-two patients have been studied (15 from MAMC and 17 from FAMC). Preliminary data indicate that in the absence of a previous history of asthma, patients with obvious airway granulomas have a strong liklihood of having airway hyperresponsiveness, possibly explained by their bronchial granuloma burden. Treatment with bronchodilators might be necessary in the managment of these individuals.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/47	Status: On-going

Title: The Effect of Abnormal Thyroid States on the Metabolism of Theophylline and Methylprednisolone

Start Date: 21 Mar 86	Est Completion Date: March 87
Dept/Svc: Medicine/Pulmonary	Facility: MAMC
Principal Investigator: MAJ Michael C. Witte, MC	
Associate Investigator: LTC Robert Jones, MC	
Key Words: abnormal, thyroid, theophylline, methylprednisolone	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $250.00 / Periodic Review: N/A

Study Objective: To investigate the effect of hypothyroidism and hyperthyroidism on the metabolism of theophylline and methylprednisolone.

Technical Approach: Patients (18-60 years) with idiopathic or Hashimoto's hypothyroidism, iatrogenically hypothyroid subjects who have been thus prepared for the purpose of follow-up scans for assessment of thyroid carcinoma, patients with Graves' hyperthyroidism, and patients with iatrogenic hyperthyroidism for suppression of thyroid nodules will be studied. Hypothyroid patients must have a TSH >50 to be included. Hyperthyroid patients must have a FT_4I of >6, $T_4 \geq 14$, and $T_3 \geq 250$ to be included.

Medications: Loading dose: aminophylline, 6 mg/kg IV over 30 min and methylprednisolone, 40 mg/1.75M^2 IV over 2-3 min.

METHOD: Serum will be obtained for baseline T3, T4, TSH, theophylline, and methylprednisolone levels. A loading dose of aminophylline and methylprednisolone will be given. Serial levels of T3, T4, and theophylline or methylprednisolone will be obtained at 30, 60, and 90 minutes and at 2, 3, 4, 5, 6, 8, 10, and 12 hours. Patients will be monitored with a cardiac monitor for the first four hours and for any adverse drug reactions. Some subjects may be reluctant to participate for a full 12 hours. A minimum of 8 hours will be required and every attempt will be made to achieve a full 12 hours of study. Subjects will eat meals at their accustomed times. Serum specimens will be separated and frozen for use at a later date. Methylprednisolone and Δ-theophylline kinetics will be studied concurrently. Subjects with spontaneous hypo- or hyperthyroidism will be studied before therapeutic intervention has occurred and then after they have achieved a euthyroid state. Iatrogenically hypothyroid subjects will be studied at that time. Generally, such patients are later returned to a state of low-grade hyperthyroidism for suppression of thyroid nodules or thyroid cancer. They will then be restudied while in the low-grade hyperthyroid state.

Progress: No patients have been entered at MAMC; four have been entered at FAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/17	Status: On-going

Title: Colon Inflammation in Reiter's Syndrome: Response to Sulfasalazine. Results of a Controlled Study.

Start Date: 15 Nov 85	Est Completion Date: Jul 89	
Dept/Svc: Medicine/Rheumatology		Facility: MAMC
Principal Investigator: MAJ James Yovanoff, MC		
Associate Investigator: LTC Thomas O'Meara, MC MAJ Robert C. Hays, MC		
Key Words: colon inflammation, Reiter's syndrome, sulfasalazine		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $300.00	Periodic Review: N/A

Study Objective: Part I: To evaluate the incidence of occult inflammatory lesions of the bowel in patients with Reiter's syndrome, regardless of the presence or absence of gastrointestinal symptoms. Part II: To treat Reiter's patients who are refractory to conventional therapy witn sufasalazine and document subjective and objective changes in the patient's arthropathy. (Double blind study)

Technical Approach: Part I: Patients who are 18 years, either sex, and fulfill the Amer Rheumatism Assoc criteria for Reiter's syndrome) will receive colonoscopy with colonic mucosal biopsies as well as baseline data to include stool cultue for Yersinia, Shigella, Campylobacter, and stool collection for ova cysts and parasites. Serial stool hematest determinations will be obtained and serum will be drawn for ANA, rheumatoid factor, HLA B27, Westergren sedimentation rate, CRP, serum protein electrophoresis, and quantitative immunoglobulins. A thorough drug history will be obtained and patients cannot have taken laxatives, cathartics, or had enemas for the 2 weeks prior to colonsocopy. Colon biopsies will be graded by both a severity of disease index and a chronicity of disease index using established criteria. Part II: Patients who have not responded to standard therapy consisting of one or more nonsteroidal anti-inflammatory drugs for a 6 month period prior to the study will be treated with sulfasalazine over a 12 week period. Multiple subjective and objective parameters will be measured to assess the clinical activity of the patient's arthritis. Upon completion of 12 weeks of therapy the patients with initially abnormal biopsies will receive repeat colonoscopy with biopsy to assess macroscopic and microscopic evidence of improvement in the inflammatory process. All colonic biopsies will be graded as in Part I. After 3 months of treatment (or five months if the dose is increased to 4.0 grams) the medication will be discontinued and the patient will be reevaluated at monthly intervals for 2 additional months. Data will be analyzed from all patients who meet ARA criteria for Reiter's syndrome and from the group of patients who had a syndrome consistent with Reiter's syndrome without urethritis. These two groups will be analyzed together and separately.

Progress: No patients have been entered.

D E T A I L S H E E T S

F O R

P R O T O C O L S

DEPARTMENT OF NURSING

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/82	Status: On-going

Title: An Evaluation of the Impact of the ANA's Standards of Nursing Practice at MAMC

Start Date: 23 Aug 85	Est Completion Date: Oct 85	
Dept/Svc: Nursing/ANC Anesthesiology Course		Facility: MAMC
Principal Investigator: CPT Lisa D. Chinlund, ANC		
Associate Investigators: LTC Joseph Kanusky, ANC IRA P. Gunn, MSN, CRNA, State Univ of New York, Buffalo		
Key Words: retrospective audit, implementation, audit tool		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Oct 85 - Continue

Study Objective: To evaluate the impact of the nursing Quality Assurance Program and the use of the ANA's Standards of Nursing Practice Guidelines on clinical nursing practice.

Technical Approach: A retrospective audit of thirty charts taken from the period immediately upon initiation of the implementation of the ANA's Standards of Practice as Quality Assurance criteria (to enable the investigator to use DA Form 3888 and DA Form 3888-1 in the analysis of both time periods as these forms were initiated at the same time as the Standards of Practice) and thirty charts taken at one year after the implementation of these nursing QA standards will be performed. Fifteen charts from both time periods for medical (acute MI) and surgical (cholecystectomy) will be evaluated. An audit tool developed at TAMC consisting of 33 items based on the ANA's Standards of Practice will be used. MAMC uses an abbreviated version of this tool which evaluates primarily administrative actions rather than nursing care. The basis for the selected time periods is to provide an opportunity to evaluate nursing care before the ANA Standards of Practice were used as the QA audit criteria and to allow nurses sufficient time to become familiar with the new QA evaluation standards after implementation. Charts will have dates covered prior to analysis to avoid investigator bias.

Progress: Chart review is still in progress.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/60	Status: Completed

Title: A Comparison of Structured and Unstructured Intraoperative Family Progress Reports

Start Date: 1 May 86	Est Completion Date: Jun 86
Department: Nursing	Facility: MAMC
Principal Investigator:	MAJ Jean M. Reeder, MC
Associate Investigators:	1LT Kathleen Basamania, ANC 1LT Jesse Henderson, ANC 1LT Robert Hocking, ANC 1LT Leland Hudson, ANC 2LT John Williams, ANC
Key Words:	family prog reports, surgery, unstructured, structured

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine whether there is a difference in self reported levels of concern and stress in subjects who receive structured versus unstructured progress reports about family members having surgery in the main operating room at MAMC.

Technical Approach: OR staff nurses will randomly select a paper which determines whether structured or unstructured progress reports are to be given. After selecting the type report to be given, that nurse will give that type of report throughout the study. Those giving structured reports will receive one hour of training to prepare them to use structured reports and they will be given the same way each time. Unstructured reports will consist of the usual information such as general patient condition, effects of anesthesia, progress of surgery, surgical findings, and time estimate of surgical procedures. Questions that nurses can not answer will be referred to the surgeon. Structured progress reports will consist of the names of the nurse and the surgeon, the time surgery started and any delays that occurred; the emotional state of the patient before surgery, the estimation of how the patient is tolerating the surgery and the anesthesia; a description of the support device, answer the family's questions or refer them to the surgeon, and promise to give a report every hour. The revised Sullivan Family Member Survey Tool will be pilot tested on 5 family members for feedback on face validity, ease of understanding, and time for completion. At the last contact the family member will be asked to complete a questionnaire. Descriptive statistics, content analysis, and, for the questions based upon a 1-7 scale, a mean and standard deviation will be compared to determine that value had similar dispersion after which a t test will be used to measure both internal and between group differences.

Progress: The study has been completed. The data indicate that there is a meaningful difference between the two methods. However, the numbers were too small for significant results. Therefore, this study will be used as the basis for a study large enough to give statistical significance.

D E T A I L S H E E T S

F O R

P R O T O C O L S

DEPARTMENT OF OB/GYN

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/03	Status: Completed

Title: Antithrombin III, Uric Acid, and Platelet Levels as Predictors of Preeclampsia

Start Date: 19 Oct 84	Estimated Completion Date: Oct 85
Department: OB/GYN	Facility: MAMC
Principal Investigator: CPT Mary N. Brumfiel, MC	
Associate Investigators:	MAJ Gary Price, MS
COL John A. Read, MC	MAJ Arthur Schipul, MC
LTC Carl Stones, MC	Ruth A. Meshriy, B.S
Key Words: Antithrombin III, uric acid, platelets, preeclampsia	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86 - Continue

Study Objective: To determine whether the development of preeclampsia can be predicted by early changes in maternal levels of antithrombin III, uric acid, and platelets.

Technical Approach: Serial measurements of platelets, uric acid, and antithrombin III will be made throughout pregnancy to determine mean levels and trends, both in normal and preeclamptic pregnancies.

Subjects: 100 nulliparous pregnant women of any age, seen by 20 weeks gestation and followed in the Madigan OB Clinic for the duration of their pregnancy.

Exclusions: Any patient with a history of chronic hypertension, renal disease (other than UTI), multiple gestation, diabetes mellitus, or collagen vascular disease, and any patient who refuses to participate in the study.

Patients will receive routine OB check-ups and care, with laboratory and antepartum testing as indicated. In addition, CBC with platelets, uric acid, and antithrombin III will be measured at 20, 24, 28, 32, and 36 weeks and on admission for delivery.

A card for each patient will be completed at delivery, indicating delivery date, week gestation, and whether the patient was preeclmaptic, including criteria used for making the diagnosis.

Progress: The protocol has been completed. Approximately 75 women have been entered in the study. Results of the data analysis are not known at this time.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/79	Status: Terminated

Title: Factors Having Potential Influence on the Pregnant Adolescent's Infant Feeding Decision

Start Date: Aug 86	Est Completion Date: Jan 87
Department: OB/GYN	Facility: MAMC
Principal Investigator:	COL Catherine Carpenter
Associate Investigators:	Sylvia Stay, R.N. Rita Sorenson, R.N.
Key Words:	infants, feeding, adolescent mothers

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To describe what methods of infant feeding adolescents plan to use and to determine if preselected attitudes, preselected environmental sources of information, and age are influential to the feeding decision.

Technical Approach: A convenience sample of 30 adolescents from varied education and health programs in Pierce County in their seventh to ninth month of pregnancy will be interviewed. The subjects must be between 13 and 18 years of age, receiving prenatal care from a physician, and be able to speak and read English. The interview guide consists of five sections: adolescent's source of of information, degree of influence of the sources, method of infant feeding the subject has decided to use, attitudes related to breast and bottle feeding, and demographic data. Measures of central tendency will be used to describe subject characteristics such as age, race, educational level, health care provide, adolescent's feeding choices, and adolescent's own feeding history during infancy. Normative breast feeding values of the sources of information will be determined by multiplying the influence score by the method score and summing across all sources. Relationships among variables will be determined by chi-square and cross tabulations of nominal variables. The internal consistency of the subject's attitudes toward breast feeding will be described with coefficient alpha. If internal consistency is acceptable, the total attitude score will be related to other aspects of the data, such as age and feeding decision.

Progress: Ms Stay, a student at the University of Washington was to conduct this study under the supervision of COL Carpeneter. Ms Stay was unable to perform the interviews due to scheduling conflicts. Therefore, the protocol was terminated.

Detail Summary Sheet

Date: 30 Sep 86 | Protocol No.: 85/26 | Status: Terminated

Title: The Pharmacokinetics of Clindamycin and Gentamicin in Patients with Postcesarean Endometritis

Start Date: 18 Jan 85 | Estimated Completion Date: May 85

Department: OB/GYN | Facility: MAMC

Principal Investigator: COL Patrick Duff, MC

Associate Investigators: MAJ Jerome Kopelman, MC
MAJ Charles Hannan, MS

Key Words: postcesarean endometritis, pharmacokinetics, clindamycin, gentamicin, revised schedule

Accumulative MEDCASE Cost: -0- | Est Accumulative OMA Cost: $5500.00 | Periodic Review: Apr 86 - Continue

Study Objective: To measure serum antibiotic concentrations in patients receiving a revised dosage schedule of clindamycin-gentamicin for treatment of postcesarean endometritis.

Technical Approach: Fifteen patients being treated with clindamycin/gentamicin for postcesarean endometritis will form the study group. On the second day of therapy, peripheral venous samples will be collected 30 min, 2 hr, 4 hr, and 7 hrs after infusion of a scheduled dose of the drugs. Serum will be separated from the samples and then assayed for clindamycin and gentamicin concentrations. The former will be determined by bioassay or HPLC; the latter will be determined by polarized immunofluorescence.

Results will be expressed as mean concentraion at each sampling interval. Serum concentrations of the two drugs then will be compared to reported MIC values for the major pathogens responsible for postcesarean endometritis: aerobic streptococci, anaerobic streptococci, coliform organisms, and *Bacteroides* species.

Progress: Three patients were entered in the study. A change in department policy concerning antimicrobial administration made it impossible to conduct the protocol.

Detail Summary Sheet

Date: 30 Sep 86 | Protocol No.: 85/27 | Status: Terminated

Title: An Investigation of Neutrophil Phagocytic Function in Obstetric Patients

Start Date: 18 Jan 85 | Estimated Completion Date: Sep 85

Department: OB/GYN | Facility: MAMC

Principal Investigator: COL Patrick Duff, MC

Associate Investigators: LTC James W. Higbee, MSC
MAJ Jerome Kopelman, MC

Key Words: vaginal delivery, cesarean delivery, antibiotic therapy

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Apr 86 - Terminate

Study Objective: To determine whether changes in host neutrophil phagocytic function occur during labor and the immediate puerperium; to determine whether neutrophil phagocytic function is different in women delivering by cesarean section and women delivering vaginally; and to evaluate neutrophil phagocytic function in women who develop puerperal endometritis; specfically, to determine whether antibiotic therapy influences efficiency of phagocytosis.

Technical Approach: Four groups (20 pts/group) will be studied:

Group 1: healthy non-pregnant women who are not utilizng oral contraceptives or glucocorticoids as controls
Group 2: term patients who have uncomplicated pregnancies and who undergo vaginal delivery
Group 3: term patients who undergo elective repeat c-section
Group 4: term patients who undergo unscheduled cesarean delivery

Controls will have blood samples taken during a routine appointment at the OB/GYN Clinic. Patients undergoing vaginal delivery or unscheduled cesarean delivery will have venous blood collected early in labor (<4 cm dilation), late in labor (4-9 cm dilation), and 12-24 hours postpartum. In women undergoing scheduled cesarean delivery, peripheral venous blood will be collected immediately preoperatively and then 18 to 24 hours postoperatively. Patients who develop puerperal endometritis will have blood samples collected at the time of diagnosis of infection and then 12 to 24 hours after institution of antibiotic therapy. If abnormalities are found after 10 patients have been entered in each group and these abnormalities are found spread throughout the groups, a fifth group will be added consisting of non-pregnant women who are undergoing comparable surgery with a similar anesthetic.

Progress: This protocol was terminated at the request of the principal investigator. He was unable to devote the amount of laboratory time required by the protocol and was also unable to obtain the required amount of time from a laboratory technician. COL Duff plans to continue work on a more simple assay system for the evaluation of the white cell function and, hopefully, at some future date will be able to reactivate the protocol.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/70	Status: Completed

Title: A Comparison of Two Single-Dose Antibiotic Regimens for Treatment of Uncomplicated Lower Urinary Tract Infections in Obstetric Patients

Start Date: 28 Jun 85	Est Completion Date: Jun 86
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Patirck Duff, MC	
Associate Investigators: MAJ Andrew Robertson, MC MAJ Jerome Kopelman, MC	
Key Words:amoxicillin, sulfisoxazole, bacteriuria, acute cystitis	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: 100.00	Periodic Review: Nov 85 - Continue

Study Objective: To compare two single-dose oral antibiotic regimens for the treatment of uncomplicated lower urinary tract infections in obstetric patients: Regimen A: Amoxicillin 2 gms and Regimen B Sulfifoxazole 2 gms

Technical Approach: Utilizing a blinded study approach, patients (100) experiencing their initial episode of asymptomatic bacteriuria or acute cystitis will be randomized to receive either a single 2 gram oral dose of amoxicillin or a single 2 gram oral dose of sulfisoxazole. Asymptomatic bacteriuria will be defined as $>10^5$ colonies/ml of a recognized uropathogen in urine obtained by clean-catch, midstream technique. For evaluation of acute cystitis urine will be obtained by catheterization. A presumptive diagnosis of cystitis will be made if there are >5 wbcs/hpf and/or any bacteria in a high power field. Symtomatic patients will be treated on the basis of the urinalysis results. The diagnosis will be considered confirmed only if the urine culture subsequently shows $\geq 10^2$ col/ml of a recognized uropathogen. Urine cultures will be obtained within 3-4 days after therapy. Patients with persistence of the original infecting organism will be considered treatment failures. They will be retreated with a conventional course of antibiotics. The chi-square test will be used to evaluate differences in treatment effect between the two groups. Patients with a history of recurrent UTI, patients with organisms resistant to the study drugs, individuals who have acute pyelonephritis, women allergic to either of the study drugs, and patients >36 weeks gestation will be excluded from the study. The investigators will insure that there is no evidence of premature labor before entry into the protocol.

Progress: Data from 35 women were studied. The investigators concluded that single-dose amoxicillin and sulfisoxazole are equally effective in the treatment of uncomplicated lower urinary tract infections in obstetric patients. The initial failure rate for both regimens, however, was relatively high considering that these were ostensibly uncomplicated infections. A paper was presented to two national meetings and has been submitted for consideration for publication.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/71	Status: Terminated

Title: A Comparison of Clindamycin plus Cefazolin versus Mezlocillin for Treatment of Postcesarean Endometritis and Posthysterectomy Pelvic Cellulitis

Start Date: 28 Jun 85	Est Completion Date: Jun 86
Department: OB/GYN	Facility: MAMC

Principal Investigator: COL Patrick Duff, MC

Associate Investigators: COL William L. Benson, MC
LTC I. Keith Stone, MC

Key Words: cefazolin, alternative to aminoglycoside, single agent vs combination

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: 100.00	Periodic Review: Nov 85 - Continue

Study Objective: To compare two antibiotic regimens for treatment of postoperative infections in obstetric and gynecologic patients.

Technical Approach: The study group will be composed of patients who have either postcesarean endometritis or posthysterectomy pelvic cellulitis. Patients allergic to any of the study medications will be excluded. Patients will be randomly assigned to receive either clindamycin, 900 mg Q8h plus Cefazolin 2 gm Q8h or Mezlocillin, 4 gm Q6h. Blood, urine, and operative-site cultures will be obtained prior to the start of therapy. The following variables will be used to evaluate treatment effect: incidence of cure with antibiotics alone, fever index, need for additional surgery, need for change in antibiotic therapy, duration of hospitalization, incidence of side effect faiures. Patients will be treated with parenteral antibiotics for 48 hours beyond the time that they become afebrile and asymptomatic. Treatment failures will be defined as individuals who fail to experience improvement in the physical and laboratory manifestations of infection within 72 hours of the start of therapy. In patients in either group who fail to experience a response to therapy but who have no evidence of wound infection or abscess, therapy will be changed to clindamycin (900 mg Q8h), penicillin (5 mil units Q6h), and gentamicin (60-80 mg Q8h).

Progress: No patients were entered on this study. A change in departmental policy on antimicrobial administration made it impossible to conduct the protocol.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/72	Status: Completed

Title: A Comparison of Cefazolin versus Cefonicid as Single-Dose Prophylaxis for Prevention of Postcesarean Endometritis

Start Date: 28 Jun 85	Est Completion Date: Jun 85
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Patrick Duff, MC	
Associate Investigators: COL John A. Read, MC MAJ Jerome Kopelman, MC MAJ Andrew Robertson, MC	
Key Words: single dose, prophylaxis, cefazolin, cefonicid	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: 100.00	Periodic Review: Dec 85 - Continue

Study Objective: To evaluate the efficacy of two single-dose antibiotic regimens as prophylaxis for prevention of postcesarean endomyometritis.

Technical Approach: The study will be restricted to patients who are having unscheduled cesarean delivery. Patients who already are infected at the time of surgery or who are allergic to either of the study drugs will be excluded. Upon entry into the study, patients will be randomized to receive either cefonicid (1 gm) or cefazolin (1 gm). The drugs will be administered intravenously after delivery of the fetus. Both the patient and physician will be blinded as to the actual drug administered.

Postoperatively, patients will be evaluated for evidence of infection-related morbidity. Measures of morbidity will include: standard febrile morbidity, fever index, endometritis, UTI, wound infection, need for therapeutic antibiotics, development of serious sequelae of primary infection (bacteremia, septic shock, pelvic abscess, septic pelvic thrombophlebitis), and duration of hospitalization. Patients will be evaluated in the outpatient clinic six weeks after surgery to determine if late sequelae of infection have developed. Differences in treatment effect will be evaluated by means of the chi-square test (discrete data) and independent-sample t-test (continuous data).

Progress: This study has been completed. The overall incidence of postcesarean endometritis was 16.3% (199 subjects). Patients who received cefazolin had an incidence of infection of 19.8% compared to 12.6% in women who received cefonicid. This difference is not statistically significant. No adverse effects of prophylaxis were noted. The investigators conclude that the extended specturm agent, cefonicid, has no advantage over the less expensive drug, cefazolin, for prophylaxis.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/66	Status: On-going

Title: A Comparison of Cefazolin Versus Cefotetan as Single-Dose Prophylaxis for Prevention of Postcesarean Endometritis

Start Date: Sep 86	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Patrick Duff, MC	
Associate Investigators: COL John A. Read, MC MAJ Andrew Robertson, MC	
Key Words: endometritis, postcesarean, prophylaxis, cefazolin cefotetan, single-dose	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1000.00	Periodic Review: N/A

Study Objective: To evaluate the efficacy of two single-dose antibiotic regimens as prophylaxis for prevention of postcesarean endomyometritis.

Technical Approach: Utilizing a double blind format, 200 patients having cesarean delivery will be studied. Patients who already are infected at the time of surgery or who are allergic to either of the study drugs will be excluded from the investigation. Upon entry into the study, patients will be randomized to receive either cefotetan (2 gm) or cefazolin (2 gm). The drugs will be administered intravenously after delivery of the fetus.

Postoperatively, patients will be evaluated for evidence of infection-related morbidity. Measures of morbidity will include standard febrile morbidity, fever index, endometritis, UTI, wound infection, development of serious sequelae of primary infection (bacteremia, septic shock, pelvic abscess, septic pelvic thrombophlebitis), and duration of hospitalization.

Patients also will be evaluated in the outpatient clinic six weeks after surgery to determine if late sequelae of infection have developed. Differences in treatment effect will be evaluated by means of the the chi-square test (discrete data) and independent sample t-test (continuous data).

Progress: One hundred and five (105) subjects have been entered. The code will not be broken until the study is completed. At present the frequency of postcesarean endometritis is approximately 15%, which is consistent with the previous experience with other prophylactic regimens.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/16	Status: Completed

Title: A Randomized Comparison of Oral Terbutaline vs Oral Ritodrine for Prevention of Recurrent Premature Labor

Start Date: 16 Nov 84	Estimated Completion Date: May 86
Department: OB/GYN	Facility: MAMC
Principal Investigator:	MAJ Jerome N. Kopelman, MC
Associate Investigators:	COL Patrick Duff, MC COL John A. Read, MC MAJ Arthur Schipul, MC
Key Words:	recurrent, premature labor, oral terbutaline, oral ritodrine, safety, efficacy, cost

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Nov 85 - Continue

Study Objective: To determine if either terbutaline or ritodrine, two widely accepted and widely used oral tocolytic agents, is more effective in the prevention of recurrent premature labor.

Technical Approach: Premature labor patients will be managed according to the SOP at MAMC. Subjects will be randomized to receive either terbutaline or ritodrine (50 in each arm). Oral medications will be continued until the 37th week of gestation. Patients will be followed weekly with records kept on maternal heart rate, cervical exam, contractions, side effects, and dosage. If PML recurs, patients once again will be placed on parenteral ritodrine and then continue on the same oral drug to which they were initially randomized.

Progress: Approximately 110 subjects were entered with no adverse effects serious enough to discontinue medication. A manuscript has been submitted for consideration for publication.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/40	Status: On-going

Title: Infection Prevention in Patients Undergoing Radical Hysterectomy

Start Date: Feb 86	Est Completion Date: Feb 88	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: hysterectomy, infection, cefamandole		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the effectiveness of antibiotics (cefamandole) in preventing infectious morbidity of radical abdomianl hysterectomy.

Technical Approach: Approximately 120 patients with gynecologic cancer undergoing radical hysterectomy with bilateral pelvic lymphadenectomy, without active infection or allergy to the study antibiotic will be eligible. Patients will be randomly assigned to receive 2 g cefamandole in 100 cc D5W IV or I.V. placebo (D5W) in the induction room and at two hours from time of skin incision.

Preoperative evaluation will include chest radiograph, CBC, serum electrolytes, serum hepatorenal protile, and urinalysis. CBC, urinalysis, serum electrolytes, and hepatorenal protile will be obtained on postoperative days 2 and 4 and at any other times indicated.

Infection rate, surgical site infectins, and febrile morbidity by the fever index among the two groups will be compared.

Progress: Two patients have been entered in the study.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/17	Status: On-going

Title: External Cephalic Version with Tocolysis Using Ritodrine

Start Date: 19 Nov 82	Est Completion Date: Dec 85
Department: OB/GYN	Facility: MAMC
Principal Investigator:	MAJ David J. Magelssen, MC
Associate Investigators:	COL Edward E. Dashow, MC COL Patrick Duff, MC COL John A. Read, MC MAJ Jerome Kopelman, MC MAJ Andrew Robertson, MC MAJ Arthur H. Schipul, MC
Key Words:	breech birth, external cephalic version, Ritodrine

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86 - Continue

Study Objective: To determine if the incidence of breech birth can be decreased by external cephalic version using Ritodrine to relax the uterus.

Technical Approach: One hundred gravidas with breech presentation >36 weeks gestation will be studied. Ultrasonography will be performed to confirm the breech presentation; measure biparietal fetal diameter to assess gestational age; quantify amount of amniotic fluid; rule out fetal cephalic anomalies and/or hyperextension; and localize placenta. If the mother is Rh negative, a Kleihauer-Betke test will be done pre and post procedure. Rhogam will be administered if indicated. Pre and post procedure fetal activity determination tests will be done by external fetal monitoring. The subjects will then be randomized to a treatment group and a control group. The treatment group will be administered Ritodrine by IV infusion at 200 µg/min for 20 min. External cephalic version will then be attempted and a successful procedure will be confirmed by ultrasonography. The treatment group will go straight to the external cephalic version. Any patients with evidence of a compromised fetus with a nonreactive fetal activity determination test, congenital anomalies by ultrasonography, oligohydramnious, or placenta previa will be excluded.

Progress: Subjects are still being entered on this study.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/18	Status: On-going

Title: Impact of Health and Military Readiness of a Tri-Cycle Oral Contraceptive Regimen

Start Date: 15 Nov 85	Est Completion Date: Nov 86	
Department: OB/GYN		Facility: MAMC
Principal Investigator:	CPT Kathryn D. Parks, MC	
Associate Investigators:	MAJ Gary Nickel, MC	
Key Words: contraception, oral, tri-cycle, military readiness		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $300.00	Periodic Review: N/A

Study Objective: To determine the effects of a tri-cycle oral contraceptive regimen on blood pressure, hematocrit, fasting blood sugar, serum lipids, weight, military readiness, and duty performance. The effect on duty performance will be evaluated by the subject.

Technical Approach: Patients will be screened for historical or medical contraindications. Nonsmoker <35 y/o with normal GYN examination will be studied. Excluded will be patients with hypertension, diabetes mellitus, elevated lipids, history of thromboembolic disease, myocardial infarction, angina pectoris, or cerebral vascular accident, known or suspected cancer of the breast or sex organs, migraine headaches, epilepsy, psychiatric disorder, or gallbladder disease. Half the patients will be given 35 mg/day estrogen oral contraceptive in the usual fashion and the other half will be given one tablet daily for 84 days, followed by a 7-day withdrawal period, repeating the cycle for a year. On entrance and at 6 and 12 months, weight, blood pressure, fasting blood sugar, hematocrit, and lipid profiles will be evaluated. On entrance each patient will have a PAP smear, a bimanual examination of the pelvis, and a breast exam. At each of the four evaluation periods the volunteer will complete a questionnaire regarding her perception of the effects the pill had on duty performance, convenience, etc, as well as side effects. Three months after the study period each volunteer will be evaluated for weight, blood pressure, fasting blood sugar, hematocrit, and lipid profile to demonstrate return to prestudy levels.

Progress: Two patients have entered the protocol. One withdrew due to a change of duty station.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/11	Status: On-going

Title: The Effect of Estrogens on the Renal Actions of Calcium-Regulating Hormones in Postmenopausal Women

Start Date: 16 Nov 84	Estimated Completion Date: Jan 86
Department: OB/GYN	Facility: MAMC
Principal Investigator:	CPT William J. Polzin, MC
Associate Investigators:	COL Gary L. Treece, MC
	LTC I. Keith Stone, MC
Key Words: Estrogen, renal, calcium, parathyroid, postmenopausal	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $3700.00	Periodic Review: Nov 85 - Continue

Study Objective: This study proposes to clarify the mechanism whereby estrogens favorably affect calcium metabolism in postmenopausal women by evaluating the estrogen effect on the renal actions of calcium-regulating hormones (PTH, calcitonin, and $1,25(OH)_2D_3$).

Technical Approach: Subjects will be 20 chronically estrogen deficient postmenopausal women for whom estrogen therapy has been advised. They will be placed on an approximate 400 mg/day calcium diet (no dairy products or calcium-containing medication) for one week prior to testing, before and after 6 weeks of Premarin therapy. Serum PTH, cAMP, SMA 20, and calcitonin will be done. Urine (2 hr collection) protein, creatinine, calcium, phosphorous, and cAMP, will be collected after 12-hr fast.

One set of assays would be collected before and at six weeks after instituting therapy with Premarin at a dose of 0.625 mg, qd, in 10 patients and 1.25 mg, qd, in ten patients. After the six weeks of Premarin therapy alone, subjects will be treated conventionally with Premarin with or without Provera as determined in consultation with the subject's primary physician. Pre and post treatment values of serum calcium, PO_4, creatinine, cAMP, $1,25(OH)_2D_3$, urine creatinine clearance, fraction calcium exretion, total and nephrogenous cAMP, TRP, and TMP/GFR will be compared using paired and independent t tests as appropriate.

Progress: Four additional patients were entered in FY 86 for a total of nineteen patients that have been studied.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/02	Status: On-going

Title: Randomized Trial of Ambulation vs Oxytocin for Labor Enhancement

Start Date: 15 Oct 82	Est Completion Date: Oct 86	
Department: OB/GYN		Facility: MAMC
Principal Investigator:	COL John A. Read, MC	
Associate Investigators:	COL Edward E. Dashow, MC LTC Frederick H. Coleman, MC	
Key Words: ambulation, oxytocin, labor enhancement		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86 - Continue

Study Objective: To compare the efficacy of ambulation vs oxytocin in cases of dysfunctional labor or so called dystocia.

Technical Approach: Patients who have failed to progress in labor for one hour, >4 cm dilated, and requiring augmentation of labor will be studied. Membranes shall have been ruptured and direct internal fetal monitoring in use, showing no evidence of fetal distress. Patients should not have received analgesia or sedations for at least one hour and should not be drowsy or exhausted. Patients will be placed on the fetal monitor in the right or left lateral decubitus position. There will be a 30 minute observation period during which time uterine activity will be quantified: uterine activity units on line, Montevideo units; contraction frequency; intensity and baseline tonus; fetal heart rate pattern and variability; and progress in effacement, dilation, and station.

Group I: Using either a cable or 2-channel telemetry the patient will assume the vertical position. Exams will be conducted at one and two hours, noting the parameters stated above. If after 2 hours no progress has occurred, the patient will be returned to bed and oxytocin utilized. If good progress is being accomplished, the patient may continue ambulation if she chooses.

Group II: Continuous IV infusion of oxytocin will begin at 0.5 mu/min and increased every 15 min until contractions are every 2 1/2-3 min and >50 mmHg in intensity. Patient will be in the right or left lateral decubitus position and the parameters noted above will be measured. If at the end of two hours there is no progress and other conditions are met, the patient will be given the option to ambulate.

Length of labor, time from study entry to delivery, type delivery, 1 and 5 min Apgar scores, cord blood gasses, maternal pain perception, newborn weight and neonatal problems will also be noted.

Progress: No patients have been entered due to time and manpower constraints. The investigators have requested that this protocol be left open in order to activate it during the coming year.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/12	Status: On-going

Title: The Detection of Fetal Maternal Hemorrhage in External Version and OCT via Alpha-feto-protein

Start Date: 15 Oct 82	Est Completion Date: Sep 86
Department: OB/GYN	Facility: MAMC
Principal Investigator:	COL John A. Read, MC
Associate Investigators:	COL Edward E. Dashow, MC LTC Fred H. Coleman, MC MAJ Arthur Schipul, MC
Key Words:	fetal-maternal bleeding, external cephalic version, oxytocin challenge testing, serum alpha-feto-protein, Kleihauer-Betke testing

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Nov 85 - Continue

Study Objective: To test for possible fetal-maternal bleeding during external cephalic version and oxytocin challenge testing using serum alpha-feto-protein and Kleihauer-Betke tests.

Technical Approach: Patients will be selected for oxytocin challenge testing or version by current management criteria used in the OB/GYN Department. Fifty patients reporting for versions and 100 patients reporting for oxytocin challenge testing will have pre and post blood samples drawn. The AFP levels will be determined via AFP radioimmunoassay kit and the Kleihauer-Betke via standard kit. The results will be correlated with each other and the procedures performed to determine the rate of fetal maternal bleeding.

Progress: Three new patients were entered on this study in FY 86 for a total of 33 entries. The assays have not been completed to date.

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 84/05 Status: Terminated

Title: Effects of Position on the Second Stage of Labor and Delivery

Start Date: 21 Oct 83 Est Completion Date: Oct 86

Department: OB/GYN Facility: MAMC

Principal Investigator: COL John A. Read, MC

Associate Investigators:

COL Edward E. Dashow, MC
MAJ Arthur H. Schipul, MC
LTC Fred H. Coleman, MC
CPT Virginia Hallinan, MC

Key Words: position, labor, delivery, supine, lateral Sims group, upright group

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86 - Continue

Study Objective: To examine and correlate the effects of various positions on the length of the second stage of labor, the strength and frequency of contractions, the patient's comfort, and the fetal heartbeat.

Technical Approach: A group of 75 patients, pregnant for the first time, will be randomly assigned to one of three groups (supine, lateral Sims, or upright. Patients will be uncomplicated, at term (between 37 and 42 weeks), and have had a normal first stage. Internal monitoring of uterine activity and fetal heart condition will be done on a continuous basis throughout the second stage. All tracings will be examined for frequency, duration, and amplitude of contractions, uterine activity and Montevideo units, fetal distress. length of second stage, patient comfort, and the development of complications of delivery. No anesthesia other than local will be used. The results will be compared using Student's t test, chi square, or Mann-Whitney U test as required by the various types of data collected.

Progress: No patients have been entered due to limitations of manpower. The principal investigator was transferred to a new duty station and the protocol was terminated.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/56	Status: On-going

Title: A Comparative Study of Treatment of UTI in Obstetric Patients Utilizing Three Different Dosage Regimens of Augmentin

Start Date: Apr 86	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: MAJ Andrew Robertson, MC	
Associate Investigator: COL Patric Duff, MC	
Key Words: UTI, obstetric, Augmentin	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To compare three different regimens of Augmentin for the treatment of UTI in obstetric patients.

Technical Approach: Patients who have either asymptomatic bacteriuria or acute cystitis caused by an organism sensitive to Augmentin will be eligible. All patients will have repeat urine cultures within 3 days of the conclusion of therapy and again at approximately 30 days after therapy. Patients who have either relapses or reinfections will be treated with a conventional 10 day course of antibiotic, selected on the basis of culture and sensitivity results.

Patients (30/group) will be randomly assigned to:

Group A: single dose of Augmentin (250 mg Amoxicilin plus 125 mg clavulanic acid) - 8 tablets
Group B: Augmentin, 1 tablet, q 8 h for 3 days

Group C: Augmentin, 1 tablet, q 8 h for 10 days.

Progress: Sixty (60) patients were entered on the study in FY 86. Data will not be evaluated until 90 subjects have been entered.

Detail Summary Sheet

Date: 30 Sep 86 | Protocol No.: 80/48 | Status: Completed

Title: Impact on Fetal Monitoring on the Premature Infant

Start Date: 20 Jun 80 | Est Completion Date: Sep 85

Department: OB/GYN | Facility: MAMC

Principal Investigator: COL David Sa'Adah, MC

Associate Investigators:

COL Joseph Sakakini, MC
MAJ Alexander Smythe, MC
D. A. Luthy, M.D.
E. B. Larson, M.D.
K. K. Shy, M.D.
G. VanBelle, M.D.

Key Words: impact, electronic fetal monitor, premature infants

Accumulative MEDCASE Cost: -0- | Est Accumulative OMA Cost: -0- | Periodic Review Oct 85 - Continue

Study Objective: To analyze the effects of electronic fetal monitoring versus traditional auscultation in infants of very low birth weight with respect to the following endpoints: (1) perinatal mortality; (2) perinatal morbidity including Apgar scores, acid-base status at birth, and frequency of intracranial hemorrhage; (3) maternal morbidity including rates of cesarean section; (4) infant neurological and psychomotor development to one year of age; (5) provider satisfaction; (6) consumer satisfaction; (7) medical decision making; and (8) cost effectiveness analysis.

Technical Approach: Follow-up will be performed on infants who have had fetal monitoring. Those fetuses who have had electronic fetal monitoring and fetal scalp blood sampling done will be followed and compared to randomized traditional auscultation fetal heart rate. Comparisons of fetal outcome and well-being will be made. A comparison will be made of infants <1100 gm and >1100 gm. Infants will be followed and evaluated for evidence of retardation, cerebral palsy, and hearing loss at 6 months, 1 year, 1 1/2 years, and 2 years.

Progress: This was a multicenter study in which 246 infants were entered. No differences were found in rates of perinatal mortality, Apgar scores, cord pH, intracranial hemorrhage, or cesarean birth.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/51	Status: On-going

Title: Objective Measurement of Thyroid Volume During Pregnancy

Start Date: Mar 86	Est Completion Date: Jun 87
Department: OB/GYN	Facility: MAMC
Principal Investigator:	CPT Karen L. Southmayd, MC
Associate Investigators:	COL Gary L. Treece, MC MS Jackie McAdmas, DAC
Key Words: thyroid, volume, pregnancy	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $400.00	Periodic Review: N/A

Study Objective: To objectively measure thyroid gland size and volume using ultrasonography of the thyroid intrapartum and postpartum in 10 otherwise healthy pregnant women to determine whether or not the thyroid enlarges during pregnancy.

Technical Approach: Pregnant women with a negative personal and family history of thyroid disease, ≥18 years, will have baseline thyroid function tests (T_4, T_3U, T_3 by RIA, TSH, and thyroid antibodies), history and physical exam performed as early as possible during the pregnancy. Each subject will have four ultrasonic examinations of the thyroid for the determination of thyroid size and volume, once in each trimester of pregnancy (at least six weeks apart) and again six weeks postpartum. Repeat thyroid function tests will be obtained 6 weeks postpartum to detect postpartum thyroid dysfunction. Patients who develop postpartum thyroid dysfuntion will be excluded from the analysis of thyroid size and volume. Thyroid gland size and volume will be determined by ultrasonically measuring the length of each lobe of the thyroid and the cross-sectional areas of multiple sections of each lobe at 0.5 cm intervals and calculating the volume by means of integration formulas. The volume of each lobe will be added to determine the total thyroid volume. Each patient will serve as her own control with the data for thyroid gland volume summed and averaged for each trimester and postpartum and compared using multiple t-tests. The measured thyroid gland volumes in the pregnant (and postpartum) subjects will also be compared to thyroid gland volumes measured in 10 normal control men and women. The control women will be age and weight matched. Data will also be compared to that recorded in the literature.

Progress: Patient recruitment has been negative to this point. Due to patient load, the principal investigator has been unable to devote the necessary amount of time to the project, but hopes to accrue the estimated number of subjects to perform the study within the next year.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/20	Status: On-going

Title: Microsurgical Technique

Start Date: 16 Jan 85	Estimated Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: MAJ I. Keith Stone, MC	
Associate Investigator: MAJ Leslie W. Yarbrough, VC	
Key Words: Residents, proficiency, reproductive tracts, rabbits	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $400.00	Periodic Review: Apr 86 - Continue

Study Objective: To develop proficiency with instrument and suture handling when using the operating microscope.

Technical Approach: Residents in the Department of Obstetrics and Gynecology who are rotating through the Infertility Service will be obligated to demonstrate proficiency with microsurgical dissection and reanastomosis of rabbit reproductive tracts. Rabbits will be anesthetized with ketamine and midline laparotomies will be performed. Using the organic operating microscope, dissection and proper realignment of reproductive structures will be accomplished under staff supervision. Sutures and instruments will duplicate those used in the reanastomosis of human oviducts. The rabbits will be recovered from surgery and will at approximately four weeks postoperatively undergo laparotomy excision of the oviducts for histologic examination and methylene blue instillation to determine patency. The animal model will then be terminated.

Progress: Approximately 35 sessions were conducted in FY 86. Resident acceptance has been extremely positive. Those residents who have performed the laboratory procedures have noted a positive impact on their operating room technical abilities.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/30	Status: Terminated

Title: Single versus Multidose Topical Treatment of Vulvovaginal Candidiasis with Clotrimazole

Start Date: 17 Jan 86	Est Completion Date: Jan 87	
Department: OB/GYN		Facility: MAMC
Principal Investigator:	CPT Leonora O. Williams, MC	
Associate Investigators:	LTC David J. Magelssen, MC	
Key Words:	candidiasis, treatment, topical, multidose	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $4600.00	Periodic Review: N/A

Study Objective: To compare the efficacy of the single dose 500 mg clotrimazole vaginal tablet versus multidoses of 100 mg clotrimazole vaginal tablets in the treatment of specific signs and symptoms in gynecologic patients with candidal vaginitis.

Technical Approach: Two hundred (200) patients with clinically documented candidal vaginitis will be asked to participate in the study. Pregnant patients or those with concomitant candidal and lower genital tract infections from other etiologies will be excluded.

The study consists of documenting candidal vaginitis by KOH preparation of vaginal smear; obtaining vaginal culture for Candida species by standard technique and PAP smear to corroborate candidiasis; and treating with a single 500 mg clotrimazole vaginal tablet or clotrimazole 100 mg vaginal tablets (2) every day for three days. Clotrimazole vaginal cream will be used concurrently for vulvitis. Post-treatment vaginal culture, KOH and wet preparation will be done at one and four weeks and three and six months. Subjects will fill out a pretreatment questionnaire to elicit information regarding pregnancies, menstrual history, yeast infections, birth control history, sexual history, medical history, weight, height, and ethnic background. Subjects will fill out a post-treatment questionnaire describing their perception of the effects of the treatment.

Progress: No patients were entered on this study. It was terminated due to the patient load of the principal investigator and her inability to recruit an associate investigator to share the work.

D E T A I L S H E E T S

F O R

P R O T O C O L S

DEPARTMENT OF PEDIATRICS

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 84/11 Status: Terminated

Title: The Coping Process of Families of Children with Birth Defects

Start Date: 18 Nov 85 Est Completion Date: Feb 86

Department: Pediatrics Facility: MAMC

Principal Investigator: LTC Franco Alvarez, MC

Associate Investigators: MAJ Glenn Tripp, MC
William N. Friedrich, Ph.D., Univ Wash
Lorna T. Willturner, Ph.D. (Candidate)
Joyce Shaffer, Ph.D., Western St Hosp

Key Words: questionnaire, family organization and functioning

Accumulative MEDCASE Cost: -0- Est Accumulative OMA Cost: -0- Periodic Review: Mar 86 - Continue**

Study Objective: To explicate the relationship of stress and various moderator variables to familial functioning and adaptation and to evaluate the effect of separation stress during the pregnancies of these children.

Technical Approach: The study will be conducted in conjunction with the Department of Psychology, University of Washington. The study will include the parents of 150 children with birth defects or learning disabilities. Each of the parents will complete a survey assessing their coping resources and perceived outcome. The comprehensive, theory-based nature of the instruments included in the survey, as well as the large sample, will inable the investigators to add significantly to the general descriptive data base about this population. In addition to the basic survey, the following procedures will be utilized with sub-samples of the total population: 100 subjects will be compared with families of children who manifest no noticeable disability and additional ratings of 150 subjects will be completed by primary care personnel, thus providing multimodal assessment of these families.

**Progress: LTC Alvarez submitted a revised copy of the protocol for review by the IP with himself listed as the new principal investigator. The study as originally written proposed to study 1000 children. The format of the protocol proved to be too cumbersome so it was revised and the number of subjects reduced. The technical approach stated above is the revised plan for the study. Due to the unexpected departure of principal investigator, no patients were entered and none of the Pediatric staff at MAMC had the time to take over this study. Therefore, it was terminated upon the principal investigator's departure.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/93	Status: Terminated

Title: Duration of Positive Pressure (DPP) as a Measure of Lung Compliance

Start Date: 20 Sep 85	Est Completion Date: Jun 86	
Department: Pediatrics		Facility: MAMC
Principal Investigator: CPT Ralf Brueckner, MC		
Associate Investigator: CPT Glenn D. Jordan, MC		
Key Words: peak inspiratory pressure, positive end expiratory pressure, inspiratory and expiratory times, flow, compliance, and resistance.		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine which variables (compliance, resistance, pressure, time, flow) affect DPP; to test the hypothesis that compliance is the major variable affecting DPP; and to test the hypothesis that DPP correlates with changes in ventilatory requirements during the course of idiopathic respiratory distress syndrome (IRDS) in neonates.

Technical Approach: Phase I: A Bourns model LS 130 infant lung simulator, a Sechrist model IV-100B infant ventilator, and a model 400 airway pressure monitor will be used. A Novametrix model 1230A Pneumoguard will be used for recording of pressure waveforms. DPP will be measured from these waveforms. Independent variables include: peak inspiratory pressure (PIP), positive end expiratory pressure (PEEP), inspiratory and expiratory times (IT, ET), flow, complaince and resistance. These will be varied over ranges typically required in the ventilation of infants. The dependent variable DPP would be expected to be directly proportional to compliance. Data will be analyzed using multiple linear regression.

Phase II: DPP will be recorded on 20 infants with IRDS undergoing conventional ventilator management, along with PIP, PEEP, IT, ET, and flow. The diagnosis of IRDS will be made by the infants primary physician with the supervision of the attending neonatologist. Initially, measurements will be recorded every 6 hours, beginning at the onset of mechanical ventilation. It is expected that changes in ventilator requirements would be preceded by changes in compliance, and, hence, changes in DPP. Correlation studies will be used to analyze results.

Progress: Due to a question regarding the need for a consent form for this study, implementation of the protocol was delayed. At this point, CPT Brueckner decided to terminate the study (Feb 86) because of the short time left at Madigan before his reassignment.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/73	Status: On-going

Title: Prophylactic Intravenous Immunoglobin in High Risk Neonates

Start Date: 17 Aug 84	Est Completion Date: Sep 87
Department: Pediatrics	Facility: MAMC
Principal Investigator:	MAJ Jose Garcia, MC
Associate Investigators:	LTC F. Gilbert Frank, MC
	CPT Glenn D. Jordan, MC
Key Words:	immunoglobin, neonates, high risk, prophylactic
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-
	Periodic Review: Jan 86 - Continue**

Study Objective: To evaluate the effectiveness of intravenous immunoglobulin (IVIG) with high titer to known disease producing types of Group B streptococci (GBS) in preventing GBS disease in the high risk neonate.

Technical Approach: This will be a double-blind group study with prescreened IVIG and control drug (5% albumin) supplied to each institution in a prerandomized fashion. Subjects will be neonates >2000 grams or 34 weeks at birth and >12 hours of age. Infants of mothers with immune deficiency syndrome will be excluded. The drugs will be used as a single infusion, 500 mg/kg. All infants will have constant temperature, heart rate, respiratory rate, and blood pressure (if on umbilical arterial catheter) monitoring. If umbilical arterial catheter is not present, BP will be obtained before, midway through, and at the completion of the infusion. Fifteen minutes post-infusion a whole blood sample for serum total of IgG and GBS antibodies will be obtained. At 1, 2, and 8 weeks, another blood sample will be taken for antibody studies, a history will be recorded, and routine development assessment will be done.

Progress: No patients were entered on this protocol in FY 86.

**This protocol was reviewed for continuation in January 1986. MAJ Jose Garcia was approved as the new principal investigator and LTC Frank and CPT Jordan were approved as the new associate investigators.

The infusion rate of the immunoglobulin and placebo was changed from 0.01 to 0.02 mg/kg/minutes to 0.08 - 0.1 ml/kg/min and the exclusion criteria were amended to reflect that infants with severe congenital malformations which are themselves life threatening and those for whom valid informed consent can not be obtained will be excluded from the study.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/68	Status: On-going

Title: Antenatal Phenobarbital: Prophylactic Efficacy for the Prevention of Neonatal Intracerebral Hemorrhage (ICH)

Start Date: Sep 86	Est Completion Date: May 89	
Dept/Svc: Pediatrics		Facility: MAMC
Principal Investigator:	MAJ Jose Garcia, MC	
Associate Investigators:	CPT Glenn D. Jordan, MC LT Fred Guyer, M.D., USPHS	
Key Words:	intracerebral hemorrhage, prophylactic, phenobarbital	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $50.00	Periodic Review: N/A

Study Objective: To assess the putative benefit of antenatal administration of phenobarbital in ICH prophylaxis.

Technical Approach: Mother-infant dyads <30 weeks gestation who present with either premature labor or ruptured membranes will be studied in a a randomized, double-blind, placebo-controlled trial. Subjects will be given an initial dose of either 1000 mg, I.V. over 60 minutes or a placebo. Subsequent patient management will be in accordance with standard patient care. If the delivery does not occur within 24 hours of initial drug administration, a maintenance dose of the drug will be given every 24 hours until delivery or until labor is successfully arrested. After delivery each infant will receive a cranial ultrasound on at least three occasions (within 12 hours of birth, at 72 hours, and at 7 days). A sample of cord blood will be obtained at delivery and samples of each infant's blood will be drawn on days 3 and 7 for serum drug levels. Length of time pre and post-administration of phenobarbital to delivery will be analyzed. Data from mothers on steroids will be analyzed separately.

Progress: Approval from Clinical Investigation Division, Health Services Command, has just been received. The study will be implemented within the next few weeks.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/35	Status: On-going

Title: Urine and CSF Latex Agglutination: Predictive Value for Subsequent Culture-Proven Sepsis/Meningitis on a General Pediatrics Service

Start Date: 21 Feb 86	Est Completion Date: Mar 87
Department: Pediatrics	Facility: MAMC
Principal Investigator: CPT Jeffrey W. Glassheim, MC	
Associate Investigator: COL Marvin S. Krober, MC	
Key Words: sepsis, meningitis, latex agglutination, predictive	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the sensitivity/specificity of the latex agglutination test on urine and cerebrospinal fluid for the presence of antigens from the four leading etiologic agents for pediatric sepsis and/or meningitis and assess predictive value for disease that is later proven by positive cultures of either CSF or blood.

Technical Approach: Approximately 100 infants, one week to 24 months with a minimum rectal temperatures of 40°C, will be studied per month. Excluded from the patient population will be patients who were previously admitted to the NICU and any patients currently present in the NICU carrying a diagnosis of R/O sepsis/meningitis. Any patient with a positive chest x-ray for pulmonary infiltrate(s) will be analyzed separately, apart from the main patient pool.

Inpatients with an admitting diagnosis of R/O sepsis/ meningitis or febrile seizures will have the following specimens obtained: urine for latex (catheter, clean-catch, or bagged); CSF for latex (usual aseptic technique for LP) - PRN as per clinical judgment; CSF for culture/sensitivity - PRN as per clinical judgment; blood for culture/sensitivity (usual sterile technique); CBC to include differential white blood cell count. These procedures will be in addition to the remainder of a complete sepsis work-up which also includes urine C/S and chest x-ray. Negative cultures will be considered "final" at 72 hours for the purposes of this study. Latex studies will be performed in the usual manner. In accordance with the Chief of Microbiology Service, the same pool of laboratory technicians will perform all latex/culture studies, thus effecting a "standardization" of procedure. All outpatients from the emergency room or Family Practice that have been sent to Pediatrics for further evaluation/work-up who do not get admitted will have the identical procedures performed. Statistical analysis will consist of the calculation of sensitivity/specificity for each of the four eiologic agents' latex results, which will lead to the calculation of the predictive value.

Progress: Patients are still being entered in this study.

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 86/32 Status: Terminated (Trans)

Title: Arterial Diastolic Half Time Analysis in the Evaluation of Left to Right Ductal Shunting

Start Date: 17 Jan 86 Est Completion Date: Jan 87

Dept/Svc: Pediatrics Facility: MAMC

Principal Investigator: MAJ Robert V. Jarrett, MC

Associate Investigators: LTC Barbara Guller, MC
MAJ Jose Garcia, MC

Key Words: shunting, ductal, arterial diastolic half time

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To evaluate the relationship of diastolic pressure tracings and the presence or absence of a clinically significant patent ductus arteriosus (PDA) in the neonate and to determine if there is a correlation between echocardiographic LA/AO ratios and diastolic t1/2 and to follow diastolic t1/2 response before, during, and after treatment of the PDA, either medically or surgically.

Technical Approach: Diastolic pressure wave analysis will be performed on all neonates who have existing arterial catheters (peripheral arterial or umbilical lines) which have been placed for the management of cardiorespiratory illness, with presence or absence of a significant left to right ductal shunt. Blood pressure will be monitored by a transducer connected to the neonatal cardiorespiratory monitor. Diastolic pressure wave form recordings will be done using a 4 channel recorder. Actual analysis of hard copy diastolic wave forms will be done only after arterial catheters have been removed. Thus, diastolic t1/2 will be known only at that time. Two dimensional echocardiograms will be done as part of the clinical assessment. Pulse contour analysis will be done simultaneously with the echocardiogram. Diastolic pressure measurements will be performed on the first, fourth, and seventh days of life and then weekly thereafter as long as arterial catheters remain in place. Cardiac evaluations (clinical exam, chart review, two dimensional echocardiogram) will be done on the the same schedule. Diastolic pressure measurements will be done prior to the first dose of a course of indomethacin which is given for the treatment of a PDA, 12 hours after all doses of the indodmethacin, and prior to all surgical ligations of the PDA. Additional pressure and cardiac evaluations will be done if clinically indicated. Type and size of catheter will be recorded to be used in analysis

Progress: Six patients were entered on this study. The principal investigator has been transferred to TAMC wnere he has submitted the protocol to the IRB for approval.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: [illegible]	Status: On-going

Title: Neuromotor Status of Infants with Non-Organic Failure to Thrive (NOFIT)

Start Date: 15 Aug 86	Est Completion Date: Jan 88
Department: Pediatrics	Facility: MAMC
Principal Investigator: MAJ [illegible], MC	
Associate Investigators: Mary [illegible], O.T.	
Kristie Bjornson, M.P.T.	
Patricia Hopps, R.N., C.P.N.P.	
Janis Fathreim, M.P.T.	
W.R. Peterson, M.D.	
Key Words: NOFIT, neuromotor status, natural history	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-
	Periodic Review: N/A

Study Objective: To better define the natural history of motor development in infants with the diagnosis of non-organic failure to thrive (NOFIT).

Technical Approach: The study will assess developmental changes in NOFIT infants prospectively over 12 months from initial diagnosis. The Movement Assessment of Infants (MAI) will be administered by a trained therapist at regular intervals from diagnosis to document neurodevelopmental status in four major areas. Information and scores will be recorded for tone, primitive reflexes, automatic reactions, and volitional movements as outlined in the MAI. Patients <5 mos, 14 days with no previously diagnosed neuromotor abnormalities will receive a nueromotor assessment to consist of Bayley Scales of Infant Development: Motoro Scale, Peabody Developmental Motor Scales, and Movement Assessment of Infants. Testing will be repeated at 4.5 to 6.5 months, 8.5 to 10.5 months, and 11.5 to 12.5 months. The Gessell Developmental Screening Inventor will be added to the testing procedure at the 11.5 - 12.5 testing. Data will then be collected and analyzed. Therapists will periodically rate a child independently during an evaluation to maintain [illegible] of inter-rater reliability.

Progress: This is a new protocol and no subjects have been entered to date.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/77	Status: Completed

Title: Eating Attitude Questionnaire

Start Date: 21 Sep 84	Est Completion Date: Jun 85	
Department: Pediatrics		Facility: MAMC
Principal Investigator: LTC Dan C. Moore, MC		
Associate Investigators: None		
Key Words: body weight and appearance, dissatisfaction, efforts to alter, methods		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Nov 85 - Continue

Study Objective: To determine the prevalence among an unselected population of military adolescents of dissatisfaction with body weight or appearance, of efforts to alter weight, and of methods used.

Technical Approach: Questionnaires will be given to 1,000 consecutive adolescent patients (male and female). Those self-identified as having a problem with eating who request help will be appropriately evaluated and counselled. Questionnaires will be analyzed to develop a statistical profile of eating behaviors in the population studied. If warranted by the data, an ongoing program may be developed to identify and treat patients with eating problems. Data will be organized descriptively and subsequently analyzed using analysis of variance.

Progress: Approximately 1750 subjects were entered. A preliminary report (approximately 90% of the female subjects) presented at the 1985 Annual Meeting of the Society for Adolescent Medicine showed that of the female patients studied dissatisfaction with body weight was present in 67% of patients, including 53% of normal. Of the normal patients who were dissatisfied, 96% wanted to lose weight and 33% wanted to lose an inappropriate amount. Of the thin group, 42% were dissatisfied with body weight and 62% of these wanted, inappropriately, to lose weight. Patients who had indulged in binge eating or weight control behaviors were more likely to be dissatisfied with body weight than those who had not, and more extreme behaviors such as purging and stimulant use were associated with more dissatisfaction (90-94%) than were fasting (83%) or dieting (72%). Patients who had engaged in purging or stimulant use behavior were also more likely to have engaged in binge eating, fasting, or dieting. This trend was present in the normal group as well as the heavy and overweight groups. A significant number of adolescent females have a distorted idea of normal body weight for height and tend to engage in increasingly desperate weight control behaviors as their dissatisfaction with body weight increases.

All data has now been collected and are being analyzed for a final report.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/03	Status: Terminated

Title: Treatment Use of Recombinant Methionyl-Human Growth Hormone for Hypoglycemia of Growth Hormone Deficiency

Start Date: 18 Oct 85	Est Completion Date: Oct 86
Department: Pediatrics	Facility: MAMC
Principal Investigator:	LTC Dan C. Moore, MC
Associate Investigators:	None
Key Words:	hypoglycemia, growth hormone deficiency, recombinant methionyl-human growth hormone, treatment

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To treat children with restricted distribution of pituitary derived hGH at risk of hypoglycemia.

Technical Approach: Patient selection: documented GH deficiency and documented hypoglycemia. Patients will have a physical exam, to include accurate height and weight and observation of skin and joints for lesions or erythema/swelling, prior to treatment and at three month intervals. Anti-GH antibodies and fasting blood glucose levels will also be done at baseline and at 3 month intervals. Other laboratory and bone age observations will be only as performed routinely by individual responsible for treatment. Met-hGH will be administered at a dose of up to .1 mg/kg every other day.

Progress: One patient was treated on this protocol. The protocol was terminated when the drug was approved by the FDA.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/54	Status: Completed

Title: Determination of a Possible Association Between Migraine Headaches and Attention Deficit Disorders in Children

Start Date: 18 May 84	Est Completion Date: Jun 86	
Department: Pediatrics		Facility: MAMC
Principal Investigator: COL Charles Onufer, MC		
Associate Investigators: MAJ Joseph McCarty, MC		
Key Words: Migraine headaches, ADD, questionnaire		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $35.00	Periodic Review Mar 86 - Continue

Study Objective: To determine if there is an unusually high incidence of migraine headaches in children with attention deficit disorders.

Technical Approach: For purposes of this study, migraine will constitute any headache with three or more of the following characteristics: throbbing, presence of an aura before the headache, unilateral pain, history of sleep walking or motion sickness, nausea or vomiting with the headache, or positive family history of migraine headaches. Attention deficit disorder syndrome is defined as a syndrome of developmentally inappropriate inattention and impulsivity. Hyperactivity may be an asssociated feature but is not required for diagnosis.

A questionnaire will be given to all new patients referred to the Pediatric Clinic for evaluation of attention deficit disorder. This questionnaire will be reviewed by the examining physician, and he will complete an additional questionnaire. The same questionnaire will be utilized with patients who come to the Pediatric Clinic for routine school physicals. This group will serve as a control group. From these questionnaires, the number of patients with attention deficit disorder and migraine can be compared to the number of controls with migraine. As attention deficit disorder is seen primarily in males, the controls will be adjusted by sex and age to match the study group. It is estimated that approximately 100 patients in the study group and 200 patients in the control group will provide more than sufficient numbers for statistical significance.

Progress: COL Onufer became the principal investigator in March 1986. The data collection phase of the study was completed. However, the investigators did not feel that the data was significant enough for publication.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/49	Status: Terminated

Title: Determination of a Possible Association Between Iron Deficiency and Attention Deficit in Children with Attention Deficit Disorder with Hyperactivity (ADD-H)

Start Date: 21 Mar 86	Est Completion Date: Jun 86
Department: Pediatrics	Facility: MAMC
Principal Investigator: COL Charles Onufer, MC	
Associate Investigators: None	
Key Words: hyperactivity, attention deficit, iron dificiency	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1085.00	Periodic Review: N/A

Study Objective: To determine whether iron deficiency plays a causative role in the attention deficit seen in children with ADD-H.

Technical Approach: Twenty ADD-H children between the kindergarten and fifth grade levels who have iron deficiency will be treated with ferrous sulfate (30 mg/kg divided TID) or placebo in a double blind fashion for a period of three months. The child's teacher will be asked to fill out an ACTeRS (ADD-H Comprehensive Teacher Rating Scale) Questionnaire to monitor changes in the level of attention before treatment and three months later. The ACTeRS was designed to diagnose and monitor treatment of ADD-H in children in this age group. The ACTeRS looks at attention, hyperactivity, social skills, and oppositional behavior. Each child must be on stimulant medication for ADD-H and must be iron deficient. FEP's will be obtained at the end of the 3-month therapy period to determine therapeutic response. By comparing the attention scores before and after treatment, one will be able to analyze whether iron deficiency has a significant influence on attention deficit. Children with iron deficiency anemia will be excluded from the study.

Progress: There was a delay in beginning this study due to logistical problems. The principal investigator departed Madigan in July 1985, and none of the other staff members had the time to devote to the project. Therefore, it was terminated.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/97	Status: On-going

Title: Associations Between IVH and Prolonged QT-Interval in Premature Neonates

Start Date: 19 Sep 86	Est Completion Date: Mar 87	
Department: Pediatrics		Facility: MAMC
Principal Investigator: CPT Juan A. Rivera-De Leon		
Associate Investigators: MAJ Jose Garcia, MC MAJ William McClintock, MC		
Key Words: IVH, prolonged QT Interval, association, neonates		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $3000.00	Periodic Review: N/A

Study Objective: To study the possible direct effect of IVH on QT-interval in premature neonates and to study the role of Ca++ and Mg++ levels on prolonged QT-interval in premature neonates.

Technical Approach: Subjects will be 50 neonates <1500 gms and/or 32 weeks gestation with and/or without IVH. Patients with severe congenital malformations which are themselves life-threatening will be ineligible. Control group will be patients with no IVH and no EKG abnormalities. A lead-II EKG will be performed to determine QT-interval; the QTc=measured QT-interval over the square root of the R-R-interval of the same lead. Blind analysis of the EKG will be done by a pediatric cardiologist. Ionized Ca++ levels will be drawn after EKG monitoring, only if abnormal. Cranial ultrasound analysis will be performed by a neonatologist when a radiologist is not available. Mg++ levels will be drawn during one of the routine blood drawings and followed per clinical indication. If needed, a second ionized Ca++ level will be drawn. EKG will be done by the end of the first day, third day, and prior to discharge. 2D Echo will be performed by neonatologist on days radiologist is not available, i.e., first and discharge days. Routine electrolytes to include Ca++ and Mg++ levels will be drawn per the infant's condition or if the EKG is abnormal. Two major groups will consist of: prolonged QT-interval and normal QT-interval. Two minor groups will consist of: presence of IVH and absence of IVH. Each of the major and minor groups will be correlated to the MG++ and Ca++ levels. Infants with prolonged QT-interval will be followed by cardiologist and in NICU follow-up clinic. Infants with IVH will be followed by neurologist and in NICU follow-up clinic. Data analysis: t-test.

Progress: This is a new study and has not been started.

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 85752 Status: On-going

Title: Child Abusive [illegible] and Social Support - A Descriptive Study of A Military Environment

Start Date: 19 Apr 8[illegible] Estimated Completion Date: Jun 85

Department: Pediatrics Facility: MAMC

Principal Investigator: [illegible], M.D., COL, USA (Ret), DAC

Associate Investigator: Sandra A. Rogol, R.N., USNR

Key Words: Child abuse, [illegible] environment, social support

Accumulative MEDCASE [illegible] Periodic Review:

Cost: -0- [illegible] Nov 85 - Continue

Study Objective: To describe the relationship between child abuse as measured by the Child Abuse Potential Inventory (CAP) and social support as measured by the Personnel Resource Questionnaire (PRQ) and to explore the findings for indications of what factors are influencing child abuse in the military. A long range goal would be to use these tools as part of an early identification/education program for individuals at high risk for abusing their child.

Technical Approach: This study will be a discriptive analysis of child abuse in two US military communities in Washington state. An abusive group (30) and a control group (convenience sample of 30) will be studied, using data derived from the Child Abuse Potential Inventory and the Personnel Resources Questionnaire. Variables that have been found to be significant in previous research on child abuse in military communities will be considered. Both groups must have a child below the age of 12, speak English, and must have been in their present domicile for at least six months. The two groups will be matched for jender, age, military rank, and educational level. In the abusive group, both parents will be asked to fill out the questionnaire. All forms will be color coded for controls, abusive parent, and non-abusive parent. Only the questionnaires from the abusive parent will be used. An analysis of data will be done when 15 subjects and 15 controls have been entered to determine the reliability of the sampling process.

Progress: Forty n[illegible]bjects were enrolled in FY 86 for a total of 55 subjects. The progress of the study has been considerably slowed due to the geographic location in another city of one of the investigators and the difficulty in enrolling volunteers from the known abusive group. Hopefully, a sufficient number will enroll to allow completion of the study. If this is impossible, the investigators are contemplating a revision of the protocol.

D E T A I L S H E E T S

F O R

P R O T O C O L S

DEPARTMENT OF SURGERY

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/88	Status: On-going

Title: Method of Determining in Dogs the Vascularity of Transposed Patellar Tendons Used in ACL Reconstructions Utilizing Fluorescein Dye, with Correlation to Viability

Start Date: 15 Aug 86	Est Completion Date: Aug 87
Dept/Svc: Surgery/Orthopedics	Facility: MAMC
Principal Investigator: CPT Brian Barnard, MC	
Associate Investigator: CPT Robert Arciero, MC	
Key Words: patellar tendons, vascularity, fluorescein dye, dogs	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $400.00 — Periodic Review: N/A

Study Objective: To determine whether the patellar tendon graft utilized in ACL reconstructions is vascularized at the time of transposition and whether the transposed graft maintains its circulation, i.e., remains viable.

Technical Approach: Preoperatively, the animals will be weighed and examined for general physical abnormalities as well as examination of the knees to include ROM, ligamentous laxity, thigh circumference, and x-rays. Six experimental and six control animals will be studied. After being anesthetized, a midline incision will be made under tourniquet control to identify the patella-patellar tendon complex. The central 1/3 of the PT will be harvested with an attached wedge of bone taken proximally from the patella and distally from the proximal tibia. The attachment of the fat pad to the PT graft will be reinforced and the free ends of the graft will be tagged with sutures placed through drill holes in the bone. The intercondylar notch will be exposed and the ACL will be resected from its femoral and tibial attachments. Boney canals will be created to allow isocentric placement of the graft. At this point the tourniquet will be deflated and fluorescein will be injected. After 10 minutes, photos will be obtained of the graft using the fluorescence camera. The patellar bone wedge will be passed into the femoral canal and fixated. The tibial component will be passed and prior to final fixation, an exam of the knee to include ROM and stability will be performed. When no instability is detected, yet motion is not impeded, the graft will be secured. The defect in the patellar tendon and the skin will be closed and the surgical site covered with a cast with the knee bent at 45°. The cast will be kept on for 7-10 days. The animals will be sacrificed on a weekly basis beginning at the third postop week in order to obtain 2 control and 2 study knees per week. Before sacrifice, the animals will be anesthetized and examined to check for knee motion and laxity. After sacrifice, the hind limb will be disarticulated at the hip, decalcified, and sectioned for radiographic and histologic examination.

Progress: The investigators are in the process of assembling the materials to perform this study.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 79/57	Status: Terminated
Title: The Effect of Dimethyl Sulfoxide on the Uptake of Cisplatin From the Urinary Bladder of the Dog		
Start Date: 24 Jan 79	Est Completion Date:	Indefinite
Dept/Svc: Surgery/Urology		Facility: MAMC
Principal Investigator: COL William Belville, MC		
Associate Investigators:		
LTC Samuel J. Insalaco, MC	MAJ Eduardo S. Blum, MC	
LTC Willis Jacob, MS	MAJ Roger Schoenfeld, MC	
LTC George S. Ward, VC	CPT Carl Cricco, MC	
Key Words: cisplatin, dimethyl sulfoxide, urinary bladder, dog		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1050.00	Periodic Review: Jan 86 - terminate

Study Objective: To determine if intravesicular cisplatin can be more effectively transported through the urinary bladder wall using DMSO as a carrier.

Technical Approach: Thio-TEPA was the original drug to be used in this study. The investigators were unable to develop a successful thio-TEPA assay so cisplatin was used in the study due to the ease of measurement by atomic absorption spectrometry and because its medium-sized molecular weight avoids excessive absorption. The test solution will be instilled into the urinary bladder of each animal and maintained there for one hour. The test solutions are: Group I (4 dogs) cisplatin in 50% DMSO; Group II (4 dogs) cisplatin in an isotonic salt solution; and Group III (2 dogs) 50% DMSO in an isotonic salt solution. Group III animals are to verify that DMSO does not interfere with cisplatin identification. Blood samples will be obtained from the caudal vena cava and the external jugular vein immediately before instillation of the test solution and at 5, 10, 20, 40, and 60 min after instillation. One blood sam- will be taken from a small vein on the bladder surface at 15 min and the test solution will be withdrawn from the bladder at 60 min. Two dogs from Groups I and II will be studied for toxicity following a complete treatment regime, consisting of 4 weekly treatments as described above. These animals will have bone marrow, liver, kidney, and spleen biopsies before the first treatment. One week following the last treatment, the dogs will be sacrificed and tissue sections of the same organs plus the urinary bladder and lens will be taken to examine histopathologically for evidence of toxic changes. CBC's will also be performed at weekly intervals. The remaining two dogs in Groups I and II will have a section of urinary bladder removed following the test solution instillation, which will be divided and one part homogenized and extracted for cisplatin analysis and the other section evaluated histopathologically. The withdrawn test solution, blood samples, and bladder tissue extracts will be analyzed to determine levels of cisplatin.

Progress: This protocol has been suspended since the ban on the use of dogs in research. Although some interest has been shown in revising this protocol and continuing it, the decision upon continuing review was to terminate the protocol at present and to rewrite the study if more work is done in this area.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/51	Status: On-going

Title: Orchiectomy and Observation in the Treatment of Clinical Stage I Nonseminomatous Germ Cell Tumor of the Testis (NSGCTT)

Start Date: 18 May 84	Est Completion Date: May 89
Dept/Svc: Surgery, Urology	Facility: MAMC
Principal Investigator:	COL William Selville, MC
Associate Investigators:	COL Alfred S. Buck, MC
	COL Victor J. Kiesling, MC
	COL Friedrich H. Stutz, MC
Key Words: NSGCTT, treatment, orchiectomy, observation	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-
	Periodic Review: Nov 85 - Continue

Study Objective: To determine the efficacy of orchiectomy alone in the treatment of clinical Stage I NSGCTT. The factors that predispose to relapse with Stage I disease will be analyzed.

Technical Approach: At present, clinical Stage I NSGCTT is treated by radical orchiectomy and radical retroperitoneal lymph node dissection. To avoid the ejaculatory impotence associated with the radical retroperitoneal lymph node dissection, the investigators propose to follow orchiectomy patients monthly for two years and then quarterly for two years with no further treatment unless relapse occurs. Subjects must have histologically confirmed carcinoma (not pure seminoma nor pure choriocarcinoma) at the testis. Postorchiectomy evaluation must have been completed within four weeks of the diagnosis of the primary tumor. Patients with involvement of the spermatic cord or evidence of epididymal invasion; evidence of tumor outside the testis by any other diagnostic means; or a second malignancy (except a squamous or basal cell skin cancer) will be excluded. Patients who after careful counselling elect to undergo a radical retroperitoneal lymph node dissection will be followed as per protocol. Pre-orchiectomy evaluation will include complete history, physical, WBC and platelet count, HGB, bilirubin, alkaline phosphatase, SGOT, SGPT, serum calcium, BUN, creatinine, uric acid, chest x-ray, and serum tumor markers to include α-fetoprotein, β-HCG, and LDH. Post-orchiectomy evaluation will include bipedal lymphangiogram, abdominal and chest CT, excretory urography, and normal serum tumor markers which have returned to normal at a rate predicted by the known serum half-life of the respective marker. Patient follow-up will include history, physical exam, SMAC 20, CBC with platelet count, chest x-ray or CT, and serum tumor markers. During the first two years of follow-up, the patient will undergo abdominal CT every three months, and then annualy for two additional years.

Progress: No new patients were entered in FY 86 as all Stage 1 tumor patients elected to have surgery. Two patients have been entered in previous years.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/86	Status: On-going

Title: An 18-Month Double-Blind, Multicenter Study to Compare the Efficacy and Safety of the Antiandrogen RU 23908 in Combination with Leuprolide with that of Leuprolide in Patients with Carcinoma of the Prostate (Stage D_2), Followed by an Extended Treatment Period to Evaluate the Long-Term Safety and Tolerance of RU 23908

Start Date: 15 Aug 86	Est Completion Date: Sep 88	
Dept/Svc: Surgery/Urology		Facility: MAMC
Principal Investigator: COL William D Belville, MC		
Associate Investigator: COL Irwin B. Dabe, MC		
Key Words: prostate, carcinoma, RU 23908, leuprolide		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objectives: To compare the safety and efficacy of the antiandrogen RU 23908 in combination with leuprolide with that of leuprolide plus placebo in the treatment of patients with prostatic carcinoma (Stage D_2). Difference in time to progression, survival, clinical response, pain and performance will be assessed as well as long-term safety of RU 23908 in the same patient population.

Technical Approach: This is a multicenter sutdy with two parts. Part A is a randomized, double-blind, parallel comparison between the combination of leuprolide plus antiandrogen RU 23908 and leuprolide plus placebo. Patients 40-85 years of age presenting with newly diagnosed stage D_2 carcinoma of the prostate and a life expectancy of 3 months will be eligible. Patients who have undergone orchiectomy, received previous hormonal or systemic chemotherapy, with rapidly progressing fatal illness other than carcinoma of the prostate, who have undergone previous hypophysectomy or adrenalectomy, or with another neoplasm, sensitivity to any contrast agent in a radiological evaluation, or severe hepatic or renal dysfunction will be excluded. Patients will be treated for 18 months. Patients who do not respond to treatment will be unblinded. Those receiving RU 23908 will be given the option to continue or to receive other treatment. Patients receiving placebo will be withdrawn from the the study.

Progress: This protocol is awaiting approval from HSC before it can be started.

Date: 30 Sep [illegible] Completed

Title: Effects of Intra[illegible] Plasma Fibronectin Metab[illegible]

Start Date: [illegible] Jan 86 Date: June 1986

Dept/Svc: Surgery/Ge[illegible] Facility: MAMC

Principal Investi[illegible]

Associate Investig[illegible] MC

Key Words: metaboli[illegible] fat emulsions

Accumulative [illegible]/ASC Periodic Review:

Cost: -0- N/A

Study Objectives: [illegible] fat emulsions alter plasma fibronectin l[illegible] cause of fibronectin changes if they do occur, whether soybean-based and safflower-based [illegible] effects on fibronectin levels, and to determine [illegible] other plasma proteins that have been used as [illegible] altered by intravenous fat emulsions.

Technical Approach: Seven patients who [illegible] already had intravenous fat emulsion infusions will receive either Soyacal or Liposyn (10 in each group). Prior to infusion, approximately 3 cc of venous blood will be taken for fibronectin, serum albumin, and transferrin assay by routine laboratory procedures. After one and six hours of fat emulsion infusion, aliquots of 3 cc of blood will be taken for fibronectin assay, and after 12 hours, samples will be taken for fibronectin, albumin, and transferrin levels. A kinetic turbidometric immunoassay will be used to measure plasma fibronectin. Nutritional status of the patients and prescribed medications will be recorded for review at the time of interpretation of the data.

Progress: Six patients were enrolled in the study. Plasma fibronectin levels were 261.9 ± 40.1 µg/ml (mean ± s.d.). One hour after infusion was started, levels were 273.3 ± 34.0 µg/ml (not significantly [illegible] from pre-infusion levels). Values at 6 and 24 hours were [illegible]. It does not appear that intravenous fat emulsion infusion reduces plasma fibronectin levels.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/42	Status: Completed
Title: The Effects of the Shaw Scalpel on Wound Healing		
Start Date: 16 Mar 84	Est Completion Date: Apr 84	
Dept/Svc: Surgery/Otolaryngology		Facility: MAMC
Principal Investigator: CPT Milton B. Ellis, MC		
Associate Investigators: COL William H. Gernon, MC		
MAJ Stanley P. Liebenberg, VC	Alvin Novack, M.D.	
CPT Steve Koopmeiners, MC	James Wells, M.D.	
Key Words: temperature, Shaw scalpel, skin incisions		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $838.00	Periodic Review: Nov 85 - Continue

Study Objective: To document how different temperatures of the heated (Shaw) scalpel affect canine and porcine skin incisions and to examine and compare wound breaking strength and histology.

Technical Approach: Six adult mongrel dogs and six weanling piglets will be used. The six dogs will be studied first to perfect techniques. The information obtained from the piglet work will be most representative of the effects of the Shaw scalpel on human skin because porcine and human skin have been shown to correlate closely histologically.

The backs of the animals will be shaved, surgically prepped, and two sets of 5 cm paramedian incisions will be made through the back skin using a #10 Bard-Parker scalpel blade, the Shaw scalpel at 88°C, and the Shaw scalpel at 119°C for a total of six incisions on each animal. The incisions will be closed with standard surgical staples to provide carefully controlled closures. The animals will be cared for in a routine and uniform manner. The animals' condition and the characteristics of their incisions will be monitored daily. The incisions will be photographed at regular intervals. Two animals of each species will have excisions of all skin incisions at 7, 14, and 21 days post-operatively. These new skin incisions will receive primary closure with a nonabsorbable suture material placed in an interrupted pattern. One set of incisions will be examined histologically and the other functionally. Those to be examined for function will have the wound breaking strength determined by a calibrated tensionmeter.

Progress: The analysis of data has been completed and a manuscript is in preparation.

[illegible] ry Sheet

Date: 30 Sep 86 | Status: On-going

Title: Synov[illegible] opy in Patients with [illegible]

Start Date: [illegible] | Completion Date: May 86

Dept/Svc: Surgery [illegible] | Facility: MAMC

Principal Investigator: [illegible]

Associate Investigators:

COL Richard A. [illegible], MSC

COL Thomas J. [illegible], MSC

Key Words: synovi[illegible]

Accumulative [illegible] | Periodic Review:

Cost: -0- | Nov 85 - Continue

Study Objectives: [illegible] characteristics and composition of the [illegible] undergoing arthroscopic surgery of the [illegible] and to assess the level/amount [illegible] and swelling.

Technical Approach: [illegible] arthroscopy will have an initial evaluation [illegible] questionnaire completed by the subject [illegible] include injury, duration, preoperative NSAID [illegible], activity level, allergies, history of prior [illegible] operation, level of pain, swelling/effusion, range [illegible] symptoms, and existing disease. An initial [illegible] sample will be obtained to evaluate WBC [illegible], glucose, protein, lactic acid, pH, and fibrin solubility [illegible]. Findings with respect to cartilage, menisci, ligaments, [illegible] (PVS), synovium, and loose bodies will be noted [illegible] treated in the usual post-arthroscopic manner. Five to seven days after arthroscopy, a second synovial fluid sample will be obtained and evaluated in the same manner as the initial [illegible]. If a significant synovial effusion is present, pain level, swelling/effusion, range of motion, and strength will be evaluated in all subjects. At 6 weeks, the pain level, swelling/effusion, range of motion, strength and any measured [illegible] will be assessed and a notation of when the patient returned to [illegible] activity level will be recorded. Data analysis will [illegible] post-operative fluid data and paired values [illegible], [illegible] variables correlation, and intraoperative [illegible] comparison.

Progress: Approximately [illegible] initial specimens submitted, only 4 having [illegible] post-op, warranting a second specimen. There [illegible] correlation between certain types of knee problems [illegible] gathered from the analysis. A major [illegible] less than 50% return on viscosity specimens [illegible]. More patients will be entered when the logistics of running the viscosity specimens has been worked out. Preliminary results have been rewarding and a paper will be presented at the 1986 Annual Meeting of the Society of Military Orthopaedic Surgeons.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/50	Status: Terminated

Title: The Effect of Nonsteroidal Anti-inflammatory Agents on Synovial Fluid Following Arthroscopy

Start Date: 19 Apr 85	Estimated Completion Date: May 86	
Dept/Svc: Surgery/Orthopedics		Facility: MAMC
Principal Investigator: CPT Joseph M. Erpelding, MC		
Associate Investigators: COL Richard A. Camp, MC COL Thomas J. Parr, MC		
Key Words: synovial fluid, arthroscopy, nonsteroidal agents		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $400.00	Periodic Review: Feb 86 - Continue

Study Objective: To determine the effect of non-steroidal anti-inflammatory agents on the synovial fluid composition and properties.

Technical Approach: Patients (50) scheduled for arthroscopy will have an initial evaluation using a preoperative questionnaire completed by the subject and the arthroscopist, to include injury, duration, preoperative NSAID's, age of patient, activity level, allergies, history of previous injury or operation, level of pain, swelling/effusion, range of motion, strength, symptoms, and existing disease. An intraoperative synovial fluid sample will be obtained to evaluate WBC and differential, glucose, lactic acid, pH, hyaluronic acid level, FSP, viscosity, and boundary lubrication. Findings with respect to cartilage, menisci, ligaments (including EUA), synovium, and loose bodies will be noted. Subjects will be treated in the usual post-operative manner. The group will also be randomly treated with either a pure analgesic (Tylenol 10 gr) or an analgesic and anti-inflammatory agent (Ibuprofen 600 mg) 4 times a day for 4 weeks. At day 7-10, a second synovial fluid sample will be obtained (if a significant effusion is present) and evaluated in the same manner as the intraoperative sample. Pain levels, swelling/effusion, range of motion and strength will be evaluated, and the patient will fill out a questionnaire. At 6 weeks, the pain level, swelling/effusion, range of motion, strength and any measurable atrophy will be assessed and when the patient returned to his/her normal activity level will be recorded. Assessment of changes will be accomplished by comparison of fluid aspirated at the time of arthroscopy and fluid aspirated (if a significant effusion exists) at a fixed time postoperatively. The results will be analyzed for any statistically significant clustering of variables and/or correlations with respect to both subjective and objective assessments, synovial fluid findings, disease state, rate and degree of recovery, and preoperative variables (with matching).

Progress: This protocol was terminated due to the inability to double-blind the study.

Data Sheet

Date: 30 Sep

Status: On-going

Title: A [illegible] Shielding in [illegible] Patients

Start Date: Sep

Date: May 87

Dept/Svc: [illegible]

Facility: MAMC

Principal [illegible]

Associate [illegible]

Key Words: [illegible] testicular shielding

Accumulation [illegible]

Periodic Review:

Cost: -0-

Study Objectives: [illegible] effect on testicular function [illegible] during the radiation treatment [illegible].

Technical Approach: [illegible] patients >18 years will be randomized [illegible] a lead gonadal shield during radiation therapy [illegible] shield during the therapy. Patients with [illegible] therapy will be excluded. Prior to entry [illegible] basal FSH, LH, testosterone, TeBG, prolactin, [illegible]. An LHRH stimulation test will be done with [illegible] drawn. Blood will again be drawn during [illegible] at 1 and 12 weeks post-therapy for [illegible] comparison of group results will be [illegible] statistical methodology.

Progress: This [illegible] has not been started.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/50	Status: On-going

Title: Ultrasonic Imaging of Veins Throughout Pregnancy and Early Post-Partum

Start Date: Mar 86	Est Completion Date: Sep 88
Dept/Svc: Surgery/Vascular Surgery	Facility: MAMC
Principal Investigator:	Nancy N. Greenfield, R.N., M.S., DAC
Associate Investigators:	COL William L. Benson, MC Linda K. Bickerstaff, M.D., DAC
Key Words:	DVT, pregnancy, early post-partum, ultrasound

Accumulative MEDCASE Cost: $16,990.00	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To map out changes occuring in the veins throughout normal pregnancy and identify patients at risk for or having deep venous thrombosis (DVT).

Technical Approach: Thirty patients aged 18-30, assumed to have a normal uncomplicated pregnancy with no history of DVT or a complicated pregnancy in the past, will be studied. Fifteen patients will be first pregnancy and 15 patients will be in a second or more pregnancy. Ultrasonic imaging of the deep venous system from the common femoral vein distal as far as can be imaged (attempt will be made to image the calf vessels) will be done. Recording of the images will be made on video. These studies will be done serially at 3, 6, 7, 8, and 9 months and again 6 weeks post-partum.

Progress: The imager has not yet been received that is necessary to implement the study. Money has been designated and the imager is expected to be purchased within the next six months.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/21	Status: On-going

Title: Advanced Trauma Life Support Course
Start Date: 15 Jan 85 Completion Date: Indefinite
Dept/Svc: Surgery/General Facility: MAMC
Principal Investigator: COL Stanley C. Harris, MC
Associate Investigator: MAJ Leslie W. Yarbrough, VC
Key Words: residents, venous cutdown, cricothyroidotomy, tube thoracostomy, peritoneal lavage, pericardiocentesis, goat model

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1600.00	Periodic Review: Nov 85 - Continue

Study Objective: To provide training to general surgery, emergency medicine, and family practice residents and specifically to teach proper management of the initial one hour after major trauma.

Technical Approach: During a laboratory session involving goat surgery, each student in the group will be directly involved in a hands-on performance of a venous cutdown, a cricothyroidotomy, a tube thoracostomy, peritoneal lavage, and pericardiocentesis. This course will be conducted 3-4 times/year at MAMC.

Progress: Four ATLS courses were presented with approximately 16 students per class.

Detail Summary Sheet

Date: 30 Sep 86 | Protocol No.: 84/35 | Status: Terminated

Title: Scrotal Blood Flow Following Shouldice Herniorrhaphy

Start Date: 17 Feb 84 | Est Completion Date: Feb 85

Dept/Svc: Surgery/Urology | Facility: MAMC

Principal Investigator: CPT Mark Ludvigson, MC

Associate Investigators:

COL Stanton Brown, MC
COL Alfred S. Buck, MC
MAJ Eddie Reddick, MC
CPT Rodney Davis MC

Key Words: shouldice herniorrhaphy, scrotal, blood flow

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Nov 85 - Continue

Study Objective: To determine the normal scrotal blood flow following inguinal herniorrhaphy in the adult male.

Technical Approach: Patients undergoing routine inguinal herniorrhaphy will be asked to participate in the study. Scrotal scans will be done within 3 days of surgery. One day postoperatively the patient will be re-scanned. If the scan is found to be abnormal, an additional scan will be done at the two week follow-up visit.

Nuclear Medicine Service personnel will interpret the scans without a clinical history in order to blind the interpreter.

Each member of the General Surgery Team will be given postoperative criteria to evaluate the patients. The criteria will include presence or absence of scrotal swelling, hematoma, and ecchymosis. The swelling will be graded 1+ (minimal), 2+ (moderate = 2 x NL), or 3+ (severe with tense testicle and tenderness). The pain will be graded 1+ (minimal requiring no medications for pain), 2+ (moderate p.o. pain medication) or 3+ (severe requiring IV or IM pain medications).

Clinical and nuclear scan data will be compared using X^2 analysis.

After 25 patients have been studied, the data will be evaluated to determine if more patients need to be studied for statistical purposes.

Progress: CPT Mark Ludvigson became the principal investigator on this protocol in November 1985 due to the departure of CPT Davis. The study was terminated in September 1986 due to the departure of CPT Ludvigson and the inability to accrue patients on the study.

Detail Summary Sheet

Date: 30 Sep 86 | Protocol No.: 79764 | Status: On-going

Title: Implantation of Intraocular Lenses

Start Date: 16 Mar 79 | Est Completion Date: Indefinite

Dept/Svc: Surgery/Ophthalmology | Facility: MAMC

Principal Investigator: LTC Thomas H. Mader, MC

Associate Investigators:

COL Stanley C. Allison, MC
COL Stanley C. Sollie, MC
LTC John C. Goodin, MC
LTC Christopher G. Kratz, MC
MAJ Bruce D. Bellin, MC
MAJ Kevin J. Chismire, MC
MAJ Leslie P. Fox, MC
MAJ Paul H. Ryan, MC
MAJ Lawrence J. White, MC
CPT Lawrence E. Hannon, MC

Key Words: intraocular lenses, implantation

Accumulative MEDCASE Cost: -0- | Est Accumulative Cost: $200.00 | Periodic Review: Nov 85 - Continue

Study Objective: To become proficient in intraocular lens implantation and to gain investigational status with FDA requirements, in order to provide a new technique in ophthalmic surgical care for our patients.

Technical Approach:

1. Obtain appropriate instruments to accomplish the procedure.

2. Obtain research investigator status with companies that have FDA approval to supply the lenses.

3. Implant lenses in 10 rabbits as a training experience for surgical nurses and assistants in this procedure.

4. Implant lenses in appropriately selected patients in order to provide visual rehabilitation.

5. To eventually establish this as a routine procedure in the military medical armamentarium of ophthalmic care.

Progress: Approximately 25 lenses were implanted in FY 86 with no adverse reactions. IOL's have withstood the test of time and most are now considered safe for most patients. Most IOL's are no longer considered investigational. However, the protocol will remain open in order to implant isolated lenses that are still investigational.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/51	Status: On-going

Title: The Transconjunctival Oxygen Monitoring System as a Predictor of Carotid Stenosis

Start Date: 19 Apr 85	Estimated Completion Date: Jun 85
Dept/Svc: Surgery/Ophthalmology	Facility: MAMC
Principal Investigator: LTC Thomas H. Mader, MC	
Associate Investigators: CPT Karl Friedl, MS Linda Bickerstaff, M.D., DAC	
Key Words: carotid arteriograms, carotid stenosis, normals	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $650.00	Periodic Review: Nov 85 - Continue

Study Objective: To determine if the transconjunctival oxygen measuring device can predict carotid patency.

Technical Approach: Ten (10) conjunctival eyelid oxygen sensors will be purchased from the Orange Medical Instruments Company. The Eyelid Oxygen Monitor will then be leased for the price of the sensors. This equipment constitutes a functional oxygen measuring system.

Twenty patients (selected by MS Bickerstaff) will have had carotid arteriograms as a part of standard patient care. Approximately half will have various degrees of documented carotid stenosis and half will be normals. Without prior knowledge of carotid artery patency, the transconjunctival oxygen monitoring system will be placed bilaterally in the conjunctival sacs. The conjunctival oxygen tension will then be measured and recorded. The data obtained will be compared to the known carotid arteriogram information and conclusions drawn. Drs. Mader and Friedl will do the monitoring and will be blinded as to the results of the arteriogram.

Progress: Approximately 12 subjects were entered in FY 86 for an approximate total of 32. The investigators are examining the data at this time.

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 85/86 Status: Completed

Title: Intraocular Lenses in Pilots. A Review of the U.S. Army Experience

Start Date: 23 Aug 85 Est Completion Date: Jun 86

Dept/Svc: Surgery/Ophthalmology Facility: MAMC

Principal Investigator: LTC Thomas B. Mader, MC

Associate Investigators: MAJ William D. Carey, MC
MAJ William Wilson, MC
CPT Karl Priedl, MS

Key Words: intraocular lenses, pilots, questionnaire, examination

Accumulative MEDCASE Cost: -0- | Est Accumulative OMA Cost: -0- | Periodic Review: N/A

Study Objective: To note any abnormalities in personnel now on flight status who have had cataract extractions with intraocular lens implants; to obtain responses to a detailed questionnaire regarding the pilots' experiences with the lens implants; to summarize and examine the above data, looking for any consistent findings.

Technical Approach: Doctors Carey and Wilson at Ft Rucker will review the aeromedical files and identify the aviators who have had intraocular lens implants. The aviators' duty stations will be noted. Each pilot's flight surgeon will be notified and informed of the study intentions who will arange an appointment for the aviators to be examined by an Army ophthalmologist.

The study will consist of two parts and will be done in the office of the ophthalmologist. Part I will consist of a detailed questionnaire to be filled out by the pilot. Part II will be the eye exam given by the ophthalmologist.

Progress: Eight subjects were studied. All had returned to flight duty and were very pleased with the surgery and the effectivenss of the lenses. Minor problems included halos around lights in low illumination, [illegible]opia, and difficulties with a fixed focal length. Two aviators reports significant visual problems: complications associated with a platinum loop iris supported intraocular lens and discomfort and glare stemming from traumatic corneal scarring. A detailed ophthalmological examination revealed abnormalities in 5 of 8 pilots but none which could be directly attributed to flying. Modern intraocular lenses appear to be an acceptable means of correcting aphakia in Army aviators. A paper has been submitted for consideration for publication.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/01	Status: Completed

Title: Transconjunctival Oxygen Tension in an Altitude Chamber

Start Date: 18 Oct 85	Est Completion Date: Jan 86	
Dept/Svc: Surgery/Ophthalmology		Facility: MAMC
Principal Investigator: LTC Thomas H. Mader, MC		
Associate Investigators:		
MAJ Lawrence C. Mohr, MC	SP6 Dave Campbell	
CPT Karl Friedl, MS	SP4 George Camacho	
Key Words: Oxygen tension, transconjunctival, altitude chamber		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $100.00	Periodic Review: N/A

Study Objective: To study the changes in transconjunctival oxygen tension brought about by exposing subjects to increasing altitude with the use of an altitude chamber.

Technical Approach: The altitude chamber at Fort Rucker, AL, will be used and established regulations will be strictly adhered to. Ten healthy volunteers 18-40 years of age will be studied. Two researchers and a chamber qualified medic will be in the altitude chamber to observe the patients and obtain data. The volunteers will be breathing ambient chamber oxygen. At sea level, the conjunctival oxygen monitor will be inserted into the conjunctival sac of the volunteer. Following a 10 minute equilibrium time, conjunctival oxygen readings will be taken every minute for 15 minutes. Thereafter, using the altitude chamber protocol, the chamber elevation will be increased at a rate of 2,000 feet per minute. The chamber elevation will be leveled off at 6,000, 10,000, and 14,000 feet. At these elevations the conjunctival oxygen will be taken every minute for 15 minutes. Thereafter, the volunteers will be returned to sea level and followed until the oxygen tension equilibrates to the sea level value. At the end of each sampling period, blood pressures, heart rates, respiratory rates, minute ventilation, transcutaneous oxygen, and earlobe oxygen saturation will be measured. Hemoglobin will be measured on the ear oximeter prior to entrance into the altitude chamber and at other sampling periods. Only persons with normal hemoglobins will be tested. The collected transconjunctival oxygen measurements will be compared to the predicted values of oxygen partial pressure and the relative changes between altitudes will be compared by one way ANOVA. Other measurements will be compared to transconjunctival oxygen measurements by simple univariate analysis (principally correlations).

Progress: A comparison between $PcjO_2$ and transcutaneous oxygen tension suggests that greater precision and sensitivity are obtained with measurement of oxygen tension at the conjunctival site. $PcjO_2$ measurement is a non-invasive reflection of PaO_2 which is suitable for continuous monitoring during hypoxia studies. A paper derived from this study has been accepted for publication.

Detail Summary Sheet

Date: 30 Sep 86 Protocol [illegible] 86729 Status: On-going

Title: The Clinical Study of Intraocular Lens Implant and the Use of Viscoat®, [illegible]

Start Date: 17 Jan 86 [illegible] Completion Date: Jan 88

Dept/Svc: Surgery/Ophthalmology Facility: MAMC

Principal Investigator: [illegible] M. Mader, MC

Associate Investigators: [illegible] Claire, MC
[illegible], MC
[illegible], MC

Key Words: IOL, Viscoat, [illegible] effects, other surgeries

Accumulative MEDCASH Cost: -0- Accumulative MA Cost: -0- Periodic Review: N/A

Study Objective: To collect [illegible] reports of potential adverse reactions or complications which may have been undetected in a pilot study with a smaller [illegible] population and to evaluate certain indications in [illegible] transplant surgery, retinal detachment surgery, [illegible] ering surgery, and other more specific procedures.

Technical Approach: Viscoat is a sterile non-pyrogenic, viscoelastic solution used to maintain anterior chamber depth which exhibits IOL coating properties and effectively protects the ocular tissue as shown in Phase I of this study of 200 consecutive patients. In Phase II, additional investigators will be added to the study and non-consecutive patients will be used to provide a sufficient number of patients in certain surgical procedure categories, such as corneal transplant, glaucoma surgery, and retinal detachment. The preoperative condition of each patient will be recorded with particular reference to corneal abnormalities, previous anterior segment disease, and intraocular pressure level. Intraoperative conditions will be evaluated with regard to the ocular status before Viscoat is injected. Viscoat will be introduced and the amount introduced and the amount aspirated from the eye will be recorded along with the effectiveness in facilitating anterior segment surgery. At 1-3 days postoperatively the corneal appearance, anterior segment inflammation (iritis), and intraocular pressure level will be examined and recorded. In order to monitor the safety of Viscoat, a table will be developed that summarizes the occurrence of both adverse reactions and postoperative complications.

Progress: Approximately 50 patients have been treated with Viscoat with no adverse reactions.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/58	Status: Terminated

Title: The Effects of "G" Forces on Conjunctival Oxygen Tension

Start Date: 18 Apr 86 Est Completion Date: Dec 86

Dept/Svc: Surgery/Ophthalmology Facility: MAMC

Principal Investigator: LTC Thomas M. Mader, MC

Associate Investigators: CPT Karl E. Friedl, MS
James E. Whinner, Ph.D., M.D.

Key Words: conjunctival oxygen tension, G forces

Accumulative MEDCASE Cost: -0	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To study the change in conjunctival oxygen tension brought about by exposing subjects to increasing "G" forces.

Technical Approach: Ten subjects ages 18-35 who routinely participate in acceleration testing will be studied. Subjects will be exposed to a predetermined acceleration level for either a known time period or exhaustion, unless a predetermined visual endpoint (complete loss of peripheral vision or >50% loss of central vision) or loss of consciousness occurs. The acceleration exposure will be one of three run types: rapid onset runs, gradual onset runs, and simulated aerial combat maneuvering profiles. Subjects will wear an anti-G suit and will have successful completed a performance of protection straining maneuvers. Audio and video contact with the subject will be maintained at all times. A conjunctival oxygen monitor will be inserted into the conjunctival fornices of one eye and measurements recorded by means of a continuously recording graphic output. Other noninvasive instrumentation (such as ear oximeters, doppler blood flow sensors, strain sensors, etc.) may be used during routine acceleration runs. The subjects will be required to verbally indicate visual responses during a run as measured by decrease or loss of peripheral and central vision. Electorcardiographic response will be measured routinely. A videotape record will be made during each run. Standard emergency procedures will be followed for all unusual situations occurring or suspected during human exposures to increased +G stress. Equipment malfunctions will lead to termination of the experimental run. The subject can elect to stop the run at any time using a positive pressure switch which must be depressed in order for the centrifuge to remain in operation. All subjects will be monitored by a qualified physician during all runs. The conjunctival oxygen measurements will be compared against the subjective data to determine whether or not the conjunctival measurements are predictive of symptoms, incuding vision blackout and loss of consciousness. Regressions will be performed aginst heart rate and blood pressure.

Progress: Preliminary tests of the eyelid oxygen monitor determined that the device was not sensitive enough to sufficiently monitor the conjunctival oxygen tension.

Detail Summary Sheet

Date: 30 Sep 86 Status: On-going

Title: Sinusitis [illegible] in the Nasal Cavity and Its Relation [illegible] Severely Ill Patient

Start Date: 20 Jan 84 Completion Date: Jan 85

Dept/Svc: Surgery Facility: MAMC

Principal Investigator: [illegible]

Associate Investigator: [illegible]

Key Words: sinusitis, nasal cavity

Accumulative MEDCASE: Periodic Review:

Cost: -0- Nov 85 -- Continue

Study Objective: To evaluate sinusitis in severely ill patients with nasotracheal intubation tubes in place; to define which sinuses are involved in these cases; to determine which organisms are present; to determine whether CT examination provides earlier diagnosis than conventional x-ray techniques; to determine the correlation between radiographic evidence of sinusitis and clinical evidence of sinusitis.

Technical Approach: All patients with nasotracheal intubation tubes in place for [illegible] will be evaluated as follows: physical exam of the [illegible] plain x-ray films and CT exam of the paranasal sinuses. If the plain films or the CT scan demonstrates no sinus opacification, x-ray films (plain films and CT films) will be obtained every [illegible] days while the nasotracheal tube remains in place. If the films or CT scan demonstrate opacification of the maxillary sinuses, antral punctures will be performed for aerobic and anaerobic cultures. If the plain film or CT scan demonstrates opacification of the ethmoid or sphenoid sinuses, attempts will be made to obtain bedside sinus cultures. When the patient's [illegible] such that an extended intubation is anticipated [illegible] to placement of a tracheostomy [illegible] ethmoid sinuses will be concurrently [illegible] patient with a nasotracheal tube [illegible] and no obvious source other than [illegible] identified, the patient will undergo [illegible] involved sinuses in the main operating [illegible] at that time.

Progress: No patients [illegible] study in FY 86 due to the departure [illegible] investigator. LTC Moore took over this protocol [illegible] to keep it open since all the original [illegible] MAMC. A new principle and new [illegible] appointed when more residents or staff [illegible] to the service who are interested in [illegible] study.

Detail Summary Sheet

Date: 30 Sep 86 | Protocol No.: 85/66 | Status: Completed

Title: A Hemodynamic Comparison of Protamine Reversal of Bovine Lung vs Porcine Intestinal Mucosal Heparin in Vascular Surgical Patients

Start Date: 24 May 85 | Estimated Completion Date: Aug 85

Department/Service: Surgery/General | Facility: MAMC

Principal Investigator: CPT Mark Nyreen, MC

Associate Investigators:
COL Charles Andersen, MC
CPT Robert Martindale, MC
CPT Mark F. Flanery, MC
Linda Bickerstaff, M.D., DAC

Key Words: porcine and bovine heparin, protamine reversal, vascular surgery

Accumulative MEDCASE Cost: -0-

Est Accumulative OMA Cost: $3748.00

Periodic Review: Nov 85 - Continue

Study Objective: To determine whether bovine lung or porcine intestinal mucosal heparin causes the least hemodynamic changes in the clinical setting.

Technical Approach: In an attempt to eliminate changes in hemodynamics secondary to fluid shifts and to eliminate unclamping a a major vessel at approximately the same time as heparin administration, patients having carotid endarterectomies alone will be studied. An intraoperative pulmonary artery catheter will be placed as well as the arterial catheter routinely used for these procedures. Patients needing emergency vascular procedures will be excluded. Pre-op evaluation of patients will be no different than that used clinically. Subjects will be assigned to heparinization with bovine lung heparin or porcine intestinal mucosal heparin (10 in each group). A protamine only control will not be included due to the ethical considerations of giving patients a drug that is not indicated other than for the study. Pre-drug parameters measured will be arterial BP, PTT, PAP, HR, CO by thermodilution, CVP, PCN, age, sex, weight, height, and BSA. Filling pressures will be maintained constant insofar as possible. Measurements will be recorded: prior to heparin injection; 10 minutes after heparin bolus; 1, 2.5, 5 and 15 minutes after protamine reversal. Heparin doses will be calculated, drawn up, then diluted to 20 ml with normal saline and injected at a rate of 1 ml/second so each patient will have the same volume infused. Blood loss will be recorded to assure no significant differences. Protamine will be diluted in the same manner and given at a rate of 0.1 mg/kg/minute. Data will be analyzed by Student's t test.

Progress: Six patients were entered in the study. No significant differeces were seen at the dosages utilized.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/65	Status: On-going

Title: Biologic Ingrowth Total Hip Replacement

Start Date: 24 May 85	Estimated Completion Date: Jul 89
Dept/Svc: Surgery/Orthopedics	Facility: MAMC
Principal Investigator: COL Thomas J. Parr, MC	
Associate Investigators: MAJ Jonathan P. Bacon, MC	
Key Words: hip replacement, biologic ingrowth, non-cemented	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Nov 85 - Continue

Study Objective: To evaluate the use of a new total hip prosthesis undergoing FDA evaluation for approval as an uncemented device.

Technical Approach: Patients (50-60) $\geq$ 21 years of age will be entered into the study at each of approximately 15 clinical centers. The patient's age, weight, general medical condition and history, extent of injury, expected activity level, and mental alertness will be given full consideration before surgical intervention. Contraindications to use of the device are overt infection, inadequate neuromuscular status, poor prognosis for good wound healing, marked bone loss or osteoporosis, and revision procedures for which an adequate press fit of the prosthesis cannot be achieved. The surgeon must evaluate each patient and document these evaluations preoperatively, at surgery, and at 1,3,6,12,18, and 24 months. Pre-operative patient assessment includes routine blood work and radiography. The surgery will be carried out per standard SOP for hip replacement surgery. In order to assess boneprothesis contact, AP and lateral radiographs will be made to profile the undersurface of the femoral collar. These same radiographs will be made at the 1, 3, 6, 12, 18, and 24 month evaluations. Evaluation of the device will be based on the incidence and severity of complications. The results will be presented according to a number of baseline and operative factors (e.g., primary diagnosis, age, sex, bone quality, operative complications) to determine if there are particular subgroups of the target population at high risk for certain complications. The incidence of complications will be compared to published results on follow-up of patients with cemented and non-cemented protheses to determine if the risk of complications is equivalent to the published results. The Harris Hip Score and the Charnley Modified D'Aubigne Scale will be used to evaluate the effectiveness of the device.

Progress: Twenty-six patients have received the total hip replacement at MAMC. One patient had an upper GI bleed and one patient had a deep venous thrombosis and pulmonary embolus which were successfully treated. At a recent meeting of all clinical investigators in this program, the one year results indicate 90% good to excellent results with less than 6% poor or failing results, which compares quite favorably with one year results of standard cemented total hip replacements. The failures were all related to technical errors. No patient in the MAMC program is currently listed as a failure.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/95	Status: On-going

Title: Youth Soccer Injuries in a Training Camp

Start Date: 19 Sep 86	Est Completion Date: Jan 87	
Dept/Svc: Surgery/ Orthopaedics		Facility: MAMC
Principal Investigator: COL Thomas J. Parr, MC		
Associate Investigators: Nathan J. Smith, M.D. Douglas D. Backous, B.S.		
Key Words: soccer, youth, injuries, training camp		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To document sports injuries and health problems among young soccer players attending a professionally run soccer camp. To test the hypothesis that soccer is a safe sport for young athletes and to identify factors which may lead to an increased risk of injury.

Technical Approach: This is a retrospective study of routine data collected by physicians during a training camp for young soccer players. The camp consisted of seven one week sessions. Since maturation varies between individuals of the same chronological ages, the maturation level was assessed in male and female participants by measuring grip strength with a hand dynamometer. Health records for each attendee were screened for previous injuries and health problems prior to camp. Age, sex, height, and wieght will be taken from the camp registry. Skill level assessment was done routinely by the coaches. A registered athletic trainer diagnosed and recorded injuries. Two physicians made bi-weekly visits to further verify diagnoses.

Progress: This is a new study and has not been started.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/75	Status: Completed
Title: Ultrasonic Localization of Internal Fixation Devices Within Connective Tissues		
Start Date: 16 Sep 83	Est Completion Date: Sep 84	
Dept/Svc: Surgery/Orthopedics		Facility: MAMC
Principal Investigator:	CPT Davis C. Peterson, MC	
Associate Investigators:	COL Thomas J. Parr, MC MAJ William Fill, MC MAJ Stanley P. Liebenberg, VC	
Key Words: fixation devices, connective tissues, ultrasonic		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $400.00	Periodic Review: Nov 85 - Continue

Study Objective: To determine the feasibility of A-mode ultrasonography in determining the extent of hardware penetration during internal fixation procedures.

Technical Approach: PHASE I: A 3.5 mHz ultrasonic transducer with a rapid sweep oscilloscope monitor will be coupled through a glycerin contact with a machined 5/32" diameter stainless steel Steinman pin with 90°± 2 min faces via a machined brass jig incorporating an air chamber to minimize noise as well as shear wave interference in the near field and a 90° centered contact with respect to the transducer face. The exact length will allow calculation of the sound conduction velocity by measuring the time delay from initial to the reflected wave from the distal face. The reflected wave form characteristics will also be determined. The initial phase will be conducted in air and fluid media. A stainless steel reflector plate will then be positioned at 1 mm increments from the pin tip in a saline bath to determine the effect of acoustic impedance and beam attenuation on the reflected waveform. An attenuation coefficient will be determined as a reference for tissue comparison. Connective tissue samples will then be interposed to again determine the wave patterns and attenuation coefficients. If the bone/metal acoustic impedance interface difference is too great to allow resolution of reflected waves from bone media through stainless steel, metals such as vitallium and titanium with density and elastic moduli nearer that bone will be used. PHASE II: Phase I will be repeated using machined pins with 45° tetrahedral tips and 90° faces with precise length measurements with the intent of maximizing the amplitude of the reflected wave and minimizing base width in a cutting tip. PHASE III: Clinical feasibility will be determined by using previously designed and tested hardware in an articular tissue block stratified with perpendicular planes of cancellous bone, subchondral bone, and articular cartilage. Correlation of the strata level by direct mapping of a cross section will be compared with depth measurement determined directly from a machined nylon core guide. Patterns of reflection will be recorded in the previous manner with progressive advancement of the pin to correlate wave form with level of penetration.

Progress: The study has been completed. A paper was submitted for consideration for publication, but was withdrawn because of criticism of the methods.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/47	Status: Completed

Title: The Effect of Staged Hormonal Manipulation (Orchiectomy) on Survival of Nude Mice Inoculated with Human Prostate Carcinoma

Start Date: 15 Mar 85	Estimated Completion Date: Jun 85
Dept/Svc: Surgery/Urology	Facility: MAMC
Principal Investigator: CPT Thomas Rozanski, MC	
Associate Investigators:	
COL William D. Belville, MC	COL Stephen R. Plymate, MC
COL Victor J. Kiesling, Jr, MC	Stephen Loop, M.S.
Key Words: orchiectomy, human carcinoma, mice, survival time	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Nov 85 - Continue

Study Objective: To determine if staged hormonal manipulation at varius periods after cancer cell inoculation will alter the life span of nude mice inoculated with human prostatic carcinoma.

Technical Approach: Seventy mice will be randomized into seven study groups:

(a) Ten mice will undergo orchiectomy. Blood will be taken from the tail vein and placed in a heparinized tube for determination of serum testosterone, LH, and FSH levels. These levels will be assayed prior to orchiectomy and on days #5 and #15 postorchiectomy.
(b) Ten mice will be inoculated with 5 million cancer cells
(c) Ten as in (b) plus orchiectomy on day #5 postinoculation
(d) Ten as in (b) plus orchiectomy on day #10 postinoculation
(e) Ten mice will be inoculated with 15 million cancer cells
(f) Ten as in (e) plus orchiectomy on day #5 postinoculation
(g) Ten as in (e) plus orchiectomy on day #10 postinoculation

Mice will be done 2-4 from each group per experiment in order to account for seasonal and other variations. Serum testosterone, FSH, and LH levels will be compared pre- and post-orchiectomy in Group A. End point of experiment in Groups B through F will be death, to evaluate any effect of orchiectomy on survival. If the animal responds to orchiectomy, an addendum will be submitted to include more in-depth studies. Life table analysis will be used in order to follow the data over a period of time to mortality.

Progress: The study has been completed. Orchiectomy resulted in marked suppression (50%) of tumor growth. Initial work with combined orchiectomy and GNRh agonists revealed that in those mice that did show a response to hormonal therapy, the mice treated with both modalities have a markedly greater amount of tumor growth suppression. Further work with combined hormonal therapy is planned under a new protocol that has just been approved by the IRB. A paper was presented at the Kimbrough Urological Meeting, November 1985, and won first prize for best resident research.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/43	Status: On-going

Title: Nitrofurantoin and Pediatric Pulmonary Function

Start Date: 21 Mar 86	Est Completion Date: Mar 87
Dept/Svc: Surgery/Urology	Facility: MAMC
Principal Investigator:	CPT Thomas A. Rozanski, MC
Associate Investigators:	COL William D. Belville, MC
	COL Victor J. Kiesling, MC
	COL William A. Madden, MC
	CPT Russell R. Moores, MC

Key Words: pulmonary function, pediataric, nitrofurantoin

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $15.00	Periodic Review: N/A

Study Objective: To evaluate the effect of nitrofurantoin on pediatric pulmonay function.

Technical Approach: Children, ages 6 to 16, presenting with an uncomplicated lower urinary tract infection will be treated with nitrofurantoin, when indicated, and evaluated in a prospective fashion using pulmonary function tests before and after therapy. Patients on both short and long term therapy will be evaluated. Nitrofurantoin therapy will be given 5-7 mg/kg q.i.d for 10 days. All childrern will be evaluated initially with a urinalysis, urine culture, and PFT's. Patients will be seen in follow up in 12 to 14 days and the studies will be repeated A final assessment with urine culture and PFT's will be done one month after treatment.

All patients will undergo routine urologic evaluation. Any child requiring long term suppressive therapy will be evaluated every other month with urine culture and PFT's.

Progress: No patients have been entered on this study due to multiple changes required on the consent form.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/100	Status: On-going

Title: Effects of Androgen Depletion on Human Prostate Tumor Cell Growth in the Athymic Balb/c Mouse

Start Date: Sep 86	Est Completion Date: Sep 87
Dept/Svc: Surgery/Urology	Facility: MAMC
Principal Investigator:	CPT Thomas A. Rozanski, MC
Associate Investigators:	COL William D. Belville, MC COL Stephen R. Plymate, MC Richard Ostenson, M.D. Stephen Loop, M.S.
Key Words: prostate tumor, androgen depletion, cell growth, mouse	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $7021.00
	Periodic Review: N/A

Study Objective: To study the effects of androgen depletion on prostate tumor growth using the athymic Balb/c mouse and human prostate tumor cell line ALVA 31 as the model.

Technical Approach: Surgical castration will be performed under light halothane anesthesia with aseptic technique. GRH will be used in doses of 25 to 100 micrograms and administered as daily intraperitoneal injections or slow-release microcapsules will be injected subcutaneously. Flutamide will be administered intraperitonealy on a daily basis. Varying doses will be used to determine optimal effect. Four million tumor cells will be injected subcutaneously into the posterior flank. Tumor volume will be measured three times per week. Each experiment will last approximately 60 days, at which point tumor accounts for 25% of the animals weight and the burden overcomes the animal. Approximately 40 animals will be studied at a time and various hormone manipulations will be compared using normal or castrated animals as controls. The minimal number of animals per group studied for significance is eight. Serum hormone levels will be measured in order to assure castration levels of testosterone, along with monitoring of various other hormone levels before, during, and after treatments. Testosterone and GRH receptors will be isolated from tumor nodules by radioactive iodine binding and dextran-charcoal techniques. Biochemical studies will attempt to characterize the receptors and determine relationships between receptor numbers and activity before and after various hormone manipulations.

Progress: This is a new study and has not been started.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/84	Status: On-going

Title: Intraoperative Monitoring of Recurrent Laryngeal Nerve Function in Swine

Start Date: 15 Aug 86	Est Completion Date: May 87
Dept/Svc: Surgery/Otolaryngology	Facility: MAMC
Principal Investigator:	CPT Dale B. Smith, MC
Associate Investigators:	LTC Donald B. Blakeslee, MC MAJ Edward Woody, MC MAJ Leslie W. Yarbrough, MC CPT Margaret Richardson, MC
Key Words:	recurrent laryngeal nerve, intraoperative, swine

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $800.00	Periodic Review: N/A

Study Objective: To demonstrate the effectiveness and sensitivity of an endolaryngeal monitoring device to allow documentation of true vocal cord function during intraoperative electrical stimulation of the recurrent laryngeal nerve and to correlate histologic damage with intraoperative stimulation patterns and post-op recovery rates by the introduction of various stages of nerve damage.

Technical Approach: Five 10-20 kg pigs will be anesthetized and intubated with a 7.0 mm customized double-ballooned endotracheal tube. The sensing balloon will be inflated between the vocal cords and connected to a Hewlett-Packard monitor. Various system settings will be investigated to identify the most suitable balloon inflation volume, graphic sensitivity, and stimulator amperages. Once these parameters are identified, the laryngeal innervation will be exposed using surgical approaches commonly used in human cases. Various degrees of nerve damage will be induced in a unilateral recurrent laryngeal nerve (RLN) by pressure loaded calipers and confirmed by histologic examination of identically damaged nerves which are motor to the strap muscles in the area. Stimulation of the damaged RLN will be recorded graphically, immediately after nerve damage and in the reopened surgical wound on post-op days seven and ten. Additional histologic specimens from damaged strap nerves will be harvested at these times. The wounds will then be allowed to undergo complete healing. The pigs will undergo sedation and endoscopic laryngeal exams and squeal recordings to monitor the laryngeal recovery. The frequency of these exams will be dictated by the speed of recovery.

Progress: This is a new study and is awaiting approval from HSC before it is started.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/85	Status: On-going

Title: Device for Intraoperative Identification of Recurrent Laryngeal Nerve

Start Date: 15 Aug 86	Est Completion Date: Indefinite
Dept/Svc: Surgery/Otolaryngology	Facility: MAMC
Principal Investigator:	CTP Dale B. Smith, MC
Associate Investigators:	COL Charles A. Andersen, MC LTC Donald B. Blakeslee, MC LTC David Moore, MC MAJ Peter Greenman, MC
Key Words: laryngeal nerve, identification, balloon device	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the effectiveness of using an endolaryngeal monitoring device to assist in identification of layngeal nerves and the prevention of intraoperative nerve damage.

Technical Approach: This protocol will be implemented if animal studies in #86/84 are successful. Patients requiring general anesthesia for surgical procedures involving risk of injury to laryngeal nerves will undergo a pre-op laryngeal exam and voice analysis. Intubation with a double-cuffed endotracheal tube will be done at surgery. The upper most cuff (sensing balloon) will lie at the level of the true vocal cord and will be intermittently inflated while connected to a Hewlett-Packard arterial pressure monitor through a pressure transducer. Electrical stimulation of the laryngeal nerves with resultant true vocal cord motion will be confirmed by graphic display. Post-operative laryngeal exam will be conducted and any anatomic or vocal impediment will be noted. Patients will be followed until normal laryngeal function returns. Statistical analysis will be done of change in operative morbidity using the device. Possible coorelation between required stimulation amperage, graphic pattern, and type and duration of laryngeal impedement will be studied. Further analysis will attempt to correlate the findings in the swine study with this human clinical trial.

Progress: This is a new study that is awaiting approval from HSC before it is implemented.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/16	Status: On-going

Title: Teaching Program for Practical Microsurgery

Start Date: 15 Nov 85	Estimated Completion Date: Open ended
Dept/Svc: Surgery/Orthopaedic	Facility: MAMC
Principal Investigator:	LTC Bruce R. Wheeler, MC
Associate Investigators:	COL Thomas Griffith, MC
COL Richard A Camp, MC	MAJ Stephen D. Clift, MC
COL Jackie Finney, MC	MAJ Leslie W. Yarbrough, VC
Key Words: microsurgery, teaching program, laboratory animals	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $690.00
	Periodic Review: N/A

Study Objective: To perfect the techniques needed to perform clinical microsurgery and to establish formal training programs in clinical microsurgery at MAMC for use of those surgeons desiring to develop this expertise.

Technical Approach: A schedule of one or two afternoons per week will be set aside for teaching sessions. Sessions will begin with lectures, followed by practical exercises in anatomy and step-by-step instruction in the surgical techniques. Staff and residents from the Orthopaedic, Plastic Surgery, and Thoracic Surgery Services will train in the following procedures:

(1) reimplantation of extremities
(2) re-anastomosis of peripheral vessels and nerves
(3) repair of avulsion wounds
(4) graft transplants
(5) free cutaneous, myocutaneous and composite tissue transfer for traumatic lesions and reconstructive procedures
(6) re-anastomosis of facial nerve lesions

The training will begin with small vessels and nerves in cadaver specimens of small laboratory animals. When the anatomy of the area is learned as well as the use of the microsurgical instruments and the operating microscope, then microsurgical procedures in living rats, guinea pigs, and rabbits can be learned.

Progress: This study has not been implemented due to the requirement to revise the format to meet regulations. This revision is in progress.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/92	Status: On-going

Title: Voice Quality, Acceptability and Intelligibility of Partially Laryngectomized Persons

Start Date: 20 Sep 85	Est Completion Date: Nov 85
Dept/Svc: Surgery,Otolaryngology	Facility: MAMC
Principal Investigator: Kenton Yockey, M.S.	
Associate Investigator: Ernest Lancaster, B.A.	
Key Words: laryngectomy, voice quality, acceptability and intelligibility, anatomic areas, tape recordings	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85 - Continue

Study Objective: To analyze the post-surgery voice quality, acceptability, and intelligibility characteristics of persons who have had sub-total laryngectomy and to correlate with the type(s) of operative procedure or surgical intervention that was conducted on the respective clients.

Technical Approach: Six to twelve months post-surgery for partial laryngectomy, three groups of subjects will be selected for the study: supraglottic, hemilaryngectomy, and subtotal. After surgery, but before each subject is entered, one of the investigators will interview the subject in order to get a description of the pre-op voice plus any unusual characters of the voice or impediments of speech. Each subject will be recorded in a sound treated room. Subjects will be required to perform three verbal tasks (sustained vowel production, read a paragraph, and spontaneous speech). Tape recordings of the speech samples will be analyzed in regard to vocal quality, acceptability, and intelligibility. Data for vocal quality (air flow, spectral noise, jitter and shimmer), fundamental frequency, rate and average vocal intensity will be derived from sound spectrographic analysis. Acceptability and intelligibility scores will be determined from listener response forms completed by 25 speech pathology/audiology undergraduate students.

Progress: Five subjects have been entered. Patient recruitment is continuing.

D E T A I L S H E E T S

F O R

P R O T O C O L S

PHYSICAL AND MEDICAL REHABILITATION SERVICE

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 86/69 Status: Terminated

Title: The Effects of Combined Inversion/Passive Back Extension Exercises on Herniated Nucleus Pulposus

Start Date: 16 May 86 Est Completion Date: Oct 86

Service: Physical Medicine and Rehabilitatin Facility: MAMC

Principal Investigator: CPT Michael D. Kane, PT

Associate Investigators: COL Robert Karl, Radiology
MAJ Joseph R. Dettori, PT
CPT Kim Finder, MC

Key Words: nucleus pulposus, herniated, exercises

Accumulative MEDCASE Cost: -0- Est Accumulative OMA Cost: $4000.00 Periodic Review: N/A

Study Objective: To discover whether simultaneous inversion traction/passive extension exercises can produce regression of herniated nucleus pulposus as demonstrated by CT scan.

Technical Approach: Twenty patients (ages 18-45) with recent onset of acute LBP and/or sciatica and at least four of the following will be studied: limited forward trunk flexion, limited back extension; radiating pain distal to the gluteal fold; neurological deficit; sciatic stretch sign; or stands with a lateral list. Patients with prior lumbar surgery, history of lumbar fracture, spondylolisthesis, bowel or bladder incontinence, high blood pressure, or history of glaucoma or cardiac abnormalities will be excluded. Physical exams will be done by an orthopedic surgeon and a lumbar CT scan of the intervertebral disc space selected by the orthopedic surgion will be done. Subjects with a positive scan for a prolapsed/herniated or bulged disc will be randomized into an experimental or a control group. The control group will receive 5 days of strict bed rest and nonsteroidal anti-inflammatory medication as needed. The experimental group will receive 5 days of bedrest and prone inversion/passive extension excercises with pelvic suspension twice a day. At the end of the 5 day test period, a repeat CT scan will be done as well as the clinical examination. Pre and post test measurements will be analyzed and compared using Student's t-test.

Progress: Two patients were entered. Protocol was terminated due to low patient referrals and the PCS of the principal investigator.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/34	Status: Completed

Title: Physiological Changes with Weight Loss. Part I: Reliability of Various Methods of Body Fat Determination

Start Date: 18 Jan 85	Estimated Completion Date: Jan 86
Service: Physical & Medical Rehabilitation	Facility: MAMC
Principal Investigator: 1LT Rogan L. Taylor, AMSC	
Associate Investigators:	COL Stephen R. Plymate, MC
LTC Robert E. Jones, MC	CPT Karl Friedl, MSC
MAJ Diana Barefoot, AMSC	CPT W. Shine, Inf
MAJ Arthur Knodel, MC	1LT Cecilia DeWinne, AMSC
CPT P. Fitzgerald, MSC, USARIEM	Mr. Richard Hassan
Key Words: Calipers, hydrostatic weight, diet, exercise	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $825.00	Periodic Review: N/A

Study Objective: To evaluate the method of body fat determination which is currently used by the Army (caliper measurements) in terms of the rates of change in body fat with dietary weight loss and with the combination of dietary weight loss and exercise.

Technical Approach: Healthy male non-smokers who have been referred for caliper measurements because they were over the Army weight standard will be randomized into three groups: Group 1 (controls - 0-5% below maximum allowable fat standard): blood samples, caliper measurements, and hydrostatic weight initially and at six months; Group 2 (diet); and Group 3 (diet and exercise). Groups 2 and 3 will be sampled once a week after an overnight fast with blood samples, caliper measurements, and hydrostatic weight. They will be asked to fill out a questionnaire at the first session, to submit a weekly food intake sheet, and to take part in weekly counselling sessions. Data will be expressed in terms of time, weight loss, and fat loss from hydrostatic weight. As a further comparison, a panel of officers will perform a visual appraisal of how well individuals meet the Army standard from photographs taken before, midway, and at the end of the study.

Progress: Thirty-five (35) subjects were entered in this study which has been completed. The Fitzgerald method of body fat assessment is a more accurate predictor of body fat (in men) than the Durnin-Womersley method. This new method is less likely to make a large overestimation of hydrostatically determined body fat in comparison to the Durnin-Womersley method. Neither anthropometric method (Fitzgerald or Durnin-Womersley) is accurate enough to detect small monthly changes in body fat in comparison to hydrostatically determined changes in body fat. The questions of disproportionate changes in subcutaneous fat versus deep fat and hydrational alterations affecting anthropometric methods during weight loss are probably insignificant within the context of the precision of these methods. The conclusions from this study were presented at the 1986 Annual AMSC Research Meeting at WRAMC in July 1986.

D E T A I L S H E E T S

F O R

P R O T O C O L S

PREVENTIVE MEDICINE SERVICE

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/02	Status: Completed

Title: Cross Sectional Community Health Assessment of Fort Lewis Soldiers and Their Families

Start Date: 18 Oct 85	Est Completion Date: Jul 86	
Service: Preventive Medicine		Facility: MAMC
Principal Investigator: MAJ Michael D. Aduddell, MC		
Associate Investigators:	COL Elmer M. Casey COL Frederick Erdtmann, MC MAJ Wayne Lednar, MC	
Key Words: health assessment, community, soldiers, families		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $350.00	Periodic Review: N/A

Study Objective: To perform a cross-sectional community health assessment of selected health behaviors and indicators on Fort Lewis soldiers and their families to accumulate data to orient and prioritize health promotion programs at Fort Lewis.

Technical Approach: A sample of 1,000 active duty soldiers who are representative of departures from Fort Lewis (PCS, ETS, etc) will be administered the questionnaire on a voluntary basis. Health behaviors and survey indicators will include seat belt/child restraint usage, hypertension control, obesity, fitness level, tobacco use, alcohol use, stress patterns, teen pregnancies, amount of time away from home, and number of sick call visits. The number of questionnaires filled out each week will be compared with the number of outprocessing soldiers to ensure an adequate response rate.

Progress: 1,314 active duty soldiers were surveyed. Compared to civilian groups, soldiers had significantly higher tobacco usage for both smoking and smokeless tobacco. Smoking prevalence among enlisted and officerrs was 45% and 16%, respectively. Approximately 3/4 of all who currently smoke started before they entered the military. Of current smokers, 47% expressed interest in quitting, largely on their own rather than by a structured smoking cessation program. Ex-smokers and never smokers scored significantly better on the Army Physical Readiness Test than smokers. Data suggest a substitution of smokeless tobacco for cigarettes among male ex-smokers.

Soldiers' use of alcohol appears to be greater than in civilian groups. Soldiers use seat belts significantly more than civilian groups. Risk factor prevalence surveys identify high risk groups, help prioritize intervention efforts, and monitor improvements in the health of the soldier and his family.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/92	Status: On-going

Title: Correlates of Smoking Behaviors Among Soldiers and Family Members

Start Date: Nov 86	Est Completion Date: May 87	
Service: Preventive Medicine		Facility: MAMC
Principal Investigator:	LTC Dale A. Carroll, MC	
Associate Investigators:	COL Frederick J. Erdtmann, MC MAJ Wayne M. Lednar, MC	
Key Words: smoking behaviors, soldiers, families, correlates		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $400.00	Periodic Review: N/A

Study Objective: To perform an observational study of Fort Lewis soldiers and their families to correlate descriptive data with smoking status.

Technical Approach: Data will be collected on approximately 500 active duty soldiers at Fort Lewis by a questionnaire administered by the PI. Data will be collected on an infantry battalion already identified and also on a random sample of spouses of these soldiers via telephone interviews. If there is significant agreement between family smoking data provided by the spouse and the soldier, the results of the random sample will be used to describe the concordance of smoking status between spouses. If significant agreement is not obtained, the remainder of the spouses will receive a questionnaire by mail with a follow-up questionnaire for no response, and, if necessary, a telephone interview if still no response has been obtained. Descriptive data to be obtained include demographic data, influence of peers, concordance of smoking status between spouses, standard smoking history data (number of cigarettes smoked, number of quit attempts, etc) and impact of the Army Smoking Cessation Program on smoking prevention and cessation.

Progress: This is a new study and has not been started.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/21	Status: On-going

Title: Data Collection for the Selected Cancers Among Vietnam Veterans Study

Start Date: 15 Nov 85	Est Completion Date: Jun 89	
Service: Preventive Medicine		Facility: MAMC
Principal Investigator:	COL Frederick J. Erdtmann, MC	
Associate Investigators:	Linda S. Heuser, M.A., Hutchinson CRC Thomas L. Vaughan, M.D., Hutchinson CRC	
Key Words: cancer, vietnam veterans, Agent Orange		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To evaluate the risk associated with exposure to Agent Orange among veterans of the Armed Forces in Vietnam.

Technical Approach: This is a multicenter study, funded by the U.S. Centers for Disease Control. Males diagnosed between 1 Oct 85 and 30 Nov 88 with birth dates between 1929 and 1953 as having soft tissue sarcomas (excluding Kaposi's sarcoma), certain bone and cartilage sarcomas, lymphomas, nasal cancers, nasopharyngeal cancers, and primary liver cancers will be studied. Subjects must be identified within one month of diagnosis and interviewed within three months of diagnosis. The patient or the next-of-kin will be sent a letter and a fact sheet explaining the study and requesting participation. This letter will be followed by a telephone call and a time for a telephone interview will be scheduled. The vital status of all interviewed patients will be checked every six months and a physician will interview the next-of-kin on those patients who have died since being interviewed. This interview will be done in order to compare the information provided by the next-of-kin with that originally obtained from the patient. The interview will obtain information about patients' jobs, medical illnesses, personal habits, and other information related to general health. Tissue blocks and/or a set of six slides will be requested from pathologists and sent to a pathology panel for independent review. If the patient is a Vietnam veteran, information will also be obtained from military records about previous chemical exposures in Vietnam. The CDC will also request information about chemical exposure from from the military. Controls will be matched for age and vital status. Controls will be contacted in the same manner as other subjects. Once an interview is edited for completeness, it will be sent to the CDC where requests for information from military records and data analysis will be done.

Progress: Five MAMC patients have been entered.

Detail Summary Sheet

Date: 30 Sep 86 Protocol No: 85/94 Status: Completed

Title: A Clinical Trial of a Training-Associated Injury Prevention Program in Active Duty Soldiers

Start Date: 20 Sep 85 Estimated Completion Date: July 1986

Service: Preventive Medicine Facility: MAMC

Principal Investigator: MAJ Eric T. Evenson, MC

Associate Investigators:

COL Elmer M. Casey, MC
MAJ Wayne M. Lednar, MC
COL Frederick J. Erdtmann, MC
Frederick Connell, M.D., M.P.H

Key Words: lower extremity, training exposure, prevention program

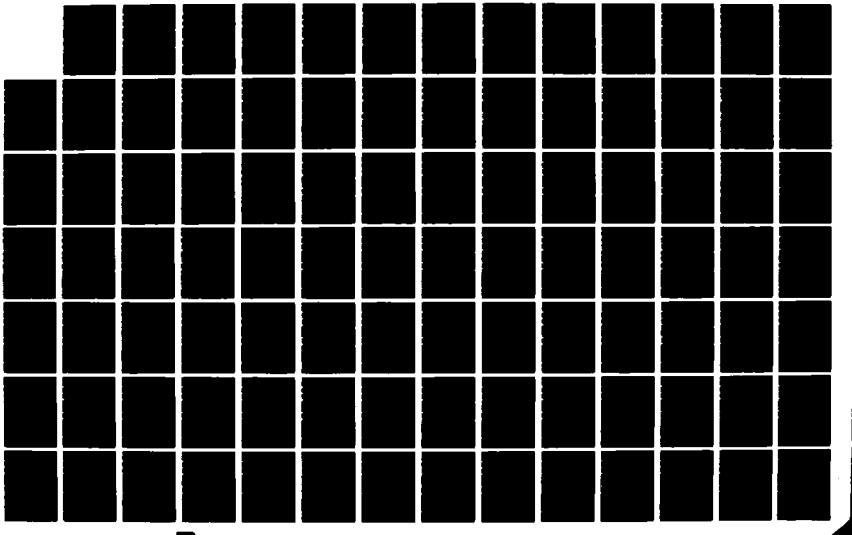
Accumulative MEDCASE Cost: -0-
Est Accumulative OMA Cost: $270.00
Periodic Review: N/A

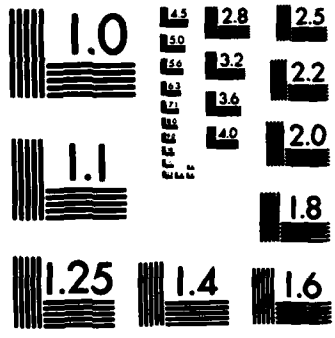
Study Objective: To determine the incidence rates of lower extremity injuries in typical Army units; to document those physical training exposures which contribute to the development of lower extremity injuries in Army personnel, and to analyze the costs versus the benefits of an alternative physical training regimen.

Technical Approach: A typical Army battalion (500-600 soldiers) will be identified as the population at risk. The diifferences in injury incidence between units using standard fitness programs and units using a modified fitness program will be examined in a single blind study, with the soldiers uninformed about their participation in the study. The presenting complaint of all members of the study battalion will be evaluated according to specific criteria and case ascertainment will occur through the review of medical records. A questionnaire will be completed by the injured soldier outlining the circumstances of the injury. Training exposure is defined as any planned, structured, and repetative bodily movement done to improve or maintain one or more components of physical fitness. Training will be classified according to its frequency, intensity, duration, and type, and a daily log of all training activities will be maintained. An individual report of usual off-duty training will be completed by all personnel. A person-time approach (such as soldier months) will be used to quantify training exposure. The standard fitness program to be used consists of 45 minutes of calesthenics and running 3 day wk. The modified program will consist of five minutes each of warm and cool-down stretching, bracketing a 2-3 mile run, selected calesthenics, and upper body strengthening exercises. Training will take place by ability groups on smooth training surfaces and rapid increases in the frequency, duration, and intensity of training will be avoided. APRTs will be performed at the beginning and the end of the study period as these are measures of aerobic fitness capactiy.

Progress: All the data has been gathered and is being written.

AD-A186 591 DEPARTMENT OF CLINICAL INVESTIGATION ANNUAL RESEARCH 3/4
PROGRESS REPORT FISCAL YEAR 1986(U) MADIGAN ARMY
MEDICAL CENTER TACOMA WA S R PLYMATE 01 OCT 86
UNCLASSIFIED F/G 6/5 NL





MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

Detail Summary Sheet

Date: 30 Sep 86	Protocol No. 85/33	Status: Completed

Title: Cancer Incidence and Magnetic Field Exposure

Start Date: 18 Jan 85	Estimated Completion Date: Jan 86
Service: Preventive Medicine	Facility: MAMC

Principal Investigator: MAJ Wayne M. Lednar, MC

Associate Investigators:

David B. Thomas, M.D., Dr. P.H. Sidney Marks, M.D., Ph.D.
Richard K. Severson, Ph.D. William Kaune, Ph.D.

Key Words: Nonlymphocytic leukemia, interview, magnetic field measurements

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85 - Continue

Study Objective: To test the hypothesis that an association exists between the occurence of acute nonlymphocytic leukemia and residential wiring configurations or magnetic field exposure.

Technical Approach: This study will include an in-person interview with nonlymphocytic leukemia patients or the next of kin, review of hospital charts, and direct magnetic field measurements of subjects' houses. Healthy control subjects will be studied similarly. These direct magnetic field measurements will be correlated with disease status and with surrogate magnetic field measurements based on wiring configurations. Appropriate statistical analyses will be utilized to test for associations between measures of exposure and acute nonlymphocytic leukemia.

Progress: Group-wide, 234 subjects were entered in this study, which has been completed. Analyses were based on 114 cases identified from a SEER registry and 133 controls who were chosen from the study area by random digit dialing. Magnetic field exposure was estimated from external electrical wiring configurations within 140 feet of each subject's residence. In addition, magnetic fields were measured inside the subject's residence at the time of interview. Neither the directly measured magnetic fields nor the surrogate values based on the wiring configurations were associated with ANLL. A manuscript is being written based on this study.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/68	Status: Completed

Title: Genital Herpes During Pregnancy: Historical Cohort Study of Newborn and Maternal Outcomes

Start Date: 24 May 85	Est Completion Date: May 87
Service: Preventive Medicine	Facility: MAMC
Principal Investigator: MAJ Wayne Lednar, MC	
Associate Investigator: Marsha E. Wolf, MS., Ph.C.	
Key Words: genital herpes, vaginal vs cesarean, controls	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86 - Continue

Study Objective: To assess the effect of maternal genital herpes exposure during pregnancy on the infant outcomes of congenital malformation, low birth weight, low Apgar score, infant morbidity, and infant mortality and to describe current obstetric practices in pregnant women with genital herpes by evaluating herpes status at time of delivery and describing the rate different types of delivery and apparent of indication for each and the postpartum complication rate of endometritis.

Technical Approach: A population based historical cohort study will be used to investigate live-births (1100) whose mothers had herpes during pregnancy as identified from the 1980-83 birth certificates in King, Pierce, and Snohomish Counties. Two comparison groups, matched and unmatched for method of delivery, as well as matched for hospital of delivery and year of birth, will be randomly selected from non-herpes-exposed pregnancies. All hospitals in the designated study area with identified herpes exposed pregnancies will be invited to participate. Data will be abstracted from hospital charts with approximately 200 studied at MAMC. Type of data to be collected from hospital records will include parental sociodemographics, neonatal data, pregnancy and health history, current pregnancy, postpartum recovery, and labor and delivery. Data collection and handling procedures will be designed to maximize strictest confidentiality by using specially coded numbers, a single master list of personal identifiers and codes, locked files, and a limited number of personnel with access to data.

Progress: The study has been completed and a report is being prepared.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/95	Status: Completed

Title: Day Care Diarrhea: A Concurrent Prospective Study

Start Date: 20 Sep 85	Estimated Completion Date: June 1986
Service: Preventive Medicine	Facility: MAMC

Principal Investigator: MAJ Douglas F. Phillip, MC

Associate Investigators:

COL Frederick J. Erdtmann, MC	Frederick Connell, M.D., M.P.H.
MAJ Wayne M. Lednar, MC	Hjordis Foy, M.D., Ph.D.

Key Words: Ft Lewis Day Care Center, day care with ≤6 children, diarrhea, ages 6 weeks to 5 years

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $2700.00	Periodic Review: N/A

Study Objective: To determine if a full-time day care group of children experience a significantly increased rate of diarrhea as compared to a non-day care center group and to determine if there are external factors to the day care center which may augment or predispose the day care and/or non-day care child to contracting diarrhea.

Technical Approach: 160 full-time enrollees in the Ft Lewis Child Care Facility, age 6 wks to ≤5 yrs, will be studied. Age-matched children with the same number of siblings from the facility's waiting list, who presently receive day care with ≤6 children will serve as controls. Children ≥2 who no longer are in diapers but receive daily child care with children wearing diapers will be excluded. A questionnaire will be given to both groups and a medical chart review will be conducted on study children to aid in data collection and diarrhea case identification and to limit misclassification. Both groups will will be contacted biweekly to to determine the incidence of diarrhea for the previous 2 wks. Diarrhea will be defined as >3 watery stools in a 24-hr period plus a constitutional or gastrointestinal symptom. Major dietary concerns that may influence stool quantity and consistency will be assessed in the questionnaires. Changes in certain child care activities will be reassessed every 2 mths. In order to increase the ability to generalize the results of the investigation, concurrent records, using 2-week time periods of 6 mth - 5 yr old children who present to the MAMC Family Practice Clinic as diarrhea cases, will be compared to the number of cases in the other two groups.

Progress: 110 subjects were entered in this study which has been completed. Risk of diarrhea was found to be similar for children who received day care either at the Ft Lewis Day Care Center, at home, or in small daycare homes. Significant risk factors for diarrhea, regardless of child-care location, included age, sex, and number of auxilary care sites. Infection control measures used in the Ft Lewis Day Care Center were likely to have limited diarrheal risk to the level observed in the alternate child-care settings. Passive surveillance (medical record audit) identified less than half of severe diarrheal cases and little moderate or mild diarrhea. A paper was presented at three different meetings and a manuscript is in preparation.

Date: 30 Sep 86 Protocol No.: 86/93 Status: On-going

Title: Assessing Potential Predictor Variables of Overweight in a Military Population

Start Date: Nov 86 Est Completion Date: May 87

Service: Preventive Medicine Facility: MAMC

Principal Investigator: MAJ Rene J. Sanchez, MC

Associate Investigators: COL Frederick J. Erdtman, MC
MAJ Wayne M. Lednar, MC

Key Words: overweight, military, predictor variables, AR 600-9

Accumulative MEDCASE Cost: -0- Est Accumulative OMA Cost: $350.00 Periodic Review: N/A

Study Objective: To cross-sectionally describe the weight for height status of soldiers at Fort Lewis using the new AR 600-9 standards and to assess the association of selected behavioral and familial predictor variables with overweight in a military population.

Technical Approach: Five hundred active duty soldiers from an infantry battalion at Fort Lewis with at least one year of active duty in the Army will be given a structured questionnaire to be administered by the PI. The questionnaire will obtain information on health practices (such as drinking, smoking, and planned and normal everyday activities), weight history, opinions as to influences on weight control, daily stress, methods of relaxation, and personal methods of modifying unhealthy behavior. Prior to administering the questionnaire, soldiers will be weighed and height will be recorded noting the type of uniform worn. Weight and height values for one year earlier will be retrieved from personnel or weight control records.

Progress: This is a new study and it has not been implemented.

D E T A I L S H E E T S F O R

P R O T O C O L S

SOCIAL WORK SERVICE

Detail Summary Sheet

Date: 30 Sep 85	Protocol No.: 85/60	Status: Terminated

Title: Family Violence: Prevention and Treatment

Start Date: 24 May 85	Estimated Completion Date: May 87
Service: Social Work	Facility: MAMC

Principal Investigator: LTC Timothey A. Davis, MS

Associate Investigators:

Robert L. Bradley, COL, Ret	LTC Donald Greenhalgh, MS
Thomas R.. Egnew, M.A.	Jerry L. McKain, Ph.D., COL, Ret
Dennis C. McBride, Ph.D.	David D. McKee, M.S.W., MAJ, USAR

Key Words: conduct, evaluate, family violence therapeutic model

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $200.00	Periodic Review: Jun 86 - Continue

Study Objective: To conduct and evaluate a family violence therapeutic intervention model which was developed as part of a Department of Army, FORCCOM, Family Advocacy research project.

Technical Approach: Patients will be assigned to either a conventional treatment program (controls) or to the protocol treatment program on an alternating basis as they enter for treatment. Only those patients who agree to be randomized will be utilized. Controls will be matched for pay grade, age, years married, and number of children. Several instruments designed to tap either the incidence of violent behavior or the learned and culturally reinforced belief systems of the subjects and interaction patterns which can culminate in violent behavior will be administered to the treatment group at in-take and at a two-month follow-up session. These will be standard of care questionnaires concerning wife and child abuse plus the Family Adaptability and Cohesion Evaluation Scales (FACES II). Ten treatment couples involved with spouse abuse and ten treatment couples involved with child abuse will meet as a group for four sessions of 4 hours. There will be an individual two-month follow-up when the questionnaires are readministered. A follow-up will be performed from medical records at one year on all subjects still assigned to the Ft Lewis area. The control group will receive conventional therapy and will complete the study instruments at in-take and again at two months. The major goal of this evaluation is to determine whether or not the training program has affected either the incidence of violent behavior or those belief systems and interaction patterns which can potentially culminate in violent behavior. The scores from the indicators will be used to help make this determination. The gain scores between pre and post treamtnet scores will be computed using a t-ratio (Elifson, et al, 1983 p 318) between treatment and control groups for these gain scores. This will help ensure that any observed differences in scores is due to the offender class and not some extraneous cause.

Progress: LTC Greenhalgh, the original PI, was reassinged several months after this protocol was approved and did not have the time to implement the study. LTC Davis became the principal investigator in October 1985 but did not have enough staff members to implement the study. No patients were entered.

D E T A I L S H E E T S

F O R

P R O T O C O L S

DEPUTY COMMANDER FOR ADMINISTRATION

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/67	Status: Completed

Title: An Analysis of the Surgery Scheduling Process At Madigan Army Medical Center

Start Date: 16 May 86	Est Completion Date: Jul 86
Unit: Deputy Commander for Admin Services	Facility: MAMC
Principal Investigator: MAJ Ethan J. Stansbury, MS	
Associate Investigator: None	
Key Words: scheduling, surgery, OR utilization, cancellation causes, emergency cases	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $30.00	Periodic Review: N/A

Study Objective: To identify the optimal surgery scheduling system.

Technical Approach: Delineate the current surgery scheduling process by looking at each service's actual approach to scheduling patients for surgery and the system used by anesthesia and operative services. Gather retrospective data which may have an effect on the surgery scheduling system at MAMC. This data includes: OR utilization (minutes each OR is used divided by minutes available), cancellation causes, and emergency cases. Correlation analysis to determine association between these variables will be performed. Determine the average nursing, surgery preparation, anesthesia and surgery times for single case procedures during the study period. Do not consider cases which were performed less than five times during the study period. On the basis of the collected data, propose a scheduling process which considers average case times and estimated emergency caseload requirements. Test this proposed surgery scheduling process and make recommendations to the Chief, Department of Surgery, based upon findings.

Progress: The study was completed with the following conclusions:

The average surgery time for specific surgical cases can be determined statistically.

By utillizing the average surgery time, cases can be scheduled more efficiently so as to reduce the number of cancellations occurring in the OR.

The average surgery time can be used by department/service chiefs to efficiently manage the resources of their department/service.

D E T A I L S H E E T S

F O R

P R O T O C O L S

9TH INFANTRY DIVISION

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/34	Status: Terminated

Title: Ranger Medic Procedures Tra ning

Start Date: 21 Jan 83	Est Completion Date: Indefinite
Division: 9th Infantry	Facility: MAMC
Principal Investigator:	CPT William Tynum, MC
Associate Investigators:	MAJ Stanley P. Liebenberg, VC MAJ Leslie Yarbrough, VC CPT Robert E. Kane, MC
Key Words:	training, Ranger medics, life-saving measures

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: $1830.00	Periodic Review: Jan 86 - terminate

Study Objective: To provide training to acquire the necessary manipulative skills in performing emergency life-saving measures in support of wartime field operations.

Technical Approach: The Medical Platoon of the 2/75th Infantry (Ranger) consists of two MC officers and approximately 20 additional enlisted personnel (MOS 91B). Each of these 20 personnel will be trained on a quarterly basis. Classes will be conducted monthly utilizing the two MC officers as preceptors, training 6-7 Ranger medics at each session. Two mongrel dogs will be used for each training class with the exception of debridement exercises which will each use four sheep as animal models. All animals will initially be anesthetized with sodium pentobarbital with anesthesia maintained by halothane throughout the duration of each class. Wounds for debridement will be caused by a Captive Bolt Pistol. Upon completion of the exercise, all animals will be euthanized by lethal injection of sodium pentobarbital without allowing the animal to regain consciousness. The carcasses will be disposed of by incineration. Procedures to be performed on dogs consist of:

Peripheral venous cutdown (femoral/jugular)	Pericardiocentesis
Tube thoracotomy (chest tube insertion)	Peritoneal lavage
Resuscitative techniques	Suturing techniques
Reversal of hypovolemi shock	Cricothyroidotomy

Progress: Numerous unsuccessful attempts were made to communicate with the principal investigator of this protocol in order to perform continuing review procedures. Since this protocol had been suspended for over a year (no procedures done), the protocol had to be revised because of the animal model, and no response could be obtained from the principal investigator, the protocol was terminated.

D E T A I L S H E E T S

F O R

P R O T O C O L S

385TH COMBAT SUPPORT HOSPITAL (USAR)

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/76	Status: Completed

Title: Hands On Medical Training Using Sheep

Start Date: June 1986	Est Completion Date: Sep 86	
Organization: 385th Combat Support Hospital		Facility: MAMC
Principal Investigator: COL Korth E. Bingham, MC		
Associate Investigators: None		
Key Words: training, hands on, IV insertion, suturing, sheep		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To give hands-on training to personnel of the 385th Support Hospital (USAR) in the techniques of IV insertion and suturing.

Technical Approach: The plan is to:

a. anesthetize the animal (sheep)
b. start the IV's
c. cut the incisions
d. suture the incisions

All procedures will be done under the instruction and supervision of COL Bingham and the attending veterinarian.

Progress: This study was carried out in a two day session with 40 persons participating. The procedures in the plan were done as stated. The 385th felt that this was a very good training tool and that they received good support from the Department of Clinical Investigation, MAMC.

D E T A I L S H E E T S

F O R

P R O T O C O L S

FORT WAINWRIGHT, ALASKA

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/63	Status: Completed

Title: Dexamethasone versus Placebo for Prevention of Acute Mountain Sickness (AMS)

Start Date: 16 May 86	Est Completion Date: Sep 86
Department: Emergency Medicine	Facility: Ft Wainwright, Alaska
Principal Investigator:	CPT Richard Foutch, MC
Associate Investigators:	Peter J. Hackett, M.D., Univ of Alaska Robert Roach, M.S. Frank Hollingshead, M.D. Robert Wood, P.A.
Key Words:	mountain sickness, dexamethasone, placebo, prevention

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To evaluate the effectiveness of dexamethasone in preventing acute mountain sickness in healthy men airlifted to 14,000 feet on Mt McKinley.

Technical Approach: The study will be conducted over a one week period. Sixteen healthy young men will be randomized into a placebo or drug regimen in a double-blind design. Exclusion criteria will be a history of intolerance to steroids, active ulcer disease, diabetes, or a significant current infection. After baseline measurements at sea level and the completion of a symptom questionnaire, the subjects will be airlifted to 4300 meters (barometric pressure 440 torr). These measurements will be repeated each day for four days at high altitude. A physician will also conduct a brief physical exam to check for ataxia and pulmonary rales. Dexamethasone and placebo will be given 4 mg every six hours, starting 24 hours prior to ascent, and continuing for 72 hours at altitude. On arrival at high altitude, the subjects will participate in the usual maneuvers, consisting of such things as erecting tents, building snow walls, and other camp chores. All subjects will have the same diet, but no attempt will be made to control intake of food and water. The symptom questionnaire will be administered twice a day at altitude and an independent assessment of AMS will will be made by a physician at the same time. Subjects will not be permitted to use any selfprescribed drugs during the study. If AMS develps to the point that treatment is deemed necessary, other illness develops which would obfuscate the data, or a significant medication side effect develops, the subject will be wirhdrawn from the study. Statistical analyses will include the Wilcoxon paired test and the Spearman rank test for correlations.

Progress: The study has been completed. The investigators conclude that dexamethasone, 4 mg PO or IM, is an effective treatment for AMS but that illness may recur with the discontinuation of the drug.

D E T A I L S H E E T S

F O R

P R O T O C O L S

ACTIVE DUTY STUDENTS

STUDENT DETACHMENT, HSC

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/36	Status: Completed

Title: Correlation Between Vertical Fixation Disparity and Essential Hypertension

Start Date: 21 Feb 86	Est Completion Date: Oct 86	
Unit: Student Detachment, HSC		Facility: MAMC
Principal Investigator: MAJ Ronald D. Fancher, MS		
Associate Investigators: CPT John Schank, AN CPT Steven Shaffer, MS		
Key Words: hypertension, vertical fixation dispartiy, correlation		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To identity and define the relationship between vertical fixation disparity of the eyes and essential hypertension.

Technical Approach: 40 essential hypertensives on medication and 40 normotensives will be matched for sex, age, race, weight, family history of hypertension, and use of oral contraceptives and tobacco. Each subject will have a minimum visual acuity ot 20/25 in each eye and a minimum stereo acuity of binocular perception. Spectacle Rx will be verified, any vertical prism noted, and eye dominance will be determined. Subjects will fill out a symptom questionnaire and then undergo standard vision testing. Fixation disparity measurements will be obtained using a bracketing technique. Subjects will be tested for Condition 1 (vertical fixation disparity, habitual head posture outside of the phoropter) and Condition 2 (vertical fixation disparities with the subjects behind a leveled phoropter). The following tests will be conducted fo Condition 1: (a) AO Vectographic Slide, 6 mtrs, associated phoria; (b) AO vectographic card, 40 cm, associated phoria; and (c) disparometer, 40 cm, associated phoria. Condition 2 will include the same tests plus disparometer, 40 cm with an unforced vergence VFD and then placing 2 BU before the right eye, and measurement after one minute. This will be repeated with the insertion of 2 BD and measurement after one minute. These values combined with the value obtained in (c) will be used to derive a VFD curve and a "Y" intercept value. Comparison ot (a), (b), and (c) will be made using the Wilcoxin matched pairs signed ranks test for Condition I plus the addition of the second disparometer test in comparisons tor Condition 2. Secondary level tests will include lateral phoria, vertical phoria, base out prism to first blur, base prism to break and recovery, base in to break and recovery, vertical duction, and lateral fixation disparity at 6 mtrs and 40 cm. Subsets ot data will be analyzed according to type of medication.

Progress: 19 hypertensives and 19 controls were studied. Correlated variance comparisons ot the associated phorias and y-intercepts derived from vertical fixation disparity curves were made and a t-test for related measures was used to compare slopes. Y-intercept and slope data showed no significant differences between the groups. However, statistically larger associated phorias for the hypertensive group were found on all but one test. This analysis suggests that a relationship may exist between the magnitude of vertical associated phorias and the occurrence of essential hypertension.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/37	Status: Completed

Title: An Investigation Into the Effect of Various Positions of Gaze and Head Inclination on the Measurement of Lateral Fixation Disparities, Heterophorias, and Ductions

Start Date: 21 Feb 86	Est Completion Date: Jun 86
Unit: Student Detachment, HSC	Facility: MAMC
Principal Investigator: CPT Morris C. McKee, MC	
Associate Investigators: CPT Steve Shaeffer, MC MAJ Dale A. Young, MC, USAF	
Key Words: lateral fixation disparities, heterophorias, ductions, gaze, positions, head, inclination	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review N/A

Study Objective: To ascertain if there is a statistical difference between near lateral fixation disparities, heterophorias, and ductions measured with the head straight, with the eyes directed straight ahead, the eyes directed upward, and the eyes directed downward, and with the head inclined forward with the eyes in the primary positions.

Technical Approach: Near oculomotor tests on approximately 120 subjects in different age groups will be performed on equipment designed by the principal investigator. A pilot study of >12 subjects will be done to validate the equipment and experimental design. Eligible patients will be those with vision correctable to 20/20 in each eye at all distances, able to pass a stereoscopic acuity test to 60 sec of arc level, and no history of visual training. The magnitude of the refractive error will be limted to ± 3.00 D spherical equivalent in order to minimize the effect on accomodation of correction in the spectacle plane. If spectacles are worn, anisometropia will not exceed 0.75 D spherical equivalent and subjects who do not wear glasses anisometropia limit will be verified by retinoscopy. Presbyopes will wear the minimum add to achieve 20/20. All subjects will wear habitual correction in the test apparatus using trial lenses. The lateral fixation disparities and heterophorias will be measured with the head straight/eyes stright, the gaze elevated 20°, and the gaze depressed 35° and then with the head inclined forward 35° and the eyes in the primary position. The ductions will be measured in only three positions: with the head straight and eyes straight, with the head straight and the gaze depressed 35°, and with the head inclined forward 35° and the eyes in the primary position.

Progress: A statistically significant effect was found for the phoria data from the young group (mean age 26.7), but the magnitude was clinically insignificant. Changes in head and/or gaze positions did not significantly affect fixation disparities or duction recovery ranges. Phorias and fixation disparities showed statistically significant increases in exo deviation with increasing age regardless of head and/or gaze position. Nine of 23 presbyopic subjects gave erratic findings during dixation disparity testing. This cast doubt upon the clinical usefulness of this procedure with presbyopes. A manuscript is in preparation.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/62	Status: On-going

Title: Screening of Infants for Movement Deficits

Start Date: 18 May 84	Est Completion Date: May 85
Activity: Student Program, HSC	Facility: MAMC
Principal Investigator: LTC Jane K. Sweeney, AMSC	
Associate Investigators:	Lynette S. Chandler, Ph.D.
COL Carl Plonsky, MC	Margon B. Holm, Ph.D.
MAJ Glenn Tripp, MC	Catherine Yokan, M.D.
Key Words: movement deficits, infants, Chandler Movement Assessment of Infants - Screening Test	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85 - Continue

Study Objective: To establish norms for the Chandler Movement Assessment of Infants Screening Test (CMAI-ST); to establish inter-rater reliability, test-retest reliability, and predictive validity for the CMAI-ST.

Technical Approach: Fifty infants will be examined in age groups of 2, 4, 6, and 8 months, plus or minus one week. The infants will be examined in only one of those time frames in order to establish norms. Thirty infants from the 200 will be observed by two examiners simultaneously to determine inter-rater reliabilities. An additional 30 infants will be examined during two time frames to establish test-retest reliability. The outcome of the CMAI-ST will be correlated with physician assessment at the regularly scheduled 12-month exam to establish predictive validity. Half of the children from each group will be male and half will be female and distinct races will be represented to match the population of infants of military personnel. A Denver Prescreening Development Questionnaire will be completed by the parents. The high risk profiles of the 30 infants tested twice for test/retest reliability will be compared with those infants tested once. Only those twice-tested infants who maintain a high risk profile or increase their apparent degree of involvement will be considered at risk. All once-tested infants will be evaluated on their original profile. Pearson-product-movement correlations will be calculated to determine the predictive validity of twice-tested and once-tested infants. Percent of false positives and false negatives from each group will also be calculated.

Progress: Forty additional children were tested in FY 86 for a total of 209. Volunteers and professionals have commented on the ease of use of the screening test and the test appears to have face validity for both examiners and parents. Numerous requests have been received for the extension of the age range of the screening test from 8 months to 12 months. Data collection has now been initiated for infant subjects aged 8-12 months.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/15	Status: On-going

Title: Physiologic Correlates of Neurological Assessment**

Start Date: 16 Nov 84	Estimated Completion Date: Oct 85
Activity: Student Program, HSC	Facility: MAMC
Principal Investigator: LTC Jane K. Sweeney, AMSC	
Associate Investigators: LTC Philip G. Pettett, MC CPT Alice Stone, ANC	
Key Words: neonates, muscle tone, reflexes, visual and auditory responses	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Jan 86 - Continue

Study Objective: To analyze the physiologic responses of neonates to neurological assessment procedures.

Technical Approach: Thirty medically stable newborns from the NICU and the Newborn Nursery will be studied in two groups of 15 each: (a) full-term group (39-41 weeks gestation) (random selection) and (b) preterm group (32-34 weeks gestation) selection of total population of age-eligible infants admitted during Jan-Apr 1985. Exclusions: Infants with birth defects or chromosomal abnormalities and infants on ventilatory or infusion equipment will be excluded from the study. A cardiorespirograph and a transcutaneous oxygen monitor will be used to gather data on heart rate, respiratory rate, and oxygenation. Adhesive skin electrodes will be utilized for non-invasive physiologic data collection. Orientation Responses and Tone/Reflexes, subtests of The Neurological Examination of the Preterm and Full Term Newborn Infant (Dubowitz & Dubowitz 1981), comprise the neurobehavioral assessment protocol. The physiologic parameters of heart rate, respiratory rate, and oxygenation will be measured on all subjects 15 minutes before, 15 minutes during and 15 minutes after administration of the neurobehavioral assessment. Each infant will serve as his own control. The neurobehavioral assessment consists of an examination of muscle tone and developmental reflexes and an evaluation of visual and auditory orientation responses. The following statistical methods will be used: ANOVA, paired t-test, and Mann-Whitney U Test (distribution free test).

**Upon continuing review of this protocol, the principal investigator reported that this protocol served as a pilot study for a proposed investigation on a larger sample. The pilot study was successfully completed and the PI requested that the study be expanded to study 40 more children with the addition of blood pressure measurement to the procedures. The title of the protocol was also changed from "Neurobehavioral Assessment" to "Neurological Assessment."

Progress: The pilot study was successfully completed. Due to an extended TDY, the PI has been away from MAMC since the revision and no patients have been entered on the revised study.

D E T A I L S H E E T S

F O R

P R O T O C O L S

CHILDRENS CANCER STUDY GROUP PROTOCOLS

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/64	Status: Completed

Title: CCG 104: Treatment of Newly Diagnosed Acute Lymphoblastic Leukemia in Children with a Good Prognosis

Start Date: 16 May 86	Est Completion Date: Indefinite
Department: Pediatrics	Facility: MAMC
Principal Investigator: MAJ Kip Hartman, MC	
Associate Investigator: LTC Allen R. Potter, MC	
Key Words: leukemia, lymphoblastic, good prognosis	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To minimize therapy in good prognosis patients without altering their prognosis and to improve the proportion of all patients cured of leukemia in each category, without seriously compromising the quality of their life span.

Technical Approach: These patients will be induced with vincristine, prednisone, and L-asparaginase. Central nervous system prophylaxis will be carried out using six doses of IT methotrexate. Patients with CNS leukemia at diagnosis will receive weekly IT methotrexate during induction and craniospinal radiation during consolidation. Maintenance of bone marrow and CNS remission will be carried out using oral 6-mercaptopurine, methotrexate, vincristine, prenisone and IT methotrexate. The duration of therapy will not be determined until data currently being obtained on other associated CCG studies mature sufficiently. If this data shows clearly that eight cycles of maintenance therapy are as good as 12 cycles in maintaining disease free remission, then patients on this protocol will be randomized between six and eight cycles of maintenance therapy. If the 8 vs 12 cycles question is not clearly answered, patients will continue to be randomized between 8 and 12 cycles of maintenance therapy until such time as the question is answered. If an eight cycle regimen is shown to be significantly inferior to a twelve cycle regimen, patients will be randomized between 10 and 12 cycles of maintenance therapy. In this way, the minimal period required for effective maintenance therapy should be established.

Progress: No patients were entered on the protocol at MAMC. The protocol was closed because a sufficient number of patients had been accrued groupwide.

LTC Potter was the original principal investigator on this study. MAJ Hartman became the principal investigator in August upon the departure of LTC Potter.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/65	Status: On-going

Title: CCG 105: Treatment of Newly Diagnosed Acute Lymphoblastic Leukemia in Children with an Intermediate Prognosis

Start Date: 16 May 86	Est Completion Date: Indefinite
Department: Pediatrics	Facility: MAMC
Principal Investigator: MAJ Kip Hartman, MC	
Associate Investigator: LTC Allen R. Potter, MC	
Key Words: leukemia, lymphoblastic, intermediate prognosis	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0- Periodic Review: N/A

Study Objective: To minimize therapy in good prognosis patients without altering their prognosis and to improve the proportion of all patients cured of leukemia in each category, without seriously compromising the quality of their life span.

Technical Approach: Patients defined as having intermediate prognosis ALL will be randomized to one of four treatment arms, which which differ substantially during the first six months of therapy and then share the same maintenance program. The treatment will not be less than two years. Regimen 1 A will utilize vincristine, daunomycin, prerdnisone, L-asparaginase, and IT methotrexate for induction; consolidation will utilize cyclophosphamide, 6-mercaptopurine, cytosine arabinoside, IT methotrexate, and cranial radiation; interim maintenace will use 6-mercaptopurine and methotrexate; delayed intensification will be vincristine, dexamethasone, adriamycin, L-asparaginase, cyclophosphamide, 6-thioguanine, cytosine arabinoside, and IT methotrexate; maintenance will consist of vincristine, prednisone, 6-mercaptopurine, and methotrexate. Regime 1B will utilize vincristine, prednisone, L-asparaginase, and IT methotrexate for induction; 6-mercaptopurine, IT methotrexate, and cranial radiation for consolation; 6-mercaptopurine and methotrexate for interim maintenance; delayed intensification and maintenance will be the same as Regimen 1A. Regimen 1C will have induction, consolidation, and maintenance as in Regimen A but with no interim maintenance and delayed intensification. Regimen 1D will have induction, consolidation, and maintenance as in Regimen 1B but without interim maintenance and delayed intensification. Regimens 2A, 2B, 2C, and 2D will correspond to Regimens 1A, 1B, 1C, and 1D, respectively, but with no cranial radiation, and maintenance will be with IT methotrexate.

Progress: No patients were entered in this protocol.

LTC Potter was the original principal investigator on this study. MAJ Hartman became the principal investigator in August upon the departure of LTC Potter.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/44	Status: On-going

Title: CCG-107: Treatment of Newly Diagnosed Acute Lymphoblastic Leukemia and Acute Undifferentiated Leukemia in Infants Less than 12 Months of Age

Start Date: 21 Mar 86	Est Completion Date: Indefinite
Dept/Svc: Pediatrics	Facility: MAMC
Principal Investigator: MAJ Kip Hartman, MC	
Associate Investigator: LTC Allen R. Potter, MC	
Key Words: leukemia, lymphoblastic, acute, undifferentiated	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To subdivide childhood acute lymphoblastic leukemia into homogeneous subgroups (stages) in which specific biologic and therapeutic hypotheses can be tested; to minimize therapy in good prognosis patients without altering their prognosis; and to improve the proportion of all patients cured of leukemia in each category, without seriously compromising the quality of their life span.

Technical Approach: Patients <12 months with newly diagnosed acute lymphoblastic leukemia will receive intensive induction therapy consisting of vincristine, daunomycin, prednisone, L-asparaginase, and IT cytosine arabinoside and IT methotrexate. Following remission induction, patients will receive consolidation therapy consisting of 3 very high dose, protracted (24 hr), systemic infusions of methotrexate with high dose citrovorum factor rescue, and IT cytosine arabinoside. Consolidation therapy will also include 6 mercaptopurine and vincristine. This phase will be followed by an interim maintenance therapy of 6-mercaptopurine and methotrexate. Four months following diagnosis, patients will receive intensification with dexamethasone, vincristine, daunomycin, L-asparaginase, and IT methotrexate for 4 weeks (reinduction) and 6-thioguanine, vincristine, methotrexate, and tapered dexamethasone with citrovorum factor rescue for 3 weeks (reconsolidation). Maintenance therapy (96 weeks) consists of 6-mercaptopurine and methotrexate with periodic vincristine/prednisone pulses as well as IT methotrexate

Progress: No subjects entered.

LTC Potter was the original principal investigator on this study. MAJ Hartman became the principal investigator in August upon the departure of LTC Potter.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/31	Status: On-going

Title: CCG 323P: Cyclic Combination Chemotherapy for Newly Diagnosed Stage III Neuroblastoma Age 2 Years or Older at Diagnosis and Newly Diagnosed Stage IV Neuroblastoma All Ages

Start Date: 17 Jan 86	Est Completion Date: Indefinite
Department: Pediatrics	Facility: MAMC
Principal Investigator: MAJ Kip Hartman, MC	
Associate Investigators: LTC Allen Potter, MC	
Key Words: neuroblastoma, Stages III & IF, chemotherapy, cyclic	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To evaluate the effect of melphalan in newly diagnosed untreated Stage IV neuroblastoma; to evaluate the effect on the toxicity in Stage III neuroblastoma age 2 years and older and in Stage IV neuroblastoma of alternating cycles of vincristine-cyclophosphamide-DTIC and intravenous melphalan; and to continue to evaluate front-end prognostic factors other than age at diagnosis in Stage III neuroblactoma 2 years of age and older and Stage IV. Stage IV.

Technical Approach: After satisfying the eligibility criteria as listed in the protocol, patients with Stage III neuroblastoma age 2 years and older at diagnosis or with Stage IV (not IV-S) neuroblastoma, all ages, will be treated with two courses of cyclophosphamide and DTIC for 22 weeks. After a total of 22 weeks of therapy, if the patient has a complete remission, partial remission, or SD with no progression, then alternating cycles of melphalan and VCD chemotherapy will be continued for the full 105 weeks. Patients with progressive disease after a minimum of four chemotherapy pulses (12 weeks) will be removed from the study and will be candidates for alternative therapy. Patients experiencing progressive disease prior to week 22 may receive XRT at the discretion of the PI and radiotherapist and continue on therapy to week 22.

Progress: One patient has been entered in this study.

LTC Potter was the original principal investigator on this study. MAJ Hartman became the principal investigator in August upon the departure of LTC Potter.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/45	Status: On-going

Title: CCG 631: Intergroup Rhabdomyosarcoma Study - III
NCI Protocol #: INTERG-0032

Start Date: 21 Mar 86	Est Completion Date: Feb 92	
Dept/Svc: Pediatrics		Facility: MAMC
Principal Investigator: MAJ Kip Hartman, MC		
Associate Investigators: LTC Allen Potter, MC		
Key Words: rhabdomyosarcoma,		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To compare various forms of treatment of rhabdomyosarcoma and to determine: if various combinations of vincristine, dactinomycin, adriamycin, cyclophosphamide, cis-platin, and VP-16, with or without radiation therapy, will improve survival rates in both favorable and unfavorable histology tumors that have been completely or grossly, but incompletely, removed; if patients with localized orbit and head tumors will do well with vincristine and dactinomycin therapy limited to one year; patients with localized prostate, bladder, vagina, or uterus tumors can be treated successfully with cis-platin, adriamycin, vincristine, cyclophosphamide, and dactinomycin to avoid radical surgery and preserve the involved organ. Other objectives are to use second and third operations to see if the tumor is gone and, if not, to see if any remaining tumor can be surgically removed; to add other combinations of drugs when only partial response is obtained from the initial treatment; to use XRT and IT drugs to treat tumors extending or at risk of extension into the brain or spinal cord; and to do various studies of drug sensitivity and tumor typing on the removed tumor tissue to find new drugs for treatment and new ways of diagnosing cancer.

Technical Approach: Patients will be catogorized as: Group I: localized disease, completely resected; Group II: total gross resection with evidence of regional spread; Group III: incomplete resection with gross residual disease; and group IV: distant metastatic disease present at onset. Patients will then be subcategorized into groups according to favorable or unfavorable histology and location of disease and treated with one of 8 regimens containing various combinations of actinomycin-D, adriamycin, cisplatinum, cyclophosphamide, cytosine arabinoside, DTIC, hydrocortisone, leucovorin, vincristine sulfate, methotrexate, and VP-16 with or without the addition of radiation therapy and surgery.

Progress: No patients entered.

LTC Potter was the original principal investigator on this study. MAJ Hartman became the principal investigator in August upon the departure of LTC Potter.

D E T A I L S H E E T S

F O R

P R O T O C O L S

FRED HUTCHINSON CANCER RESEARCH CENTER GROUP PROTOCOLS

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/30	Status: On-going

Title: FHCRC #11 - Protocol for Treatment of Adult Acute Nonlymphocytic Leukemia, Study V.

Start Date: 21 Jan 83	Est Completion Date: Jan 85
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: COL Irwin B. Dabe, MC	
Associate Investigators:	
COL Friedrich H. Stutz, MC	MAJ Thomas M. Baker, MC
LTC James E. Congdon, MC	MAJ Alfred H. Chan, MC
LTC Howard Davidson, MC	MAJ Timothy J. O'Rourke, MC
Key Words: nonlymphocytic leukemia, acute, chemotherapy	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-
	Periodic Review: May 86 - Continue

Study Objective: To determine the complete remission rate with intensive induction in patients with ANL; to determine if therapy with high-dose Ara-C, Asperaginase, AMSA, and VP-16 will decrease the rate of leukemic relapse; to determine whether the wider application of marrow transplantation using allogenetic, partially-matched, unrelated, and autologous marrow will increase the cure rate of ANL in patients less than 30 years of age; and to determine if marrow transplantation should be carried out in first remission or at first sign of relapse in patients age 30-50.

Technical Approach: All Patients <75 years with adult nonlymphocytic leukemia, previously untreated except for the administration of hydroxyurea are eligible. Diagnoses to be included: acute myelocytic, promyelocytic, monocytic, myelomonocytic, acute undifferentiated, and erythroleukemic. Daunomycin, Ara-C, 6-thioguanine, vincristine, and prednisone will be used in Cycle I as the induction regimen; Cycle 2 will be high-dose Ara-C and asparaginase; Cycle III - same as Cycle I; Cycle IV will be high dose AMSA and VP-16; cycle V - same as Cycle I, Cycle VI will be vincristine, prednisone, 6-mercaptopurine, and methotrexate. Regardless of remission status, patients <30 will be offered bone marrow transplantation after Cycle 2. Patients 30-50 years of age who have not achieved complete remission after two courses or who relapse after remission will be offered transplantation. Patients >50 will receive chemotherapy only. All patients will continue on chemotherapy, regardless of transplantation status.

Progress: No patients were entered in FY 86 at MAMC. One patient entered in FY 84 and had fairly severe side effects to the chemotherapy with multiple admissions for infection and leukopenia.

Group-wide, all patients have suffered nausea, vomiting, mucositis, and pancytopenia. All of these side-effects were expected. Hepatitis was seen in some patients. Whether this represents a side effect of the drugs or of the blood transfusions is not clear. One case of ITP and one case of Guillian-Barre syndrome have been seen.

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 83/47 Status: On-going

Title: FHCRC #152: Combined Modality Treatment for Non-Hodgkin's Lymphomas of Intermediate and High-Grade Malignancy

Start Date: 18 Feb 83 Est Completion Date: Jan 85

Dept/Svc: Medicine/Oncology Facility: MAMC

Principal Investigator: MAJ Thomas M. Baker, MC

Associate Investigators:

COL Friedrich H. Stutz, MC
LTC James E. Congdon, MC
LTC Irwin B. Dabe, MC
LTC Howard Davidson, MC
MAJ Alfred H. Chan, MC
MAJ Timothy J. O'Rourke, MC

Key Words: non-Hodgkin's lymphoma, intermediate, high-grade

Accumulative MEDCASE Cost: -0- Est Accumulative OMA Cost: -0- Periodic Review: May 86 - Continue

Study Objective: To compare in patients with extensive (stage III and IV), aggressive (intermediate and high-grade malignancy) non-Hodgkin's lymphoma (NHL) the response rate, duration, and survival after treatment with: (1) combined cyclophosphamide, adriamycin, vincristine, and prednisone (CHOP) chemotherapy combined with total body irradiation (TBI), or (2) CHOP chemotherapy combined with upper and lower hemibody irradiation (HBI); and to determine the response rate, duration and survival of patients with limited (stage I, II, and certain stage III and IV), aggressive NHL treated with CHOP chemotherapy with local radiotherapy.

Technical Approach: After appropriate tests to determine the extent of the lymphomas, patients will receive 4 cycles of multi-agent chemotherapy to include cytoxan, adriamycin, oncovin and prednisone. At the end of 4 cycles of chemotherapy, given 4 wks apart, patients will be restaged to determine the extent of remaining disease. If there is at least a 50% reduction in the observed disease, the patients will proceed to Phase II consisting of radiation theapy. All patients will receive prednisone every other day by mouth and vincristine IV every other week. Those patients with disease involving <50% of the body will receive limited radiation therapy to sites of known lymphoma involvement. Those patients with extensive disease will be randomized to receive either low dose total body radiation or low dose sequential hemibody radiation therapy. At the completion of Phase II, all patients will receive 4 more cycles of CHOP with the intervals lengthened to 8 weeks. At the end of Phase III, if there is no evidence of remaining disease, patients will be taken off therapy and observed.

Progress: No new patients were entered at MAMC in FY 86. Six patients have been entered in previous years. In one patient, second cycle CHOP post-radiotherapy caused neutropenic fever. Patient recovered and subsequent doses were reduced. Group-wide results show a complete remission of 75% in limited disease and 56% in extensive disease. Survival to three years is 50% in HBI arm (mostly Stage IVB patients).

D E T A I L S H E E T S

F O R

P R O T O C O L S

GYNECOLOGY ONCOLOGY GROUP PROTOCOLS

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 82/07	Status: On-going

Title: GOG #26C: A Phase II Trial of Cis-Platinum Diamminedichloride

Start Date: 20 Nov 81	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: advanced malignancy, refractory to prior therapy	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86: Continue

Study Objective: To determine the efficacy of cis-platinum diamminedichloride in patients whose advanced malignancies have been resistant to higher priority methods of treatment.

Technical Approach: All patients with measurable gynecological cancer, who have failed higher priority therapies, will be offered cis-platinum as a Phase II drug to determine its efficacy. The drug is given at 50 mg/M^2 intravenously every three weeks as toxicity permits. Patients who respond or who demonstrate disease will continue to receive the agent until progression has occurred.

Progress: No new patients were entered at MAMC in FY 86. Three were entered in previous years.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/18	Status: On-going

Title: GOG #26D: A Phase II Trial of VP-16 in Patients with Advanced Pelvic Malignancies

Start Date: 19 Nov 82	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: pelvic malignancies, advanced, resistant	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86: Continue

Study Objective: To determine the efficacy of VP-16 in patients whose advanced malignancies have been resistant to higher priority methods of treatment.

Technical Approach: All patients with measurable gynecological cancer who have failed higher prior therapies will be offered VP 16 as a Phase II drug to determine its efficacy. The drug will be given as 100 mg/M^2 intravenously on days 1, 3, and 5, every four weeks. Patients who respond or demonstrate disease will continue to receive the agent until progression has occurred.

Progress: No patients entered at MAMC.

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 83/19 Status: On-going

Title: GOG #26E: A Phase II Trial of Glactitol 1,2:5,6-Dianhydro in Patients with Advanced Pelvic Malignancies

Start Date: 19 Nov 83 Est Completion Date: Indefinite

Department: OB/GYN Facility: MAMC

Principal Investigator: COL Roger B. Lee, MC

Associate Investigator: COL William Benson MC

Key Words: pelvic malignancies, advanced, resistant

Accumulative MEDCASE Cost: -0- For Accumulative OMA Cost: -0- Periodic Review: Feb 86: Continue

Study Objective: To determine the efficacy of glactitol 1,2:5,6-dianhydro in patients whose advanced malignancies have been resistant to higher priority methods of treatment.

Technical Approach: All patients with measurable gynecological cancer who have failed standard prior therapies will be offered glactitol 1,2:5,6-dianhydro as a Phase II drug to determine its efficacy. The drug will be given as 50 mg/M^2 slow I.V. push weekly. If no toxicity has has occurred after 4 doses, the dosage will be increased to 75 mg/M^2 weekly. Patients will continue to receive the agent until progression occurs.

Progress: No patients entered at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/20	Status: On-going

Title: GOG #26G: A Phase II Trial of ICRF-159 in Patients with Advanced Pelvic Malignancies

Start Date: 19 Nov 82	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: pelvic malignancy, advanced, resistant, ICRF-159	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86: Continue

Study Objective: To determine the efficacy of ICRF-159 in patients whose advanced malignancies have been resistant to higher priority methods of treatment.

Technical Approach: All patients with measurable gynecological cancer who have failed higher prior therapies will be offered ICRF-159 as a Phase II drug to determine its efficacy. The drug will be given by mouth as 1.5 gm/M^2, in three divided doses, one every 6 hours, on day 1, repeated weekly as marrow recovery permits. Patients will continue to receive the agent until progression occurs.

Progress: No patients entered in FY 86. One patient was entered in FY 83, exhibited no response to ICRF, and died from disease in FY 84.

Status: On-going

...patients with

...Date: Indefinite

...Facility: MAMC

...6: Continue

...AMSA in patients
...another priority

...gynecological
...be offered AMSA
...The drug will be
...ients will continue

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/22	Status: On-going

Title: GOG #26J: A Phase II Trial of Yoshi 864 in Patients with Advanced Pelvic Malignancies

Start Date: 19 Nov 82	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: pelvic malignancy, advanced, resistant	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86: Continue

Study Objective: To determine the efficacy of Yoshi 864 in patients whose advanced malignancies have been resistant to higher priority methods of treatment.

Technical Approach: All patients with measurable gynecological cancer who have failed higher prior therapies will be offered Yoshi 864 as a Phase II drug to determine its efficacy. The drug will be given as 1.5 mg/kg/d x 5 I.V. every six weeks. Patients will continue to receive the agent until progression occurs.

Progress: No patients entered at MAMC.

Summary Sheet

Status: On-going

(NSC 180793) in
ovarian carcinoma,

Date: Jul 88
Facility: MAMC

MC
MC
anced, resistant
Periodic Review:
Oct 85: Continue

tamoxifen in patients
tant to higher priority

measurable gynecological
eligibles will be offered tam-
its efficacy. The drug
adverse effects prohibit
will be defined as receiving a

in FY 85 for a total of two

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/23	Status: On-going

Title: GOG #26M: A Phase II Trial of PALA in Patients with Advanced Pelvic Malignancies

Start Date: 19 Nov 82	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: pelvic malignancies, advanced, PALA	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86: Continue

Study Objective: To determine the efficacy of PALA in patients whose advanced malignancies have been resistant to higher priority methods of treatment.

Technical Approach: All patients with measurable gynecological cancer who have failed higher prior therapies will be offered PALA as a Phase II drug to determine its efficacy. The drug will be given as 5.0 mg/M^2 I.V. every three weeks. Patients will continue to receive the agent until progression or adverse effects prohibit further therapy.

Progress: No patients have been entered at MAMC.

Sheet

Status: On-going

ydroxyanthracenedione
elvic Malignancies
Date: Indefinite
Facility: MAMC

Periodic Review
Oct 86: Continue

DHAD in patients
to higher priority

gynecological
will be offered DHAD
The drug will be
Patients will continue
adverse effects prohibit

86 for a total of three

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 82/30	Status: On-going

Title: GOG #26-O: A Phase II Trial of Aziridinylbenzoquinone (AZQ) in Patients with Advanced Malignancies

Start Date: 19 Feb 82	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: malignancies, advanced, AZQ	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Apr 86: Continue

Study Objective: To determine the efficacy of AZQ in patients whose advanced malignancies have been resistant to high priority methods of treatment.

Technical Approach: All patients with measurable gynecological cancer who have failed higher prior therapies will be offered AZQ as a Phase II drug to determine its efficacy. The drug will be given as 30 mg/M^2 given every three weeks. Patients will continue to receive the agent until progression or adverse effects prohibit further therapy.

Progress: No patients entered in FY 86. One patient entered at MAMC during FY 84 with no response to AZQ; death by cancer of cervix.

Status: On-going

... Patients with

... Date: Indefinite
... Facility: MAMC

... Review:
... Continue

... CA-125 in patients
... high priority

... gynecological
... will be offered
... efficacy. The drug
... five days every
... agent until
... therapy.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/26	Status: On-going

Title: GOG #26Q: A Phase II Trial of Aminothiadiazole in Patients with Advanced Pelvic Malignancies

Start Date: 19 Nov 82	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: pelvic malignancies, advanced, aminothiadiazole	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Feb 86: Continue

Study Objective: To determine the efficacy of aminothiadiazole in patients whose advanced malignancies have been resistant to high priority methods of treatment.

Technical Approach: All patients with measurable gynecological cancer who have failed higher prior therapies will be offered aminothiadiazole as a Phase II drug to determine its efficacy. The drug will be given as 125 mg/M^2 I.V. once a week. Patients will continue to receive the agent until progression or adverse effects prohibit further therapy.

Progress: No entries in FY 86. One patient was entered in FY 85 and died from squamous cell carcinoma of the cervix.

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 84/25 Status: On-going

Title: GOG #26R: A Phase II Trial of Progesterone in the Treatment of Advanced or Recurrent Epithelial Ovarian Cancers that Have Failed Combination Chemotherapy

Start Date: 20 Jan 84 Est Completion Date: Nov 88

Department: OB/GYN Facility: MAMC

Principal Investigator: COL Roger B. Lee, MC

Associate Investigator: COL William Benson, MC

Key Words: epithelial ovarian, advanced, recurrent, progesterone

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Apr 86: Continue

Study Objective: To determine the efficacy of progesterone in patients whose advanced malignancies have been resistant to higher priority methods of treatment.

Technical Approach: All patients with measurable gynecological cancer, who have failed higher priority therapies, will be offered C.T. Provera as a Phase II drug to determine its efficacy. The drug is given at 50 mg (1 tablet) t.i.d. until progression of disease.

Progress: No patients entered at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/64	Status: On-going

Title: GOG 26-S: A Phase II Trial of Teniposide in Patients with Advanced Pelvic Malignancies

Start Date: 15 Jun 84	Est Completion Date: Jun 89	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: pelvic malignancies, advanced, Teniposide		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Nov 85: Continue

Study Objective: To determine the efficacy of Teniposide in patients whose advanced malignancies have been resistant to high priority methods of treatment.

Technical Approach: Teniposide will be administered at a dosage of 100 mg/M^2 every week. The patients will be followed for toxicites to the drug and the drug dosages will be modified according to the severity of the toxicities. Response to the drug will be followed. Progression of disease and/or excessive toxicities will terminate the study for the patient.

Progress: No new patients entered in FY 86. Two patients were entered at MAMC in previous years for a total of two entries.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/65	Status: On-going

Title: GOG 26-T: A Phase II Trial of 4'-Deoxydoxorubicin in Patients with Advanced Pelvic Malignancies

Start Date: 15 Jun 84	Est Completion Date: Jun 89	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: pelvic malignancies, advanced, 4'-Deoxydoxorubicin		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Nov 85: Continue

Study Objective: To determine the efficacy of 4'-deoxydoxorubicin in patients whose advanced malignancies have been resistant to higher priority methods of treatment.

Technical Approach: All eligible patients who have failed higher priority therapies will be offered 4'-deoxydoxorubicin as a Phase II drug to determine its efficacy. The drug will be given at a dosage of 30 mg/M^2 every three weeks. Patients will be followed for toxicities to the drug and the drug dosage will be modified according to the severity of the toxicities. Response to the drug will be followed; progression of disease and/or excessive toxicities will terminate the study for the patient.

Progress: One patient was entered at MAMC in FY 86. None had been entered in previous years.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/87	Status: On-going

Title: GOG 26 U: A Phase II Trial of Ifosfamide (NSC #109724) and the Uroprotector, Mesna (NSC #25232), in Patients With Advanced Pelvic Malignancies

Start Date: 20 Sep 85	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William L. Benson, MC	
Key Words: ifosfamide, mesna, advanced pelvic malignancies	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Oct 85: Continue

Study Objective: To determine the efficacy of ifosfamide plus mesna in patients whose advanced malignancies have been resistant to higher priority methods of treatment.

Technical Approach: All eligible patients who have failed higher priority therapies will be offered ifosfamide plus mesna as a Phase II drug regimen to determine its efficacy. Ifosfamide will be given at a dosage of 1.8 g/M^2 daily for five days and mesna will be given 400 mg/M^2 t.i.d every four weeks. Patients will be followed for toxicities to the drug and the drug dosage will be modified according to the severity of the toxicities. Response to the drug will be followed; progression of disease and/or excessive toxicities will terminate the study for the patient.

Progress: No patients entered at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/88	Status: On-going

Title: GOG 26V: A Phase II Trial of N-Methylformamide in Patients with Advanced Pelvic Malignancies

Start Date: 20 Sep 85	Est Completion Date: Indefinite
Deptartment: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: pelvic malignancies, advanced, N-Methylformamide	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Oct 85: Continue

Study Objective: To determine the efficacy of N-Methylformamide in patients whose advanced malignancies have been resistant to higher priority methods of treatment.

Technical Approach: All eligible patients who have failed higher priority therapies will be offered N-Methylformamide as a Phase II drug to determine its efficacy. N-Methylformamide will be given at a dosage of 800 mg/M^2 daily X 5 for five days every four weeks. Patients will be followed for toxicities to the drug and the drug dosage will be modified according to the severity of the toxicities. Response to the drug will be followed; progression of disease and/or excessive toxicities will terminate the study for the patient.

Progress: No patients entered at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/75	Status: On-going

Title: GOG 26W: A Phase II Trial of Echinomycin (NSC #526417) in Patients with Advanced Pelvic Malignancies

Start Date: 20 Jun 86	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigators: COL William L. Benson, MC	
Key Words: malignancies, pelvic, advanced, echinomycin, Phase II	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To screen for activity of new agents or drug combinations in patients with advanced malignancies. Its intent is to determine the efficacy of chemotherapeutic agents in patients whose advanced malignancies have been resistant to high priority methods of treatment.

Technical Approach: Echinomycin will be administered at a dosage of 1500 mcg/m every 4 weeks. An adequate trial is defined as receiving one dose of drug and alive at four weeks. Patients receiving one dose of drug and demonstrating progression $\leq$ 4 weeks from study entry will be considered evaluable for response and toxicity. Each patient will remain on study and continue to receive drug until disease progression or adverse effects prohibit further therapy.

Progress: No patients entered at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 81/24	Status: On-going

Title: GOG #34: A Randomized Study of Adriamycin as an Adjuvant After Surgery and Radiation Therapy in Patients with High Risk Endometrial Carcinoma Stage I and Occult Stage II

Start Date: 6 Jan 81	Est Completion Date: Jan 84	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: carcinoma, endometrial, adriamycin, adjuvant		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Feb 86: Continue

Study Objective: To study differences in morbidity and patient survival as functions of various tumor growth patterns as well as treatment in the high risk Stage I and, optionally, high risk Stage II occult endometrial carcinoma.

Technical Approach: Patients with primary, previously untreated, histologically confirmed invasive carcinoma of the endometrium, Stage I or II occult, all grades, with one or more of the following high risk criteria are eligible: (1) all lesions with equal to or greater than 1/2 myometrial involvement; (2) positive pelvic and/or para-aortic nodes; (3) microscopic evidence of cervical involvement but no gross clinical involvement of the cervix; (4) adnexal metastasis. Surgery will be followed in 2-6 weeks by "tailored" radiation therapy, pelvic and/or para-aortic, depending on node positivity. Prior to the initiation of radiation, therapy patients will be randomized to no further therapy or to adriamycin beginning 2-4 weeks after radiation therapy.

Progress: No new entries in FY 86. A total of eight subjects has been entered. The protocol is closed to patient entry, but the investigators are continuing to collect data.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 81/79	Status: On-going

Title: GOG #40: A Clinical-Pathologic Study of Stages I and II Uterine Sarcomas

Start Date: 15 May 81	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: sarcoma, uterine, pathologic study	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Oct 85: Continue

Study Objective: To determine the incidence of pelvic and aortic lymph node metastases associated with Stages I and II uterine sarcomas, the relationship of these node metastases to other important prognostic factors such as mitotic index of the tumor, and the complication rate of the procedures. These findings will then be used as a guide for treatment protocols.

Technical Approach: Patients with histologically proven uterine sarcoma clinical Stages I or II who undergo total abdominal hysterectomy, bilateral salpingo-oophorectomy, selective pelvic and para-aortic lymphadenectomy, peritoneal cytology sampling and omentectomy (optional) as described in the protocol are eligible. Patients who have had prior preoperative adjuvant pelvic radiation or chemotherapy will be ineligible. The following pathologic evaluation will be done:

a. Peritoneal cytology will be evaluated for malignant cells.
b. The uterus will be evaluated at least in regard to: (1) location of tumor; (2) depth of myometrial invasion; (3) differentiation of tumor; (4) size of uterus; (5) number of mitoses per 10 HPF; (6) histologic type of tumor.
c. The adnexa will be evaluated for presence of metastasis.
d. The lymph nodes will be evaluated as to metastasis and location and number of involved lymph nodes.

After surgical staging, patients may be transferred to an appropriate treatment protocol if all criteria are met. If no protocol is available, further treatment will be at the discretion of the physician.

Progress: No new patients were entered at MAMC in FY 86. Six patients have been entered in previous years.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 81/25	Status: On-going

Title: GOG #44: Evaluation of Adjuvant Vincristine, Dactinomycin, and Cyclophosphamide Therapy in Malignant Germ Cell Tumors of the Ovary After Resection of all Gross Tumor, Phase III

Start Date: 17 Dec 80	Est Completion Date: Jun 83
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: germ cell, ovary, adjuvant, chemotherapy	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Feb 86: Continue

Study Objective: To evaluate the effect of combined prophylactic vincristine, dactinomycin, and cyclophosphamide (VAC) chemotherapy in patients with endodermal sinus tumor, embryonal carcinoma, immature teratoma (Grades 2 and 3), choriocarcinoma, and malignant mixed germ cell tumors of the ovary, Stages I and II, after total removal of all gross tumor; to evaluate the role of serum markers, especially alpha-feto-protein and human chorionic gonadotropin (betaHCG), when these are present in predicting response and relapse; to determine the role of restaging laparotomy in determining response, predicting relapse, and planning further therapy.

Technical Approach: Patients with histologically confirmed malignant germ cell tumors of the ovary, Stage I or II, if previously untreated and completely resected, (excluding patients with pure dysgerminoma) will be eligible. Patients with Grade 2 or 3 immature teratoma are eligible. After adequate recovery from required surgery, patients will receive 6 courses of VAC chemotherapy. If progression is noted during chemotherapy, patients will be transferred to the appropriate protocol. Patients with no evidence of disease after 6 courses will then undergo a restaging laparotomy. Those showing evidence of progression will be transferred. If laparotomy reveals no evidence of disease, patients will receive an additional 3 courses of VAC and then be followed on no further therapy.

Progress: No new entries in FY 86. Two patients were entered at MAMC in previous years.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/46	Status: Completed

Title: GOG 45: Evaluation of Vinblastine, Bleomycin, and Cis-Platinum in Stages III and IV and Recurrent Malignant Germ Cell Tumors of the Ovary

Start Date: 20 Apr 84	Est Completion Date: Mar 89	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: germ cell, ovary, VBP, VAC		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To evaluate the effect of four cycles of combined vinblastine, bleomycin and cis-platinum (VBP) chemotherapy in the management of patients with endodermal sinus tumor, embryonal carcinoma, immature teratoma (all grades), choriocarcinoma, and malignant mixed germ cell tumors of the ovary with advanced or recurrent disease, incompletely resected; to evaluate the role of serum markers, especially alphafetoprotein and human chorionic gonadotropin when these are present in predicting response and relapse; to determine the role of restaging laparotomy in patients in clinical remission in assessing completeness of response and in planning further therapy; to evaluate and compare the effect of vincristine, dactinomycin, and cyclophosphamide (VAC) in patients found to have persistent disease at the time of restaging laparotomy.

Technical Approach: Patients with advanced or recurrent germ cell tumors of the ovary are eligible for this protocol using VBP. Those patients who respond to chemotherapy will have re-exploratory laparotomy. All patients determined to have a surgically complete response will be followed without any further therapy. Those patients who still have cancer or who progressed under VBP will be treated with VAC.

Progress: No patients entered at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 81/71	Status: Completed

Title: GOG #50: A Study of Adriamycin as Postoperative Therapy for Ovarian Sarcoma, Primary or Recurrent, With no Prior Chemotherapy

Start Date: 20 Mar 81	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: sarcoma, ovarian, adriamycin, postoperative therapy	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Oct 85: Continue

Study Objective: To evaluate the efficacy of adriamycin in the treatment of primary ovarian sarcomas, primary or recurrent, through historic controls; and to accumulate additional surgical-pathological data relative to ovarian sarcomas.

Technical Approach: Patients must have histologically confirmed primary Stage I-IV or recurrent ovarian sarcoma. Cases without histologic confirmation of recurrence must be documented by submission of original slides. Optimal reductive surgery is required for cases with advanced disease, whether primary or recurrent. Patients may have measurable disease, nonmeasurable disease, or no residual disease postoperatively. The endometrium must be examined to exclude an endometrial origin of the tumor. Patients with prior chemotherapy are ineligible. All patients will receive chemotherapy as soon as the acute effects of surgery have resolved. After completion of a total cumulative dose of 550 mg/M^2, patients with clinically complete responses or detectable disease which is thought to be resectable will undergo second look surgery. Those patients with progression will be entered on Protocol #26. At second look those with NED will have no further therapy and follow-up for five years; those with stable disease or progression will be entered on Protocol #26.

Progress: No entries at MAMC. A manuscript is in progress by the GOG.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 81/116	Status: On-going

Title: GOG 54: The Treatment of Women with Malignant Tumors of the Ovarian Stroma with Combination Vincristine, Dactinomycin, and Cyclophosphamide--Phase III; and a Phase II Evaluation of Adriamycin in Malignant Tumors of the Ovarian Stroma Refractory to Primary Chemotherapy

Start Date: 18 Sep 81	Est Completion Date: Sep 88	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: ovarian stroma, malignant tumors, primary, refractory		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To evaluate the effectiveness of combined vincristine, dactinomycin, and cyclophosphamide (VAC) in treatment of malignant tumors of the ovarian stroma in patients with residual, recurrent or advanced disease; to confirm completeness of response to VAC treatment with restaging laparotomy; to evaluate response to adriamycin in patients who fail primary treatment with VAC; to evaluate the endometrium histologically to learn more about the relationship between stromal tumors and endometrial cancer.

Technical Approach: Eligible patients must have histologically confirmed malignant tumors of the ovarian stroma (granulosa cell tumor, granulosatheca cell tumor, Sertoli-Leydig cell tumor, androblastoma, gynandroblastoma, unclassified sex cord-stromal tumor, sex cord tumor with annular tubules) not amenable to cure by further surgery or radiation therapy. Patients who have received chemotherapy at any time or those who have received radiotherapy <4 weeks prior to entry are ineligible for study. Patients admitted to this study will have undergone an exploratory laparotomy with removal of as much tumor as is prudent. Chemotherapy will be followed within four weeks and not later than six weeks following surgery. Patients must have recovered from surgery. All patients will receive VAC for a minimum of three cycles or a maximum of ten cycles. Patients who exhibit a complete response or a partial response after ten cycles which makes remaining disease resectable will undergo a restaging laparotomy. If all residual disease is resected at restaging laparotomy, patients will receive adriamycin. If there is no evidence of disease at restaging laparotomy, patients will receive intermittent cyclophosphamide. If progression is observed during cyclophosphamide therapy, patient will be removed from study. Patients who exhibit progression of disease after three cycles of VAC will receive adriamycin. If further progression is observed on adriamycin therapy, the patient will be removed from the study. All patients will be followed for five years or until death.

Progress: No patients entered during FY 86. One patient was entered previously for a total of two entries.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 81/44	Status: On-going

Title: GOG #55: Hormonal Contraception and Trophoblastic Sequelae After Hydatidiform Mole, Phase III

Start Date: 20 Feb 81	Est Completion Date: Jun 83
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: hydatidiform mole, contraception, hormonal	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Apr 86: Continue

Study Objective: To determine whether the administration of estrogen progesterone oral contraceptives following the evacuation of a hydatidiform mole and prior to the HCG titer reaching undetectable levels affects the incidence of trophoblastic sequelae requiring chemotherapy.

Technical Approach: Patients with a histologically verified diagnosis of hydatidiform mole evacuated by suction evacuation of the uterus with uterine conservation are eligible. All patients must have a pelvic ultrasound and arterial blood gases performed within 2 weeks of evacuation. Patients will be randomly assigned to Regimen 1: hormonal contraception - oral contraception to be commenced as soon as the patient has been randomized and will continue for at least 12 weeks; or Regimen 2: mechanical contraception - a. sheath and foam preparation; b. IUD inserted once the uterus has become involuted, again used with foam; c. diaphragm used with contraceptive cream or foam. The principal investigator will choose the method of mechanical contraception and it will be commenced as soon as the patient has been randomized and will continue for at least 12 weeks. At the end of 12 weeks, all patients will be evaluated for development or nondevelopment of trophoblastic sequelae. Further birth control will be at the discretion of the patient and the investigator. All patients will remain on the study for a minimum of six months after primary evacuation of the mola pregnancy.

Progress: One new patient wase entered in FY 86 a total of six entries.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 82/08	Status: On-going

Title: GOG #56: A Randomized Comparison of Hydroxyurea Versus Misonidazole as an Adjunct to Radiation Therapy in Patients with Stage II_B, III, and IV_A Carcinoma of the Cervix and Negative Para-Aortic Nodes (Phase III)

Start Date: 20 Nov 81	Est Completion Date: Jul 86	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: cervix, negative para-aortic nodes, chemotherapy		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86: Continue

Study Objective: To determine whether hydroxyurea or misonidazole is superior as a potentiation of radiation therapy in advanced cervical cancer; and to compare the toxicity of hydroxyurea versus misonidazole when given concurrently with radiotherapy.

Technical Approach: All patients with invasive squamous cell carcinoma of the cervix, Stages II_B through IV_A will undergo preoperative clinical staging. This will include traditional staging as permitted by FIGO rules. Extended clinical staging utilizing lymphangiography, computerized transaxial tomography, and/or sonography is required. Subsequently, patients will undergo a para-aortic lymphadenectomy and peritoneal exploration. Selected patients may be excluded from this procedure if percutaneous needle biopsy provides histologic proof of metastasis to the aortic nodes. All patients with cancer confined to the pelvis are eligible for treatment. They will receive pelvic irradiation and will be randomly assigned to receive concomitant hydroxyurea or misonidazole. Patients with metastasis outside the pelvis are not eligible for treatment.

Progress: No new entries at MAMC in FY 86. In previous years, five patients have been entered.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 82/31	Status: On-going

Title: GOG #57: A Randomized Comparison of Multiple Agent Chemotherapy with Methotrexate, Dactinomycin, and Chlorambucil versus the Modified Bagshawe Protocol in the Treatment of "Poor Prognosis" Metastatic Gestational Trophoblastic Disease (Phase II)

Start Date: 19 Feb 82	Est Completion Date: Feb 87	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: gestational trophoblastic disease, multiple agent chemotherapy, modified Bagshawe protocol		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Apr 86: Continue

Study Objective: To evaluate the effectiveness and toxicity of the Modified Bagshawe Protocol (MBP) in patients with "poor prognosis" metastatic gestational trophoblastic disease (MGTD); and to compare the effectiveness and toxicity of the MBP with standard triple agent chemotherapy with methotrexate, dactinomycin, and chlorambucil (MAC).

Technical Approach: Patients who have a histologic diagnosis of gestational trophoblastic disease and an elevated HCT titer, who are considered "poor prognosis" on the basis of the criteria set forth in the protocol, will be randomized to either a drug combination of MAC or to a modified Bagshawe Protocol.

Progress: No entries at MAMC during FY 86. The protocol is closed to patient entry, but one patient with a complete response to the Bagshawe regimen is still being followed.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 81/117	Status: On-going

Title: GOG #59: A Randomized Comparison of Extended Field Radiation Therapy and Hydroxyurea Followed by Cisplatin or no Further Therapy in Patients with Cervical Squamous Cell Carcinoma Metastatic to High Common Iliac and/or Para-aortic Lymph Nodes--III

Start Date: 18 Sep 81	Est Completion Date: Jul 86
Department: OB/GYN	Facility: MAMC
Principal Investigator:	COL Roger B. Lee, MC
Associate Investigators:	COL William Benson, MC COL Donald Kull, MC
Key Words:	cervical squamous cell carcinoma, iliac, para-aortic lymph nodes, chemotherapy, radiation therapy

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To determine if cis-diamminedichlorplatinum, cisplatin, given in an adjuvant setting will decrease the risk of geographic failure or improve the survival rate or progression-free interval in patients who have squamous carcinoma of the cervix with metastases to high common iliac and/or para-aortic lymph nodes, proven by either histologic or cytologic means; to evaluate the role of scalene fat pad biopsy in this group of patients before initiation of extended field irradiation therapy; to accumulate clinical/ surgical pathologic data on this high risk group of patients to expedite development of further protocols.

Technical Approach: Eligibility: patients with primary, previously untreated, histologically confirmed, invasive squamous cell carcinoma of the uterine cervix, all clinical stages, with metastasis to high common iliac or para-aortic lymph nodes proven by cytologic or histologic means. Patients will undergo preoperative clinical staging utilizing lymphangiography, computerized axial tomography, and/or sonography as well as traditional methods. Subsequently, the patients will undergo a para-aortic lymphadenectomy and peritoneal exploration. Selected patients may be excluded from this procedure if percutaneous needle biopsy provides cytologic proof of metastasis to extrapelvic nodes. All patients with para-aortic metastasis and negative scalene node biopsies are eligible for treatment. They will receive pelvic and para-aortic irradiation and hydroxyurea and will be randomly assigned to receive cisplatin or no further therapy. An adequate trial will be defined as completion of the prescribed radiation therapy, completion of one course of cisplatin and survival of four weeks, or survival of eight weeks after radiation therapy for the no-further-treatment regimen. Patients will be followed quarterly for two years and every six months for three additional years.

Progress: No entries at MAMC in FY 86. The protocol is closed to patient entry, but one entry (FY 84) on the cis-platin arm with no evidence of disease is still being followed.

Detail Summary Sheet

Date: 30 Sep 86 Protocol No.: 81/118 Status: On-going

Title: GOG #60: A Phase III Randomized Study of Doxorubicin Plus Cyclophosphamide Plus Cisplatin versus Doxorubicin Plus Cyclophosphamide Plus Cisplatin Plus BCG in Patients with Advanced Suboptimal Ovarian Adenocarcinoma, Stages III & IV

Start Date: 18 Sep 81 Est Completion Date: Sep 84

Department: OB/GYN Facility: MAMC

Principal Investigator: COL Roger B. Lee, MC

Associate Investigator: COL William Benson, MC

Key Words: adenocarcinoma, ovarian, chemotherapy

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To determine if the addition of BCG to doxorubicin plus cyclophosphamide plus cisplatin improves remission rate, remission duration, or survival in suboptimal Stages III and IV ovarian adenocarcinoma; to determine the frequency and duration of true complete remission using these regimens as judged at second-look laparotomy.

Technical Approach: Eligibility: Patients with established suboptimal Stage III or Stage IV ovarian epithelial cancer. Patients must have optimal surgery for ovarian cancer, with at least an exploratory laparotomy and appropriate tissue for histologic evaluation. Patients with measurable or nonmeasurable disease will be evaluated. Patients with histologically confirmed serous adenocarcinoma, mucinous adenocarcinoma, clear-cell adenocarcinoma, endometrioid adenocarcinoma, undifferentiated carcinoma, or mixed epithelial carcinoma will be eligible. Patients who have received previous chemotherapy or radiotherapy will be ineligible. Patients will be randomized to receive either doxorubicin, cyclophosphamide, and cisplatin every 3 weeks for 8 courses; or the above regimen plus BCG (days 8 & 15 for 8 courses). Patients with complete response will have a second look laparotomy and will be taken off therapy if complete response is confirmed. Patients who have partial response of stable disease will be considered for a second look if, in the opinion of the investigator, significant tumor reduction may have been achieved. If residual tumor is detected, patients will be taken off study and placed on GOG #61. Patients with progressive disease at any time will be removed from the chemotherapy on this study, but will be followed.

Progress: One patient was entered in FY 86 for a total of six subjects. Four patients have died from disease and one patient was lost to follow-up.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/38	Status: On-going

Title: GOG 62: Data Collection Form for Extravasation Injury with Doxorubicin

Start Date: Feb 86	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: extravasation, doxorubicin, data collection	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To record clinical observations and treatment of doxorubicin (Adriamycin) extravasation for the purpose of the future development of standardized descriptors and/or protocol for method of treatment.

Technical Approach: Eligible patients will be those on a GOG study with gynecologic malignancy undergoing chemotherapy who have incurred an extravasation injury during doxorubicin administration, who return within 72 hours of receiving doxorubicin with signs and symptoms of extravasation. Patients experiencing an extravasation injury with a chemotherapy agent other than doxorubicin and those experiencing a doxorubicin "flare" rather than true extravasaation injury will be excluded. Treatment for extravasation will be initiated immediately and follow MAMC guidelines. Information to be recorded will be venipuncture site, course of chemotherapy, amount extravasated, concentration of drug, initial dilution of drug, type of needle used, method of administration, condition of veins, number of venipuncture attempts, nurse's experience administering chemotherapy, amount and severity of pain at needle site, amount of swelling, color and dimension of infiltration site, lesion evaluation, and description of chemotherapy given.

Progress: No patient entered.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 82/36	Status: On-going

Title: GOG #63: A Clinical-Pathologic Study of Stages II_B, III, and IV_A Carcinoma of the Cervix

Start Date: 19 Mar 82	Est Completion Date: Mar 88	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: carcinoma, cervix, stages II_B, III, IV_A, pathologic		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To evaluate the sensitivity and specificity of non-invasive procedures such as sonography, computerized transaxial tomography and lymphangiography in detection of metastases; to better understand the significance of various surgical and pathologic factors involved in staging and therapy for advanced cervical cancer. The accumulated clinical/surgical/pathological data may then play a role in modification or design of future protocols; to determine by observations of five-year survival and disease-free interval, the validity of current FIGO staging in comparison to histopathologic prognostic factors such as size of lesion, location of lesion, histology, grade, pelvic lymph node metastases, and aortic lymph node metastases, in patients with Stages II_B, III, and IV_A carcinoma of the cervix.

Technical Approach: All eligible patients with invasive carcinoma of the cervix, Stages II_B through IV_A, will undergo preoperative clinical staging, including traditional staging as permitted by FIGO rules. Extended clinical staging utilizing sonography, lymphangiography, and computerized transaxial tomography are mandatory. When these tests reveal an aortic nodal metastasis, the patient will have a fine needle biopsy; however, if the tests are negative, the patient will have an aortic lymphadenectomy. Patients who have a positive fine needle biopsy or positive aortic lymphadenectomy will undergo scalene node biopsy before consideration for a GOG treatment protocol. It is anticipated that all patients will be considered for entry into a GOG protocol for which they are suitable when such protocols are available.

Progress: Two new entries in FY 86 for a total of six subjects.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/40	Status: On-going

Title: GOG #66: Ultrastructural, Staging, and Therapeutic Considerations in Small Cell Carcinoma of the Cervix, Phase II

Start Date: 18 Feb 83	Est Completion Date: Jun 86
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: cervix, small cell carcinoma, ultrastructural, staging, therapeutic	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Apr 86: Continue

Study Objective: To determine the incidence of neuroendocrine carcinoma of the cervix in cases which are histologically classified as small cell carcinomas, and to determine the response rate to combination chemotherapy in patients with Stage IV_B small cell carcinoma of the cervix or progressive local disease after radiation therapy.

Technical Approach: Eligible patients: Those with histologic diagnosis of small cell carcinoma of the cervix. Patients who have small cell carcinoma mixed with large cell keratinizing carcinoma or large cell nonkeritinizing carcinoma or adenocarcinoma are eligible, providing that the small cell elements comprise 50% of the tumor. Only patients with primary Stage IV_B disease or recurrent disease after local therapy are eligible for chemotherapy. Chemotherapy patients must have measurable disease by palpation or by an appropriate x-ray or ultrasound procedure. Patients with disease localized to the pelvis and regional lymph nodes will receive standard thearpy according to the discretion of the investigator. Patients with disease beyond the pelvis or abdominal nodes with no previous irradiation will receive vincristine, 2 mg, doxorubicin, 50 mg/M^2, and cyclophosphamide, 750 mg/M^2, IV every 21 days. Patients with previous irradiation will receive vincristine, 2 mg, doxorubicin, 40 mg/M^2, and cyclophosphamide, 600 mg/M^2, IV, every 21 days. These regimens will be repeated every three weeks if toxicity permits. Doxorubicin will be discontinued at a cumulative dose of 400 mg/M^2. Patients in whom tumor progression occurs on this regimen will be treated with VP-16, 100 mg/M^2 (no previous irradiation) or 80 mg/M^2 (previous irradiation) IV on days 1, 3, and 5, every four weeks to time of progression. Patients will be followed until expiration or for five years. In the unusual instance of Stage IV_B on the basis of brain metastasis alone, patients will be given whole brain irradiation to a dose of 3000 rads in 10 fractions.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/63	Status: On-going

Title: GOG #70: A Randomized Comparison of Single Agent Chemotherapy (Methotrexate and Methotrexate with Folinic Acid Rescue) in "Good Prognosis" Metastatic Gestational Trophoblastic Disease

Start Date: 20 May 83	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: trophoblastic, gestational, single agent chemotherapy	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To judge the relative efficacy of scheduling variation in the chemotherapeutic management of good prognosis metastatic gestational trophoblastic disease and to ascertain the relative toxicities of the two regimens.

Technical Approach: Eligible patients: those with metastatic gestational trophoblastic disease who are good prognosis with duration of disease <4 months from antecedent pregnancy, antecedent molar pregnancy, ectopic pregnancy, or abortion, serum beta-hcg titer <42,000 mIU/ml, no liver or brain metastasis, and no prior chemotherapy.

Regimen I: methotrexate 0.4 mg/kg IM, up to 25 mg daily x 5; repeat every 12 days (7 day window).

Regimen II: methotrexate, 1 mg/kg IM, days 1, 3, 5, and 7. Folinic acid, 0.1 mg/kg, IM, days 2, 4, 6, and 8. Repeat every 14 days (6 day window).

An adequate trial is defined as receivng one course. After the first normal titer (three consecutive weekly normals), each patient will receive one more full course. If she attains remission, therapy will be discontinued. If the titer should re-elevate prior to three consecutive weekly normals, then chemotherapy will continue until the above criteria are fulfilled. All patients will receive chemotherapy as outlined until there is documented remission, severity of toxicity requires a change, or non-response.

Progress: No new entries at MAMC in FY 86. In previous years, two patients have been entered.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/41	Status: On-going

Title: GOG #71: Treatment of Patients with Suboptimal Stage IB Carcinoma of the Cervix: A Randomized Comparison of Radiation Therapy and Post-Treatment Para-Aortic and Common Iliac Lymphadenectomy, Versus Radiation Therapy, Para-Aortic and Common Iliac Lymphadenectomy and Adjunctive Extrafascial Hysterectomy, Phase III

Start Date: 18 Feb 83	Est Completion Date: Jun 86
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: cervix, carcinoma, radiation, lymphadenectomy, hysterectomy	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Apr 86: Continue

Study Objective: To evaluate the role of adjunctive extrafascial hysterectomy in the treatment of suboptimal Stage IB carcinoma of the cervix, the survival and patterns of failure in bulky IB cervix cancer, and the prognostic value of pretreatment endometrial sampling in suboptimal Stage IB carcinoma of the cervix; and to study the toxicity of a combined radiation and surgical therapeutic program.

Technical Approach: Eligible patients: patients with primary, untreated, histologically confirmed invasive carcinoma of the uterine cervix, FIGO Stage IB, as confirmed by cervical biopsy and endometrial sampling.

Regimen I: Following recovery from radiation therapy, patients will undergo para-aortic and common iliac nodal sampling, abdominal washings, and intra-abdominal exploration.

Regimen II: Following recovery from radiation therapy, patients will undergo para-aortic and common iliac nodal sampling, abdominal washings, and intra-abdominal exploration plus total extrafascial hysterectomy.

All patients will be followed for five years. Patients found to have more extensive disease (i.e., positive para-aortic nodes, intra-abdominal metastasis) will be treated at the discretion of the physician and will be followed for five years.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/33	Status: On-going

Title: GOG #72: Ovarian Tumors of Low Malignant Potential: A Study of the Natural History and A Phase II Trial of Melphalan and Secondary Treatment with Cisplatin in Patients with Progressive Disease

Start Date: 17 Feb 84	Est Completion Date: Dec 88	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: tumor, ovarian, natural history, melphalan, cisplatin		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Apr 86: Continue

Study Objective: To evaluate the biologic behavior of ovarian tumors of low malignant potential; to evaluate the effectiveness of chemotherapy against this disease (initially, a Phase II study of melphalan); and to evaluate the response rate to cisplatin in melphalan failures.

Technical Approach: Patients without prior chemotherapy or radiotherapy who have had adequate surgical staging will be eligible. Patients with no grossly visible residual disease will receive no treatment and be followed for 5 years if there is no subsequent disease. If there is no grossly visible clinically apparent residual for 12 months, the patients will have second look surgery and then proceed to melphalan treatment (5 days every four weeks) or follow-up (complete response). With progression after melphalan, patients will proceed to third look and cis-platin treatment (once every three weeks for eight weeks) or follow-up. If there is no evidence of response after three courses of cis-platin, the treatment will be discontinued. Patients who have progression during the first 12 months will be treated as above except they will proceed directly to melphalan treatment without second look surgery. Follow-up will be for a minimum of five years with clinical examination every three months for the first two years, then every six months thereafter.

Progress: Two new patients entered in FY 86 for a total of three subjects.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/26	Status: On-going

Title: GOG #73: A Clinicopathologic Study of Primary Malignant Melanoma of the Vulva Treated by Modified Radical Hemivulvectomy

Start Date: 20 Jan 84	Est Completion Date: Nov 88	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: melanoma, vulva, hemivulvectomy, clinicopathologic		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Apr 86: Continue

Study Objective: To determine the relationship of histopathologic parameters (including microstaging of primary malignant melanoma of the vulva) to FIGO staging, nodal status, and ultimate prognosis and to ultimately recommend appropriate therapy for malignant melanomas of the vulva based on histopathologic and microstaging data.

Technical Approach: Patients receiving primary surgical therapy for primary malignant melanoma of the vulva with at least a modified radical hemivulvectomy will be studied. Patients with a history of primary cutaneous melanoma other than of genital tract origin or patients who have received previous chemotherapy or radiotherapy are ineligible. The primary parameters to be studied are maximum diameter of primary lesion, depth of invasion, initial surgical management (including lymph node dissection), nodal status, FIGO staging, microstaging, progression-free interval, and survival probability. Collected data will be used in an attempt to identify possible prognostic factors. Specific statistical goals will be defined as experience is gained.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/27	Status: On-going

Title: GOG #74: Early Stage I Vulvar Carcinoma Treated With Ipsilateral Superficial Inguinal Lymphadenectomy and Modified Radical Hemivulvectomy

Start Date: 20 Jan 84	Est Completion Date: Nov 88	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: carcinoma, vulvar, lymphadenectomy, hemivulvectomy		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Apr 86: Continue

Study Objective: To document the rates and patterns of recurrence of patients with early Stage I vulvar carcinoma treated with ipsilateral superficial inguinal lymphadenectomy and modified radical hemivulvectomy and to document the survival and recurrence-free interval in the same group of patients.

Technical Approach: Patients who present with primary, untreated, squamous cell carcinoma of the vulva, with no capillary space involvement, and with a lesion measured *in vivo* $\leq$ 2 cm, and with histologic evidence of invasion below the basement membrane $\leq$5 mm, will be eligible for further evaluation and entry into this protocol. If the frozen section on the superficial inguinal lymph nodes reveals *no* evidence of cancer, the patient will go on to have a modified radical hemivulvectomy. If the patient has positive lymph nodes on frozen section, she can be treated with radical vulvectomy and bilateral groin dissection per GOG Protocols 36 and 37. If the final pathology section shows metastatic carcinoma to nodes, the patient can be treated with radical vulvectomy and bilateral groin dissection, per protocols 36 and 37, the surgery to be carried out within six weeks of the time of the initial groin dissection. The patient will be followed every three months for two years and every six months for three additional years. The principal parameters employed to examine the therapeutic effect of hemivulvectomy will be progression-free interval, survival time, and observed adverse effects.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/28	Status: On-going

Title: GOG #75: Postoperative Pelvic Radiation in Stages I and II Mixed Mesodermal Sarcomas of the Uterus

Start Date: 20 Jan 84	Est Completion Date: Nov 88	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: sarcomas, uterus, radiation, postoperative		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Apr 86: Continue

Study Objective: To determine if pelvic postoperative radiation therapy will decrease local and regional recurrence rates and improve median progression free interval in patients with Stages I and II mixed mesodermal sarcomas of the uterus.

Technical Approach: Patients with clinical Stage I or II mixed mesodermal sarcomas of the uterus undergoing a simple extrafascial abdominal hysterectomy, bilateral salpingo-oophorectomy, or selective pelvic or para-aortic lymphadenectomy will be randomized to receive postoperative radiation therapy or no further treatment. The principal parameters employed to examine the therapeutic effect of postoperative pelvic radiation are local and regional recurrence rates, the duration of progression-free interval, observed survival time and the incidence and severity of observed adverse effects. The patients will be followed until death or for at least ten years.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/74	Status: On-going

Title: GOG 78: Evaluation of Adjuvant VP-16, Bleomycin and Cis-** platin Therapy in Totally Resected Choriocarcinoma, Endodermal Sinus Tumor, Embryonal Carcinoma and Grade 3 Immature Teratoma of the Ovary, Pure and Mixed with Other Elements

Start Date: 17 Aug 84	Est Completion Date: Jul 89
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: ovary, embryonal carcinoma, choriocarcinoma, endodermal sinus tumor, vinblastine, bleomycin, cisplatin	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0- Periodic Review: Jan 86: Continue

Study Objective: To evaluate the effect of adjuvant vinblastine, bleomycin, and cisplatin (VBP) chemotherapy in patients with endodermal sinus tumor and choriocarcinoma of the ovary (pure and mixed) after removal of all gross tumor; to evaluate the role of serum markers, especially alphafetoprotein and HCG, in predicting recurrence; to evaluate the role of reassessment laparotomy in determining response, detecting early relapse, and planning further therapy; and to compare the biologic behavior of pure endodermal sinus tumors with mixed germ cell tumors containing endodermal sinus elements. Per addendum of Jan 87: to evaluate the acute and chronic toxicity of this chemotherapy on gonadal and reproductive function.

Technical Approach: Patients with totally resected Stage I choriocarcinoma, endodermal sinus tumor, or embryonal carcinoma of the ovary with negative peritoneal washings, normal (or falling at a rate that does not suggest residual disease) serum AFP and beta-HCG levels, and adequate bone marrow, renal, and hepatic function will be studied. Stages II and III will also be eligible if all gross tumor is resected. After recovery from surgery, patients will receive 3 cycles of VBP therapy. Patients who show evidence of progression while on VBP therapy will be candidates for GOG Protocol 26. Patients completing three cycles of treatment clinically free of disease will undergo reassessment laparotomy. Patients with recurrent disease at reassessment laparotomy will be candidates for GOG Protocol 26. To be evaluable a patient will receive at least one week of chemotherapy and live another two weeks. Each patient will remain on study until adverse effects prohibit further therapy or until evidence of progression is noted.

**Per addendum of Jan 87: the title has been changed as shown above; vinblastin has been replaced by VP-16; Grade 3 immature teratoma has been added for entry and evaluation.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/89	Status: On-going

Title: GOG 79: Single Agent Weekly Methotrexate (NSC #740) Therapy in the Treatment of Nonmetastatic Gestational Trophoblastic Disease

Start Date: 20 Sep 85	Est Completion Date: Indefinite	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William L. Benson, MC		
Key Words: trophoblastic, gestational, methotrexate, weekly		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To determine the efficacy of weekly methotrexate therapy for nonmetastatic gestational trophoblastic disease; to ascertain the toxicity of this regimen; and to demonstrate the cost effectiveness of this regimen.

Technical Approach: Patients with nonmetastatic gestational trophoblastic disease with antecedent molar pregnancy or postabortal status and no prior chemotherapy who meet the criteria listed in the protocol will receive initial treatment with methotrexate, 30 mg/M^2, IM, based on ideal or actual weight, once a week. All patients will receive chemotherapy until remission, severity of toxicity requires a change in therapy, or nonresponse. Nonresponders will go off study and be treated with Dactinomycin. Dosage will be modified according to toxicity encountered. An adequate trial is defined as three one week courses

Progress: Two patients were entered on this protocol in FY 86 with no adverse side effects.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/59	Status: On-going

Title: GOG 80: Cytoreductive Surgery and PAC Chemotherapy vs PAC Chemotherapy for Advanced Stage Epithelial Ovarian Carcinoma After Previous Debulking (Primary Stage III and Only Stage IV with Malignant Pleural Effusion, Phase III

Start Date: 18 Apr 86	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William Benson, MC	
Key Words: carcinoma, previous debulking, surgery, chemotherapy	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0- Periodic Review: N/A

Study Objective: To compare the complete surgical response rate to combination chemotherapy for patients treated with or without attempted primary cytoreductive surgery; to evaluate the influence of attempted primary cytoreductive surgery on the survival of patients with advanced stage epithelial ovarian cancer; to determine the feasibility of optimal tumor resection in patients with advanced stage epithelial ovarian cancer; and to compare the morbidity associated with attempted primary cytoreductive surgery and primary chemotherapy.

Technical Approach: Regimen I: Surgery will be performed with an attempt made to remove as much tumor as possible. Following recovery from surgery, the patient will be treated with adriamycin, cytoxan, and cisplatin every three weeks for eight cycles. Patients with no clinical evidence of disease will then have second-look laparotomy. If there is persistent disease, patient will be entered on another appropriate GOG protocol. If there is no evidence of disease, patients will have clinical follow-up for 5 years.

Regimen II: Patients will receive chemotherapy as in Regimen I, without surgery. Patients with disease progression after 3 cycles of chemotherapy will have exploratory laparotomy with attempted maximal cytoreduction and entered on another appropriate GOG protocol. Patients with stable disease or clinical response will receive 5 more cycles of chemotherapy, following which they will have exploratory laparotomy. If gross disease is found, they will have attempted resection of residual tumor and will be entered on an appropriate GOG protocol. If there is no evicence of disease, patients will have clinical follow-up for 5 years.

Progress: No patients entered on this study.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/08	Status: On-going

Title: GOG 81/A: Master Protocol for Hormonal Treatment of Advanced or Recurrent Carcinoma of the Endometrium

Start Date: 18 Oct 85	Est Completion Date: Oct 93	
Department: OB/GYN		Facility: MAMC
Principal Investigator:	COL Roger B. Lee, MC	
Associate Investigators:	COL William L. Benson, MC	
Key Words: carcinoma, endometrium, advanced, recurrent, hormonal therapy, medroxyprogesterone acetate, master protocol		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the relative efficacy of two dose schedules of oral MPA in the management of advanced or recurrent endometrial carcinoma; to examine the relationship between the levels of estrogen and progesterone receptors in the neoplasm and subsequent response to progestin therapy; and to determine whether patients who respond to therapy with progestins will respond to therapy with anti-estrogens when they relapse on progestins.

Technical Approach: This is a master protocol established in order to study patients being treated with medroxyprogesterone acetate (MPA) for advanced or recurrent endometrial carcinoma. The protocol will be divided into sections to study MPA in patients with various estrogen and progesterone receptors:

81B: positive estrogen and progesterone receptors
81C: negative estrogen and progesterone receptors
81D: positive receptors for etiher estrogen or progesterone, but not both
81E: unknown estrogen and progesterone receptors

Section 81F will study Tamoxifen salvage in patients responsive to MPA in sections B-E. The treatment regimens in sections B-E will be the same with only the receptors studied being different.

Treatment I: medroxyprogesterone acetate 200 mg p.o. daily

Treatment II: medroxyprogesterone acetate 1000 mg p.o. daily

Continue until evidence of disease progression. A course will be considered as every 4 weeks.

Each patient must have a serum sample drawn after one month on therapy to document compliance and absorption.

Progress: All sections of the protocol have been approved and are now open to patient registration.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/09	Status: On-going

Title: GOG 81/B: A Phase I-II Trial of Medroxyprogesterone Acetate (MPA) in Patients with Advanced or Recurrent Endometrial Carcinoma Positive for Estrogen and Progesterone Receptors

Start Date: 18 Oct 85	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigators: COL William L. Benson, MC	
Key Words: endometrial carcinoma, medroxyprogesterone acetate, positive estrogen and progesterone receptors	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the relative efficacy of a high versus a low dose schedule of oral medorxyprogesterone acetate in treatment of advanced or recurrent endometrial carcinoma and to determine the response rate to progestins in patients positive for estrogen and progesterone receptors.

Technical Approach: Patients will be randomized to:

Treatment I: medroxyprogesterone acetate 200 mg p.o. daily

or

Treatment II: medroxyprogesterone acetate 1000 mg p.o. daily

Therapy will continue until evidence of disease progression. A course will be considered as every 4 weeks. Each patient will have a serum sample drawn after one month on therapy to document compliance and absorption. Treatment will be continued until there is evidence of disease progression or the patient experiences unacceptable adverse effects.

Progress: No entries in FY 86.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/10	Status: On-going

Title: GOG 81/C: A Phase I-II Trial of Medroxyprogesterone Acetate (MPA) in Patients with Advanced or Recurrent Endometrial Carcinoma Negative for Estrogen and Progesterone Receptors

Start Date: 18 Oct 85	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator:	COL Roger B. Lee, MC
Associate Investigators:	COL William L. Benson, MC
Key Words:	carcinoma, endometrial, medroxyprogesterone acetate, negative estrogen and progesterone receptors

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the relative efficacy of a high versus a low dose schedule of oral medorxyprogesterone acetate in treatment of advanced or recurrent endometrial carcinoma and to determine the response rate to progestins in patients negative for estrogen and progesterone receptors.

Technical Approach: Patients will be randomized to:

Treatment I: medroxyprogesterone acetate 200 mg p.o. daily

or

Treatment II: medroxyprogesterone acetate 1000 mg p.o. daily

Therapy will continue until evidence of disease progression. A course will be considered as every 4 weeks. Each patient will have a serum sample drawn after one month on therapy to document compliance and absorption. Treatment will be continued until there is evidence of disease progression or the patient experiences unacceptable adverse effects.

Progress: No entries in FY 86

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/11	Status: On-going

Title: GOG 81/D: A Phase I-II Trial of Medroxyprogesterone Acetate (MPA) in Patients with Advanced or Recurrent Endometrial Carcinoma Positive for Either Estrogen or Progesterone Receptors but Not Both

Start Date: 18 Oct 85	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator:	COL Roger B. Lee, MC
Associate Investigators:	COL William L. Benson, MC
Key Words:	carcinoma, endometrial, medroxyprogesterone acetate, positive for either estrogen or progesterone receptors but not both

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the relative efficacy of a high versus a low dose schedule of oral medorxyprogesterone acetate in treatment of advanced or recurrent endometrial carcinoma and to determine the response rate to progestins in patients positive for either estrogen or progesterone receptors.

Technical Approach: Patients will be randomized to:

Treatment I: medroxyprogesterone acetate 200 mg p.o. daily

or

Treatment II: medroxyprogesterone acetate 1000 mg p.o. daily

Therapy will continue until evidence of disease progression. A course will be considered as every 4 weeks. Each patient will have a serum sample drawn after one month on therapy to document compliance and absorption. Treatment will be continued until there is evidence of disease progression or the patient experiences unacceptable adverse effects.

Progress: No entries in FY 86

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/12	Status: On-going

Title: GOG 81/E: A Phase I-II Trial of Medroxyprogesterone Acetate (MPA) in Patients with Advanced or Recurrent Endometrial Carcinoma with Unknown Estrogen or Progesterone Receptors

Start Date: 18 Oct 85	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator:	COL Roger B. Lee, MC
Associate Investigators:	COL William L. Benson, MC
Key Words: carcinoma, endometrial, medroxyprogesterone acetate, estrogen or progesterone receptors, unknown	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the relative efficacy of a high versus a low dose schedule of oral medorxyprogesterone acetate in the management of advanced or recurrent endometrial carcinoma; to examine the relationship between the levels of estrogen and progesterone receptors in the neoplasm and subsequent response to progestin therapy; and to determine whether patients who respond to therapy with progestins will respond to therapy with anti-estrogens when they relapse on progestins.

Technical Approach: Patients will be randomized to:

Treatment I: medroxyprogesterone acetate 200 mg p.o. daily

or

Treatment II: medroxyprogesterone acetate 1000 mg p.o. daily

Therapy will continue until evidence of disease progression. A course will be considered as every 4 weeks. Each patient will have a serum sample drawn after one month on therapy to document compliance and absorption. Treatment will be continued until there is evidence of disease progression or the patient experiences unacceptable adverse effects.

Progress: No entries in FY 86

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/13	Status: On-going

Title: GOG 81/F: A Phase I-II Trial of Tamoxifen Citrate in Patients with Advanced or Recurrent Endometrial Carcinoma Responsive to Progestins

Start Date: 18 Oct 85	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator:	COL Roger B. Lee, MC
Associate Investigators:	COL William Benson, MC
Key Words: carcinoma, endometrial, tamoxifen citrate, progestins	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine whether patients with endometrial carcinoma who have responded to medroxyprogesterone acetate and then progressed will respond to a second hormonal manipulation in the form of tamoxifen citrate.

Technical Approach: Patients must have developed progression of disease on MPA after initial response and must have been off MPA for at least three weeks with no evidence of disease response to withdrawal of MPA unless there is rapid progression, in which case tamoxifen will begin immediately.

Patients will receive tamoxifen, 20 mg p.o., daily. Treatment will be continued until there is evidence of disease progression. An adequate trial is defined as at least one month of therapy.

Progress: No entries in FY 86.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/23	Status: On-going

Title: GOG 82: A Phase III Trial Comparing Combination Chemotherapy (CAP) with Whole Abdominal Radiation Therapy for Stage III Optimal Epithelial Ovarian Cancer with No Gross Residual Disease or Gross Residual Disease <1 CM**

Start Date: 17 Jan 86	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigators: COL WILLIAM Benson, MC	
Key Words: epithelial ovarian cancer, chemotherapy, radiation	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To compare survival and progression free interval of patients with epithelial ovarian cancer, treated with adjuvant whole abdominal and pelvic irradiation or combination chemotherapy; to determine the influence of grade, histology, and treatment in patterns of failure; and to compare the acute and late sequelae of adjuvant radiation therapy and chemotherapy.

Tecnnical Approach: Patients will be stratified to no gross residual cancer or gross residual ≤ 1 CM. After optimal cytoreductive surgery, patients will be randomized to :

Regimen 1: cyclophosphosphamide, doxorubicin, and cisplatin every three weeks for eight courses

or

Regimen II: 3000 cGy total abdominal irradiation by open field technique with an additional 1980 cGy to the pelvis. The total maximum pelvic dose will be 4980 cGy. The total treatment time will be 6-7 weeks. Each patient will be followed one month after the completion of adjuvant treatment, then every three months for the first two years, every six months for the third, fourth, and fifth years, and yearly after the fifth year. Follow-up assessment will include a history, physical examination, x-rays, and blood counts.

**Amendment Mar 86: protocol was amended to include patients with gross residual disease of one centimeter or less. This change necessitated a change in the title to add "or Gross Residual Disease ≤1 Cm."

Progress: One patient was entered on the protocol in FY 86 with no adverse effects.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/90	Status: On-going

Title: GOG 83: A Clinico-Pathologic Study of Simultaneous Endometrial and Ovarian Carcinomas

Start Date: 20 Sep 85	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigator: COL William L. Benson, MC	
Key Words: carcinoma, ovarian, endometrial, simultaneous	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To determine the natural history of patients with synchronous adenocarcinoma presenting in both the endometrium and the ovary; to obtain estimates of mortality at five years; to determine whether histologic criteria or pattern of spread can be used to distinguish subsets of patients with differing prognoses; to determine whether these criteria would be appropriate to direct therapy in different patients to that appropriate for Stage III endometrial carcinoma, Stage I or II ovarian carcinoma with endometrial metastases, or Stage I or II endometrial and ovarian carcinoma.

Technical Approach: Patients will have had no prior pelvic radiation or chemotherapy and will have no previous or concomitant malignancy except of skin (excluding melanoma). Surgery will be carried out as specified in the protocol to include TAH, BSO, pelvic and para-aortic lymphadenectomy, omentectomy, peritoneal cytology, pelvic cytology, pelvic and peritoneal biopsy, and washing, scraping, and biopsy of the right hemidiaphragm. Since no further treatment by protocol is available, further tretment will be at the discretion of the investigator. All patients will be followed for five years. Principal parameters employed to examine the natural history of these patients will be survival time, histologic type, histologic grade, and depth of myometrial invasion.

Progress: No entries.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/89	Status: On-going

Title: GOG 85: A Randomized Comparison of Hydroxyurea versus 5-FU Infusion and Bolus Cisplatin as an Adjunct to Radiation Therapy in Patients with Stages II-B, III, and IV-A Carcinoma of the Cervix and Negative Para-aortic Nodes

Start Date: 15 Aug 86	Est Completion Date: Indefinite
Dept/Svc: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigators: COL William Benson, MC	
Key Words: carcinoma, cervix, chemotherapy, radiation	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine whether hydroxyurea or the combination of 5-FU and cisplatin is superior as a potentiator of radiation therapy in advanced cervical carcinoma and to determine the relative toxicities of hydroxyurea versus the combination of 5-FU and cisplatin when given concurrently with radiation therapy.

Technical Approach: Patients with invasive squamous cell, adenocarcinoma, or adenosquamous carcinoma of the cervix, Stages II-B, III, and IV-A, who meet the eligibility requirements as listed in the protocol, will undergo clinical staging as permitted by FIGO rules. All patients will undergo surgical staging to include extraperitoneal sampling of the para-aortic lymph nodes, peritoneal cytology, and intraperitoneal exploration. Patients with cancer confined to the pelvis will receive pelvic irradiation and will be randomly assigned to receive either concomitant 5-FU and cisplatin or hydroxyurea. Patients with disease outside the pelvis are not eligible for this protocol. The study will continue as long as treatment protocols remain activated. The patients will be followed for two years and then every six months for three additional years.

Progress: No entries in FY 86.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/14	Status: On-going

Title: GOG 86/A: Master Protocol for Phase II Drug Studies in Treatment of Recurrent Carcinoma of the Endometrium

Start Date: 18 Oct 85	Est Completion Date: Oct 87	
Department: OB/GYN		Facility: MAMC
Principal Investigator:	COL Roger B. Lee, MC	
Associate Investigators:	COL William L. Benson, MC	
Key Words: carcinoma, endometrium, recurrent, master protocol		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To identify additional active agents, by studying single new drugs, in patients with advanced or recurrent endometrial carcinoma not previously exposed to chemotherapy. Sections relating to specific agents will be sequentially incorporated into this protocol as the use of each agent is approved by the Institutional Review Board.

Treatment of advanced or recurrent carcinoma of the endometrium has been studied only in a relatively small number of cases. To date, only hormonal therapy with progestins or tamoxifen and the cytotoxic drug adriamycin have been shown to be conclusively active. This study seeks to identify additional active agents by studying single new drugs in patients with advanced or recurrent endometrial carcinoma not previously exposed to chemotherapy. Approximately 30 evaluable patients will be accrued for each drug studied to allow for reasonable estimates of response rates.

Technical Approach: Specific treatment regimens will be given for each protocol as that section is submitted for approval. The principal parameters employed to evaluate the efficacy of each agent will be: the frequency and duration of objective response; the frequency and severity of observed adverse effects; survival time for all patients; and duration of progression-free interval for all patients. Anticipated annual accrual group-wide is approximately 40 patients (0-5 at MAMC). See section 2.0 of the master protocol for patient eligibility and exclusions. Consent forms will be provided for the use of each agent as the protocol for that agent is submitted for approval.

Progress: No entries in FY 86.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/15	Status: On-going

Title: GOG 86/B: A Phase II Trial of Hexamethylmelamine (NSC #13875) in Patients with Advanced or Recurrent Endometrial Carcinoma

Start Date: 18 Oct 85	Est Completion Date: Oct 87	
Department: OB/GYN		Facility: MAMC
Principal Investigator:	COL Roger B. Lee, MC	
Associate Investigators:	COL William L. Benson, MC	
Key Words: carcinoma, endometrial, recurrent, hexamethylmelamine		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: Please see Master Protocol 86A for specific objectives. The objective of this section is to evaluate the efficacy of hexamethylmelamine for frequency and duration of objective response; the frequency and severity of observed adverse effects; survival time for all patients; and duration of progression-free interval for all patients.

Technical Approach: Patients will receive hexamethylmelamine, 230 mg/M^2 orally daily, on days 1-14 of each 4 week course. Each day's dose will be given in 4 divided doses after meals and at bedtime. An adequate trial will be at least one drug course and follow-up totaling 4 weeks. The drug will be continued until there is documentation of disease progression or unacceptable adverse effects.

Progress: No entries in FY 86.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/24	Status: On-going

Title: GOG 87A: Master Protocol for Phase II Drug Studies in the Treatment of Recurrent or Advanced Uterine Sarcomas

Start Date: 17 Jan 86	Est Completion Date: Indefinte
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigators: COL William L. Benson, MC	
Key Words: sarcoma, uterine, recurrent, master protocol, drugs	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0- Periodic Review: N/A

Study Objective: To identify new agents and combinations for treating this malignancy and to allow the best possible chance for a new cytotoxic agent to demonstrate activity. This study constitutes a Phase II design in a population of patients who have had no prior drug therapy.

Technical Approach: The study design will involve treating an average sample size of 30 evaluable patients per drug studied for each of the following cell type categories:

Mixed mesodermal tumor
Leiomyosarcoma
Other sarcomas

Patients will have had no prior drug therapy. Since this is a Phase II study, no randomization is involved. The principal parameters employed to evaluate the efficacy of each agent are:

The frequency and duration of objective response.
The frequency and severity of observed adverse effects.
Survival time for all patients.
Duration of progression-free interval for all patients.

In order to estimate the true response rate and be 90% certain that the estimate is within +15%, 30 evaluable patients per histologic category will be needed (group wide). Reviews will be held at least twice yearly. Consequently, on at least two occasions, early termination can be considered if the results do not warrant conducting the study to completion. Although the exact number of patients accessioned cannot be forecasted at this time, the relatively slow accrual rates guarantee that inactive agents will be expeditiously recognized. The active phase of this study for each drug should be approximately:

Mixed mesodermal tumor - 1 to 1 1/4 years
Leiomyosarcoma - 3 years
Other sarcomas - 6 years

Progress: No entries at MAMC in FY 86.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/25	Status: On-going

Title: GOG 87B: A Phase II Trial of Ifosfamide (NSC #109724) and the Uroprotector, Mesna (NSC #25232), in the Treatment of Recurrent or Advanced Uterine Sarcomas

Start Date: 17 Jan 86	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigators: COL William L. Benson, MC	
Key Words: sarcoma, uterine, recurrent, ifosfamide, mesna	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To allow the best possible chance for a new cytotoxic agent (ifosfamide) to demonstrate activity. This study constitutes a Phase II design in a population of patients who have had no prior drug therapy. The study design will involve treating an average sample size of 30 evaluable patients for mixed mesodermal tumor, leiomyosarcoma, and other sarcomas. This will allow agents found to be ineffective to be rapidly replaced by other agents.

Technical Approach: Ifosfamide will be given in an initial dose of 1.8 g/M^2 daily for five days except those patients who have received prior pelvic radiation therapy. These patients will start at an initial dose of 1.5 g/M^2 daily for five days, once every four weeks. Mesna will be 20% of the ifosfamide dose, given three doses daily, at the completion of ifosfamide administration and four and eight hours after ifosfamide in order to reduce the urothelial toxicity of ifosfamide. Dosage will be modified according to adverse effects.

Ad adequate trial is defined as receiving one course of treatment and living four weeks for an additional tumor measurement. Toxixity, however, may be assessed as soon as the patient receives the drug. Each patient will remain on study and continue to receive the drug until the disease progresses or until adverse effects prevent further treatment.

Progress: No entries at MAMC in FY 86.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/90	Status: On-going

Title: GOG 88: A Randomized Study of Radical Vulvectomy and Bilateral Groin Dissection versus Radical Vulvectomy and Bilateral Groin Radiation

Start Date: 15 Aug 86	Est Completion Date: Indefinite
Dept/Svc: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigators: COL William Benson, MC	
Key Words: vulvectomy, radical, groin dissection, groin radiation	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To evaluate the comparative efficacy and morbidity of groin radiation therapy in lieu of groin dissection for selected patients with invasive squamous cell carcinoma of the vulva and to monitor patterns of recurrence and survival of patients treated with groin radiation therapy in lieu of groin dissection.

Technical Approach: Patients with invasive squamous cell carcinoma of the vulva who meet eligibility criteria as listed in the protocol will be randomized between radical vulvectomy and groin dissection and radical vulvectomy and groin radiation therapy. Complete clinical and radiographic evaluation will be performed prior to randomization. Needle aspiration cytology will be performed if there is concern over groin node status.

Progress: No entries at MAMC in FY 86.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/39	Status: Terminated

Title: GOG 89: A Randomized Comparison of Intravenous Cyclophosphamide, Doxorubicin and Cisplatin versus Intravenous Cyclophosphamide and Doxorubicin and Intraperitoneal Cisplatin in Patients with Epithelial Ovarian Carcinoma, Stage III Optimal (Phase III)

Start Date: 21 Feb 86	Est Completion Date: Indefinite
Department: OB/GYN	Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC	
Associate Investigators: COL William Benson, MC	
Key Words: epithelial ovarian carcinoma, chemotherapy	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To compare negative second-look rate, progression free interval, and survival following intraperitoneal versus intravenous administration of cisplatin in combination with intravenous cyclophosphamide plus doxorubicin in optimally resected Stage III ovarian carcinoma and to compare the adverse effects of intraperitoneal versus intravenous administration of cisplatin.

Technical Approach: Patients who meet the criteria as listed in the protocol will undergo surgery and then be treated with chemotherapy. Patients will be randomized to Regimen I or Regimen II.

Regimen I: Cisplatin (50 mg/M^2 I.V.) plus doxorubicin (50 mg/M^2, I.V.) plus cyclophosphamide (500 mg/M^2, I.V.) every three weeks, for eight courses.

Regimen II: Cisplatin (100 mg/M^2, I.P.) plus doxorubidin (50 mg/M^2, I.V.) plus cyclophosphamide (500 mg/M^2, I.V.) every three weeks for eight courses.

Patients without clinical evidence of progression will receive therapy for eight courses, after which chemotherapy will be discontinued. Following hematologic recovery, patients who have remained stable will undergo a second look laparatomy. Patients with unequivocal progressive disease will go off study, but will be followed until death. If progression is equivocal, biopsy proof of progression will be obtained. Patients having a negative second look will be followed every three months for two years, then every six months for three years. Patients who are in a clinical complete response but refuse second look or who are medically inoperable will be followed for progression-free interval and survival.

Progress: No entries at MAMC in FY 86. This protocol was terminated shortly after approval by the IRB per instructions from GOG headquarters.

D E T A I L S H E E T S

F O R

P R O T O C O L S

NATIONAL CANCER INSTITUTE PROTOCOLS

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 81/102	Status: On-going

Title: NCI #I80-12: Group C Guidelines for the Use of Delta-9-Tetrahydrocannabinol

Start Date: 24 Jul 81	Est Completion Date: Jul 83
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator:	MAJ Thomas Baker, MC
Associate Investigators:	COL Irwin B. Dabe, MC COL F. H. Stutz, MC LTC Lauren K. Colman, MC LTC Alan Mease, MC
Key Words:	delta-9-tetrahydrocannabinol, guidelines

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85 - Continue

Study Objective: To determine untoward side effects not previously described with THC and to make available this antinausea drug to patients on chemotherapy.

Technical Approach: Delta-9-THC will be used as an antiemetic therapy in cancer chemotherapy patients refractory to standard antiemetic agents. A starting dose of 5 mg/m^2 p.o., will be administered 6-8 hours prior to the administration of chemotherapy and for 12 hours thereafter. Should the 5 mg/m^2 dose prove to be ineffective, and in the absence of significant side effects, the dose may be escalated to 7.5 mg/m^2. Any untoward side effects will be reported to the NCI.

Progress: Three new patients were entered in FY 86. Of the total of 16 entries, drowsiness was the only reported side effect.

Upon the departure of Dr. Stutz in Aug 85, Dr. Baker became the principal investigator on this protocol.

D E T A I L S H E E T S

F O R

P R O T O C O L S

SOUTHWEST ONCOLOGY GROUP PROTOCOLS

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 81/33	Status: On-going

Title: NCI #7602: All Stage I_C and II (A, B, C) and Selected Stage I_{Aii} and I_{Bii} Ovarian Cancer

Start Date: 16 Jan 81	Est Completion Date: Jun 85	
Department: OB/GYN		Facility: MAMC
Principal Investigator: COL Roger B. Lee, MC		
Associate Investigator: COL William Benson, MC		
Key Words: cancer, ovarian, natural history		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Apr 86: Continue

Study Objective: To define the natural history of patients treated with surgery plus either chemotherapy or radioisotope; to study the effect of various potential prognostic factors on the natural history of patients treated by each form of therapy; to determine the patterns of relapse for each form of therapy; to establish the value of various staging parameters on the stage of disease and its natural history.

Technical Approach: All patients with common epithelial ovarian cancer are eligible, if after definitive staging procedures the patient is zoned to be in Stages 2_A, 2_B, 2_C, 1_{Aii}, 1_{Bii}, or 1_{Ai} or 1_{Bi} with poorly differentiated tumors. Patients with prior therapy are ineligible. Patients will be stratified by histology, histological grade, and stage group for Regimen I. Regimen I will have staging laparotomy, total abdominal hysterectomy and bilateral salpingo-oophorectomy with no macroscopic residual disease found. Patients will then be randomized to receive melphalan or radioisotopes. Regimen II will be stratified by histology, histological grade, and extent of disease after surgery. Patients will have staging laparotomy, total abdominal hysterectomy, and bilateral salpingo-oophorectomy. If II_B, II_C, residual disease is found, will be randomized to pelvic radiotherapy plus melphalan alone. If after 18 months of therapy, the patient remains free of disease, chemotherapy will be discontinued. Second look will be done if the patient is free of disease after 18 months of chemotherapy.

Progress: No new entries in FY 86 at MAMC. The protocol was closed to new patient entry in September 1986. However, two patients are still being followed on this protocol

D E T A I L S H E E T S

F O R

P R O T O C O L S

SOUTHWEST ONCOLOGY GROUP PROTOCOLS

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 78/42	Status: On-going

Title: SWOG 7804: Adjuvant Chemotherapy with 5-Fluorouracil, Adriamycin, and Mitomycin-C (FAM) vs Surgery Alone for Patients with Locally Advanced Gastric Adenocarcinoma

Start Date: 16 Jun 78	Est Completion Date: Jun 80
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator:	LTC Howard Davidson, MC
Associate Investigators:	COL Friedrich Stutz, MC LTC H. Irving Pierce, MC Suresh B. Katakkar, M.D., DAC
Key Words:	adenocarcinoma, gastric, adjuvant FAM vs surgery

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Oct 85 - Continue

Study Objective: To determine the efficacy of adjuvant chemotherapy with FAM on the disease-free interval and survival of patients with TNM stage-groups I_B, I_C, II and III gastric adenocarcinoma compared to potentially curative surgery alone.

Technical Approach: Patient Eligibility: patients must have TNM stage-group I_B, I_C, II, or III gastric adenocarcinoma and no microscopic or gross residual postoperatively; no prior chemotherapy or radiotherapy; no medical contraindications to chemotherapy with FAM; serum bilirubin <2.0 mg/100 ml; SGOT and SGPT <3 times the upper limit of normal values; creatinine clearance >75 cc/min; BUN ≤25 mg%; serum creatinine ≤1.5 mg%; WBC >4,000; platelets >100,000. Treatment: After surgery, patients will be randomized to either:

Treatment 1 (no further therapy) or Treatment 2: FAM - 5-FU, 600 mg/M^2 IV days 1 & 8, 29 & 36
adriamycin, 30 mg/M^2 IV days 1 & 29
mitomycin-C, 10 mg/M^2 IV day 1

A total of 6 courses, one every 8 weeks, will be administered. After 12 months, the active therapy phase is completed. The patient will be followed at six month intervals for five years if remission continues.

Progress: No entries in FY 86 at MAMC. One entry in FY 84 at MAMC on the observation arm.

LTC Howard Davidson assumed the role of principal investigator on this protocol upon the retirement of COL Stutz in August 1985.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 79/96	Status: Ongoing

Title: SWOG 7827: Combined Modality Therapy for Breast Carcinoma, Phase III

Start Date: 21 Sep 79	Est Completion Date: Sep 81
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator:	LTC Howard Davidson, MC
Associate Investigators:	COL Irwin B. Dabe, MC LTC James E. Congdon, MC
Key Words:	carcinoma, breast, combined modality therapy

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: continue

Study Objective: To compare the disease-free interval and recurrence rates in: (1) estrogen receptor positive (ER+) premenopausal patients with Stage II disease using combination chemotherapy alone vs combination chemotherapy and oophorectomy; (2) ER+ postmenopausal patients with Stage II disease using combination chemotherapy plus tamoxifen vs tamoxifen alone vs combination chemotherapy alone; (3) estrogen receptor negative (ER-) patients with Stage II disease using one vs two years of combination chemotherapy; to compare the effect of adjuvant therapy in Stage II breast cancer using partial mastectomy and radiation vs modified radical or radical mastectomy; to compare the effect of the various adjunctive therapy programs upon survival patterns; and to correlate the estrogen receptor status with disease-free interval and survival.

Technical Approach: Patients with a histologically proven diagnosis of breast cancer (Stage II or Stage III) with one or more pathologically involved axillary nodes will receive one of the following treatments: (CMFVP = cyclophosphamide, methotrexate, 5-FU, vincristine, and prednisone):

(1) CMFVP for 1 yr - pre or postmenopausal ER- patients.
(2) CMFVP for 2 yr - pre or postmenopausal ER- patients.
(3) CMFVP for 1 yr - premenopausal ER+ patients.
(4) Oophorectomy + CMFVP - premenopausal ER+ patients.
(5) Tamoxifen alone for 1 yr - postmenopausal ER+ patients.
(6) CMFVP for 1 yr - postmenopausal ER+ patients.
(7) Tamoxifen + CMFVP for 1 yr - postmenopausal ER+ patients.

Patients undergoing segmental mastectomy (lumpectomy) will receive 6 wks of radiation therapy in addition to the treatment they are randomized to receive.

Progress: One new patient was entered at MAMC in FY 86 for a total of 26 entries.

LTC Howard Davidson assumed the role of principal investigator on this protocol upon the retirement of COL Stutz in August 1985.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 78/47	Status: On-going

Title: SWOG 7808, Combination Modality Treatment for Stages III and IV Hodgkin's Disease, MOPP #6

Start Date: 11 Aug 78	Est Completion Date: Jan 88
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator:	LTC Howard Davidson, MC
Associate Investigators:	COL Friedrich Stutz, MC LTC James E. Congdon, MC LTC H. Irving Pierce, MC Suresh B. Katakkar, M.D., DAC
Key Words:	Hodgkin's disease, stages III and IV, MOPP #6

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85 - Continue

Study Objective: To attempt to increase the complete remission rate induced with MOP-BAP (nitrogen mustard, vincristine, procarbazine, prednisone, adriamycin, and bleomycin) alone utilizing involved field radiotherapy in patients with Stages III and IV Hodgkin's disease achieving partial remission at the end of 6 cycles; and to determine if immunotherapy maintenance with levamisole or consolidation with low dose involved field radiotherapy will produce significantly longer remission durations over a no further treatment group when complete remission has been induced with 6 cycles of MOP-BAP in Stages III & IV Hodgkin's.

Technical Approach: Patients (≥15 yrs) must have histologic diagnosis of Hodgkin's disease; no prior chemotherapy. Patients with a history of congestive heart failure, valvular heart disease, or serious obstructive or restrictive pulmonary disease will be excluded.

Treatment 1: Normal marrow patients will receive six cycles of MOP-BAP.

Treatment 2: Imparied bone marrow patients will receive six cycles of MOP-BAP with dose modifications.

Complete Remission (CR) patients with prior radiotherapy will be randomized to Treatment 3 (no treatment) or Treatment 4 (levamisole). CR patients wit out prior radiotherapy will receive Treatment 5 (radiotherapy). Partial remission (PR) patients without prior radiotherapy or residual bone marrow involvement will receive Treatment 6 (radiotherapy). PR patients with prior radiotherapy or those with residual bone marrow involvement will receive Treatment 7 (4 additional cycles of MOP-BAP); after ten total cycles of MOP-BAP, patient will continue study on MOP-BAP therapy at the discretion of the investigator.

Progress: One new patient entered at MAMC in FY 86. Six patients were entered in previous years. The study was closed in October 1986 to patients with prior radio- or chemotherapy due to sufficient accrual of these patients.

LTC Howard Davidson assumed the role of principal investigator on this protocol upon the retirement of COL Stutz in August 1985.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 81/80	Status: On-going

Title: SWOG 7984: The Treatment of Chronic Stage CML with Pulse, Intermittent Busulfan Therapy With or Without Oral Vitamin-A, Phase III

Start Date: 15 May 81	Est Completion Date: Mar 83
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: COL Irwin B. Dabe, MD	
Associate Investigators: COL Friedrich H. Stutz, MC LTC Lauren K. Colman, MC	
Key Words: CML, intermittent busulfan, with or without Vitaman A	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85 - Continue

Study Objective: To determine the efficacy of standard pulse, intermittent busulfan therapy plus oral vitamin A in prolonging the chronic phase of CML, and hence in prolonging survival.

Technical Approach: Patients with a diagnosis of chronic stage CML for one year or less with no prior therapy are eligible, except patients who had prior hydroxyurea and/or leukopheresis for <7 days will not be excluded. Patients will be stratified into those who had a splenectomy and those who did not. Randomization will be to busulfan alone or busulfan plus oral vitamin A. Stratification is also by age, <20 or >20 years. Treatment will continue for as long as the patient responds to the treatment and does not have unacceptable toxicity.

Progress: No entries at MAMC.

COL Dabe assumed the role of principal investigator on this protocol upon the retirement of COL Stutz in August 1985.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/05	Status: Completed

Title: SWOG 8024: Combined Modality Therapy for Disseminated Soft Tissue Sarcomas, Phase III

Start Date: 15 Oct 85	Est Completion Date: Sep 87	
Dept/Svc: Medicine/Oncology		Facility: MAMC
Principal Investigator: LTC Howard Davidson, MC		
Associate Investigators:	COL Irwin B. Dabe, MC	
LTC Lauren K. Colman, MC	MAJ Michael D. Stone, MC	
MAJ Thomas M. Baker, MC	CPT David R. Bryson, MC	
Key Words: sarcoma, soft tissue, disseminated, combined therapy		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To compare the effectiveness of bolus administration of adriamycin and DTIC to continuous infusion administration of adriamycin and DTIC, in remission induction in patients with disseminated soft tissue sarcomas; to compare the toxicities of these two drug schedules; to determine the feasibility on a group-wide basis of surgical excision of accessible lesions in partially responding patients; and to compare the histology of the diagnostic lesion with the histology of tumor removed from the partial responders.

Technical Approach: Patients who meet the criteria as listed in the protocol will be randomized to one of the following regimens:

Regimen I: Bolus Adriamycin-DTIC: Adriamycin will be administered I.V. on days 1 at a dose of 60 mg/M^2. The initial dose of Adriamycin will be reduced by 50% in patients with a bilirubin >1.2 mg%. DTIC will be administered I.V. on day 1 at a dose of 750 mg/M^2.

Regimen II: Infusion Adriamycin-DTIC: Adriamycin will be given at a total dose of 60 mg/M^2 by continuous infusion over 96 hours. The initial dose of Adriamycin will be reduced by 50% in patients with a bilirubin >1.2 mg%. DTIC will be given at a total dose of 750 mg/M^2 over 96 hours.

Courses will be repeated every 21 days if the WBC's are >3000 (absolute granulocyte count of ≥1,500) and platelets are ≥100,000.

After three courses of chemotherapy, patients in partial (remission or having stable disease will have remaining tumor resected, if possible. Patients undergoing surgery will start on chemotherapy 1-3 weeks post-surgery until a total dose of 750 mg/M^2 of Adriamycin is reached. Further therapy will be at the discretion of the physician. Non-operable patients will continue on original regimen of chemotherapy.

Progress: No entries at MAMC. The protocol was closed in June 1986 due to sufficient accrual of patients.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 82/13	Status: On-going

Title: SWOG 8049: Treatment of Resected, Poor Prognosis Malignant Melanoma: Stage I: Surgical Excision vs Surgical Excision + Vitamin A

Start Date: 20 Nov 81	Est Completion Date: Oct 83
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: LTC Howard Davidson, MC	
Associate Investigators:	
COL Friedrich Stutz, MC	LTC James E. Congdon, MC
COL Irwin B. Dabe, MC	MAJ Thomas Baker, MC
LTC Lauren K. Colman, MC	MAJ Alfred H. Chan, MC
Key Words: melanoma, surgical excision, vitamin A	

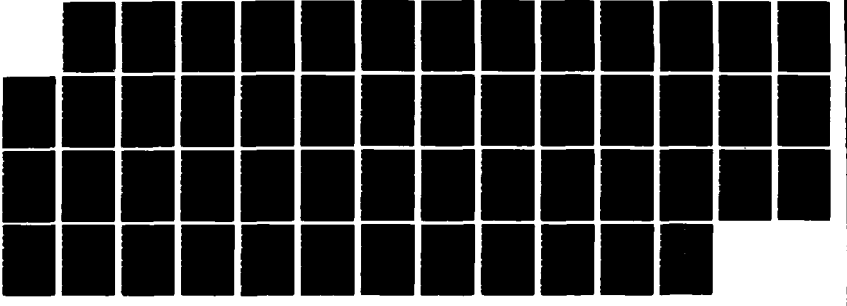
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86 - Continue

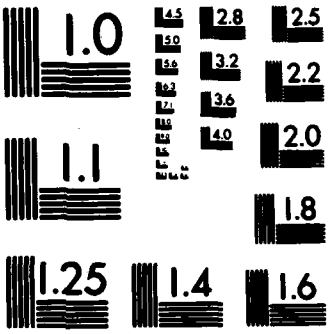
Study Objective: To determine the efficacy of surgical excision or surgical excision plus vitamin A in preventing the recurrence of high risk, Stage I malignant melanoma by determination of remission or disease-free interval; to determine the immunocompetence of patients with malignant melanoma and to determine the influence of vitamin A upon that immunocompetence.

Technical Approach: Patients will be equally randomized between the two treatment arms: vitamin A versus no further treatment. Patients will be stratified by depth of invasion, sex, and type of surgery. Those patients randomized to receive vitamin A will receive a dose of 100,000 I.U. daily. Treatment will continue for 18 months. Patients who receive no treatment will be followed until relapse and removal from the study.

Progress: No entries in FY 86. One entry at MAMC in 1982 who was taken off study due to light-headedness and a metalic taste in the mouth. Headache and fatigue have been the most common toxicities of vitamin A.

AD-A186 591 DEPARTMENT OF CLINICAL INVESTIGATION ANNUAL RESEARCH 4/4
PROGRESS REPORT FISCAL YEAR 1986(U) MADIGAN ARMY
MEDICAL CENTER TACOMA WA S R PLYMATE 01 OCT 86
UNCLASSIFIED F/G 6/5 NL





MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/05	Status: On-going

Title: SWOG 8107: Mamangement of Disseminated Melanoma, Master Protocol, Phase II-III.

Start Date: 15 Oct 82	Est Completion Date: Sep 84	
Dept/Svc: Medicine/Oncology		Facility: MAMC
Principal Investigator: LTC Howard Davidson, MC		
Associate Investigators:		
COL Friedrich H. Stutz, MC	MAJ Thomas M. Baker, MC	
COL Irwin B. Dabe, MC	MAJ Alfred H. Chan, MC	
LTC James E. Congdon, MC	MAJ Timothy J. O'Rourke, MC	
Key Words: melanoma, disseminated, combination chemotherapy		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Feb 86 - Continue

Study Objective: To determine the effectiveness of cranial irradiation given electively in disseminated melanoma patients with lung and/or liver metastasis to prevent or delay the clinical appearance of brain metastasis and to determine the efficacy of high intermittent doses of cis-platinum with the use of IV hydration and mannitol diuresis in patients with advanced malignant melanoma refractory to higher priority protocols.

Technical Approach: This protocol employs some of the newer kinetic concepts of chemotherapy and radiation therapy. All patients with advanced disease are eligible. Patients with brain or lymph and/or node metastases only will go directly to chemotherapy randomization. Patients with lung and/or liver metastases only can go directly to chemotherapy radiation at their request and/or the doctor's discretion. Other patients with lung and/or liver metasses only will be randomized to receive 3000 rads of prophylactic whole brain radiation therapy versus close observation for the development of brain metastasis. Second randomization will be to one of the three chemotherapy arms:

ARM 1 - DTIC and Actinomycin D.
ARM 2 - Cis-platinum, Velban and Bleomycin
ARM 3 - Cis-platinum

All chemotherapy agents will be given intravenously once every three weeks. Should there be objective evidence of disease progression during the course of the study, the patient will be crossed over to a treatment arm composed of drugs not used in the first treatment arm.

Progress: One new patient in FY 87. This patient was taken off protocol due to progression of disease. Nausea and vomiting were noted as side effects. Two patients were entered previously. Both died of disease with no untoward reactions to the treatment.

Detail Summary Sheet

Date: 30 Sep 86 | Protocol No.: 86/06 | Status: On-going

Title: SWOG 8208: Trial Chlorozotocin and 5-FU in Metastatic Islet Cell Carcinoma, Phase II

Start Date: 15 Oct 85 | Est Completion Date: Sep 87

Dept/Svc: Medicine/Oncology | Facility: MAMC

Principal Investigator: MAJ Thomas M. Baker, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ David Dunning, MC
LTC Howard Davidson, MC	MAJ Michael D. Stone, MC
MAJ Lauren K. Colman, MC	CPT David R. Bryson, MC

Key Words: carcinoma, islet cell, metastatic, chlorozotocin, 5-FU

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To study the response of functioning and non-functioning islet cell carcinoma to Chlorozotocin (CTZ) and 5-fluorouracil (5-FU) and to determine the toxicity of CTZ and 5-FU when given in combination.

Technical Approach: Patients with prior chemotherapy will be ineligible, but those with prior radiation therapy are eligible. Patients will receive CTZ and 5-FU at intervals of 6 weeks.

Induction therapy will consist of the following for a period of 4 courses: Good risk - CTZ, 175 mg/M^2 IV day 1 and 5-FU, 800 mg/M^2 IV, 24 hour infusion, days 1-4. Poor risk - CTZ, 75 mg/M^2 IV day 1 and 5-FU, 600 mg/M^2 IV 24 hour infusion, days 1-4.

Maintenance therapy will consist of: Good risk - CTZ, 100 mg/M^2 IV day 1 and 5-FU, 600 mg/M^2 bolus IV days 1 and 8, every 6 weeks. Poor risk - CTZ, 50 mg/M^2 IV day 1 and 5-FU, 400 mg/M^2 bolus IV days 1 and 8, every 6 weeks.

An adequate trial is one course of therapy in the presence of progressive disease. Therapy with CTZ and 5-FU will be continued in the presence of stable disease or a response until increasing disease is documented. Therapy with CTZ and 5-FU will be continued for a maximum of 18 months in the presence of a complete response.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/07	Status: Suspended
Title SWOG 8213: Evaluation of Aclacinomycin A in Refractory Multiple Myeloma, Phase II		
Start Date: 16 Nov 84	Estimated Completion Date: Oct 86	
Dept/Svc: Medicine/Oncology	Facility: MAMC	
Principal Investigator: COL Irwin B. Dabe, MC		
Associate Investigators:		
COL F.H. Stutz, MC	MAJ Timothy O'Rourke, MC	
LTC Howard Davidson, MC	MAJ Michael D. Stone, MC	
MAJ Thomas Baker, MC	CPT David Bryson, MC	
Key Words: multiple myeloma, aclacinomycin A		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86 - Suspended

Study Objective: To determine the response rate and duration of remission of aclacinomycin A used in a weekly schedule (followed by two weeks rest) for patients with refractory multiple myeloma.

Technical Approach: Patients with histologically confirmed multiple myeloma, refractory to initial therapy and who meet other criteria, will receive an initial dose of aclacinomycin A of 65 mg/M_2 to be given as an IV infusion, weekly for four weeks, followed by a two week rest period. An adequate trial will is defined as two or more six week courses in which myelosuppression is observed. After two courses of therapy, the patient will be removed from the study if there is progression of disease or a rise in protein.

Progress: One patient was entered at MAMC (FY 85) who subsequently expired from hypercalcemia, renal failure, and congestive heart failure associated with his multiple myeloma.

This protocol was suspended in November 1985 by the SWOG in order to study the benefit/risk ratio due to unexpected toxicities.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/18	Status: On-going

Title: SWOG 8216/38: Comparison of BCG Immunotherapy and Adriamycin for Superficial Bladder Cancer, Phase III

Start Date: 18 Nov 83	Est Completion Date: Sep 85
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: LTC Howard Davidson, MC	
Associate Investigators:	MAJ Thomas M. Baker, MC
COL William D. Belville, MC	MAJ Alfred H. Chan, MC
COL Irwin B. Dabe, MC	MAJ Timothy J. O'Rourke, MC
COL Friedrich H. Stutz, MC	MAJ Michael D. Stone, MC
Key Words: cancer, bladder, BCG immunotherapy, adriamycin	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86 - Continue

Study Objective: To compare the effectiveness of intravesical BCG immunotherapy with intravesical Adriamycin in chemotherapy with respect to disease-free interval and two-year recurrence rate; to compare the toxicity of topical immunotherapy and chemotherapy; and to obtain experience regarding disease-free interval and the recurrence rate in patients who develop tumor recurrence and are then crossed over to the alternative treatment arm.

Technical Approach: Following a standard transurethral resection, patients will be stratified by the presence or absence of documented carcinoma *in situ* and as to prior chemotherapy and then randomized to receive BCG immunotherapy or Adriamycin chemotherpy. Patients who develop tumor recurrence following treatment will be eligible for crossover to the other treatment arm.

Progress:

No patients entered in FY 86. Three patients were entered at MAMC during FY 84. All three patients are alive at this point with no serious adverse reactions.

The protocol was closed to new patient entry December 1985 due to sufficient patient accrual.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/60	Status: On-going

Title: SWOG 8219: Evaluation of Combined or Sequential Chemo-Endocrine Therapy in the Treatment of Advanced Adenocarcinoma of the Prostate, Phase III

Start Date: 15 Apr 83	Est Completion Date: Mar 85
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: LTC Howard Davidson, MC	
Associate Investigators:	
COL Irwin B. Dabe, MD	MAJ Thomas M. Baker, MC
COL Friedrich H. Stutz, MC	MAJ Alfred H. Chan, MC
LTC James E. Congdon, MC	MAJ Timothy J. O'Rourke, MC
Key Words: prostate, adenocarcinoma, chemo-endocrine therapy	
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-
	Periodic Review: Oct 85: continue

Study Objective: To compare the efficacy of the sequential use of endocrine therapy followed at the time of progression by cytotoxic chemotherapy (Adriamycin and cyclophosphamide) versus the combination of endocrine therapy and chemotherapy in the treatment of advanced adenocarcinoma of the prostate by determination of the response rate, response duration, and duration of survival.

Technical Approach: Patients will be stratified as to the type of endocrine therapy (orchiectomy or diethylstilbestrol [DES]), performance status, and good risk or poor risk. Patients will be randomized to either Arm I (endocrine therapy followd at the time of progression by chemotherapy with cyclophosphamide and Adriamycin) or Arm II (endocrine therapy combined with cyclophosphamide and Adriamycin beginning two weeks after the orchiectomy or the initiation of DES). Endocrine therapy for both arms will consist of a bilateral orchiectomy or, if the patient refuses surgery, DES. Courses will be repeated every 21 days. A minimum of two cycles will be considered an adeqaute trial. When a total of 300 mg/M^2 adriamycin in good risk or 200 mg/M^2 in poor risk patients has been given, it will be discontinued and cyclophosphamide will be given alone at a dose of 1000 mg/M^2 (good risk) or 750 mg/M^2 (poor risk) every three weeks. Cyclophosphamide will be discontined in patients who are in complete or partial remission or who have stable disease after one year of chemotherapy. Patients with progressive disease after the sequential or combined chemo-endocrine therapy will be treated on another protocol.

Progress: No entries at MAMC in FY 86. One patient was entered in FY 84 and is still being followed.

Detail Summary Sheet

Date: 30 Sep 86 | Protocol No.: 84/19 | Status: On-going

Title: SWOG 8221: Treatment of Advanced Bladder Cancer with Preoperative Irradiation and Radical Cystectomy Versus Radical Cystectomy Alone, Phase III

Start Date: 18 Nov 83 | Est Completion Date: Oct 85

Dept/Svc: Medicine/Oncology | Facility: MAMC

Principal Investigator: LTC Howard Davidson, MC

Associate Investigators:

COL William Belville, MC
COL Irwin B. Dabe, MC
COL Donald Kull, MC
COL Friedrich H. Stutz, MC
MAJ Thomas M. Baker, MC
MAJ Alfred H. Chan, MC
MAJ Timothy J. O'Rourke, MC
MAJ Michael D. Stone, MC

Key Words: cancer, bladder, irradiation, cystectomy

Accumulative MEDCASE Cost: -0- | Est Accumulative OMA Cost: -0- | Periodic Review: Feb 86 - Continue

Study Objective: To compare survival and pelvic recurrence rates in patients with transitional cell bladder cancer treated with radical surgery alone versus patients treated with preoperative irradiation with 2,000 rads followed by cystectomy.

Technical Approach: Patients elgible to be entered, must have histologically proven transitional cell carcinoma of the urinary bladder, and must have one of the following characteristics:

1. Evidence of muscle invasion.
2. Rapidly recurring superficial high-grade tumors
   and/or diffuse carcinoma *in situ* not amenable to transurethral resection
   and/or intravesical chemotherapy.

Patients will be randomized to receive either surgery with radical cystectomy or radiation therapy plus radical cystectomy. Patients will be seen in follow-up every three months following the cystectomy. Patients with either local or distant recurrence will be removed from the study. Five-year survival rates and two-year recurrence rates will be the major objectives of this study.

Progress: No entries in FY 85. One patient was entered during FY 84 and was randomized to cystectomy alone and tolerated the procedure well. Patient was lost to follow-up in FY 86.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/55	Status: On-going

Title: SWOG 8228: Correlation Between Progesterone Receptor and Response to Tamoxifen in Patients with Newly Diagnosed Breast Disease, Phase II

Start Date: 18 Mar 83	Est Completion Date: Mar 85
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: LTC Howard Davidson, MC	
Associate Investigators:	
COL Irwin B. Dabe, MC	MAJ Thomas M. Baker, MC
COL Friedrich H. Stutz, MC	MAJ Alfred H. Chan, MC
LTC James E. Congdon, MC	MAJ Timothy J. O'Rourke, MC
Key Words: breast disease, progesterone receptor, tamoxifen	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To determine the prognostic role of progesterone receptor in patients with newly diagnosed metastatic breast disease by correlating progesterone receptor levels with objective response rates in women treated with tamoxifen.

Technical Approach: ER+, non-pregnant female patients with new metastatic breast carcinoma are eligible. Pateints who have received prior hormonal adjuvant therapy are eligible provided that they have not failed during therapy and the therapy has been stopped for at least three months. Patients with adjuvant chemotherapy alone are eligible. Patients with massive liver involvement are not eligible.

Tamoxifen, 10 mg/M^2 po, b.i.d, will be given alone until there is documented progression of the disease. Clear cut response may not be observed until 6-12 weeks of tamoxifen therapy. Therefore, therapy will not be discontinued unless there is evidence of disease progression at four weeks or unsatisfactory stable disease after eight weeks of therapy.

Progress: No entries at MAMC. Tamoxifen has been well tolerated in group-wide studies with 86% of patients experiencing mild or no toxicity.

Date: 30 Sep 86 | Protocol No.: 83/61 | Status: On-going

Title: SWOG 8229/30: Combined Modality Therapy for Multiple Myeloma, VMCP-VBAP for Remission Induction Therapy: VMCP + Levamisole vs Sequential Half-Body Radiotherapy + Vincristine-Prednisone for Patients Who Fail to Achieve Remission Status with Chemotherapy Alone, Phase III

Start Date: 15 Apr 83 | Est Completion Date: Mar 85

Dept/Svc: Medicine/Oncology | Facility: MAMC

Principal Investigator: LTC Howard Davidson, MC

Associate Investigators:

COL Irwin B. Dabe, MC
COL Friedrich H. Stutz, MC
LTC James E. Congdon, MC
MAJ Thomas M. Baker, MC
MAJ Alfred H. Chan, MC
MAJ Timothy J. O'Rourke, MC

Key Words: multiple myeloma, chemotherapy, radiotherapy

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85 - Continue

Study Objective: To compare the effectiveness of two intermittent pulse schedules of combination of vincristine, melphalan, cyclophosphamide and prednisone (VMCP), and vincristine, BCNU, ardiamycin and prednisone (VBAP) for induction of remission in previously untreated patients with multiple myeloma. Results will also be compared with other combination chemotherapy regimens in previous SWOG studies. In patients proven to acheive remission, to compare the value of 12 months of chemo-immunotherapy maintenance, VMCP + levamisole, vs a consolidation program consisting of sequential half-body radiotherapy along with vincristine and prednisone followed by unmaintained remission. In patients who only achieve improvement, to determine whether sequential halfbody radiotherapy along with vincristine and prednisone will increase the remission rate. To determine whether sequential half-body radiotherapy along with vincristine and prednisone can serve as an effective form of induction therapy for patients who fail to respond to chemotherapy or suffer early relapse.

Technical Approach: Patients with previously untreated multiple myeloma will be stratified as to tumor mass status and then randomized to induction therapy on VMCP alternated every three wks weeks with VBAP for a minimum of 6 months to a maximum of one yr or to VMCP for 3 cycles followed by 3 cycles of VBAP. Each course will be repeated every 3 weeks. Courses will be repeated for a minimum of 6 months to a maximum of one year. Upon completion of induction, patients with documented 75% regression with chemotherapy alone will be randomized to receive VMCP + levamisole, repeated every three wks or to sequential half-body radiotherapy and concomitant vincristine and prednisone. Partial responders or nonresponders following induction therapy will receive sequential halfbody radiotherapy and vincristine and prednisone for six weeks.

Progress: Three new entries at MAMC in FY 86 for a total of five entries. One patient had Grade 4 neutropenia and thrombocytopenia with sepsis which required platelet transfusion. The same patient had aspiration resulting in respiratory arrest and fluid in chest and has been on a ventilator for 12 weeks.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 83/68	Status: On-going

Title: SWOG 8231: Chemotherapy of Extragonadal Germinal Cell Neoplasms, Phase III

Start Date: 15 Jul 83	Est Completion Date: Jun 85
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: LTC Howard Davidson, MC	
Associate Investigators:	MAJ Thomas M. Baker, MC
COL William Belville, MC	MAJ Alfred H. Chan, MC
COL Irwin B. Dabe, MC	MAJ Timothy J. O'Rourke, MC
COL Friedrich H. Stutz, MC	MAJ Michael D. Stone, MC
Key Words: neoplasms, germinal cell, extragonadal, chemotherapy	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To determine the effectiveness of alternating combination chemotherapy consisting of VBP (vinblastine, bleomycin and cis-platinum) and EBAP (bleomycin, adriamycin, cis-platinum and VP-16) in patients with metastic germinal cell neoplasms arising in extragonadal sites; to determine the overall toxicity of the alternating combination of VBP and EBAP; to determine the role of surgical removal of residual disease following this drug combination in partially responding patients; to compare the response rates observed in this study with those reported by other investigators.

Technical Approach: This study will utilize alternating combination chemotherapy, with first and third cycles consisting of VBP and the second and fourth cycles consisting of EBAP. There are reduced "poor risk" doses for patients who are over 65 or have neutropenia, thrombocytopenia, markedly abnormal liver function, or prior radiation therapy.

Following completion of the four cycles, patients with a complete response will be observed; those with stable disease, minimal response, or partial response will have surgical resection of residual disease, if possible, followed by 2 more cycles of chemotherapy if malignant tissue is found at surgery.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/76	Status: Completed

Title: SWOG 8269: Concurrent Chemo-Radiotherapy for Limited Small Cell Carcinoma of the Lung, Phase II

Start Date: 27 Aug 85	Est Completion Date: Jun 87
Dept/Svc: Medicine/Hematology	Facility: MAMC

Principal Investigator: MAJ Thomas M. Baker, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ Michael D. Stone, MC
LTC Howard Davidson, MC	CPT David R. Bryson, MC

Key Words: carcinoma, lung, small cell, chemo-radiotherapy

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To explore the response rate with the concurrent use of radiation therapy plus chemotherapy utilizing cis-platinum, VP-16, and vincristine in limited small cell carcinoma of the lung and to observe the toxicities of this combined modality program.

Technical Approach: Patients will be started on chemotherapy consisting of cis-platinum, VP-16, and vincristine and concurrent radiation therapy to the primary site. After completion of radiation therapy to the chest, prophylactic cranial radiation therapy will be given. After a brief rest period, the patients will be treated with 12 more weeks of conventional chemotherapy consisting of adriamycin, cytoxan, VP-16, vincristine, and methotrexate. Patients who show a complete response will be followed. Patients with less than a complete response will be taken off study and offered alternative therapy.

Progress: One patient was entered at MAMC in FY 85 and was taken off study in January 1986. One patient was entered in FY 86 and taken off study in April 1986. The protocol was closed to new patient entry in March 1986, therefore the study was closed in April 1986 when the second patient was taken off study.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/47	Status: Completed

Title: SWOG 8293: Intergroup Phase III Protocol for the Management of Locally or Regionally Recurrent but Surgically Resectable Breast Cancer

Start Date: 20 Apr 84	Est Completion Date: Mar 86
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: LTC Howard Davidson, MC	

Associate Investigators:

COL Friedrich H. Stutz, MC	MAJ Alfred H. Chan, MC
LTC James E. Congdon, MC	MAJ Timothy J. O'Rourke, MC
MAJ Thomas M. Baker, MC	MAJ Michael D. Stone, MC

Key Words: cancer, breast,

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To better define the relative roles of systemic and local treatments in the care of resectable locally or regionally recurrent cancer of the breast in patients who have no evidence of disease after resection; to assess the effects of chemotherapy and radiation therapy (singly or in combination) administered immediately after surgical resection on local control, disease-free interval, and pattern of re-recurrence; to determine the effect of the administration of systemic chemotherapy or radiation therapy, which has been delayed until local, regional, re-recurrence, on local and regional control, disease-free survival, patterns of relapse, and survival; and to determine the influence of disease-free interval, size, and extent of local or regional recurrence on the effectiveness of treatment with chemotherapy and radiation therapy (singly or in combination).

Technical Approach: After patients with technically resectable loco-regional recurrent breast cancer have been rendered clinically free of disease (NED) by surgical resection, they will be allocated to Schema A, B, or C. Schema A: After completion of 9 cycles of chemotherapy, patients who are clinically free of disease (NED) will proceed to observation or to consolidation radiation therapy (Arm I) or to observation (Arm II). Schema B: Patients will be randomized to radiation therapy (Arm III) or chemotherapy. Patients randomized to chemotherapy will receive consolidation radiation therapy after completion of chemotherapy, while those who receive radiation therapy will be observed without further treatment. Schema C: Patients will be randomized to chemotherapy followed by radiation therapy, chemotherapy followed by observation, or radiation therapy followed by observation. The end points to be used for statistical studies will be evidence of treatment failure; response of loco-regional re-recurrence to secondary treatment; morbidity; and survival.

Progress: No entries at MAMC. Closed by SWOG December 1985.

Detail Summary Sheet

Date: 30 Sep 86 | Protocol No.: 83/56 | Status: On-going

Title: SWOG 8294 - Evaluation of Adjuvant Therapy and Biological Parameters in Node Negative Operable Female Breast Cancer (ECOG, EST-1180), Intergroup Study

Start Date: 18 May 83 | Est Completion Date: Feb 85

Dept/Svc: Medicine/Oncology | Facility: MAMC

Principal Investigator: LTC Howard Davidson, MC

Associate Investigators:

COL Irwin B. Dabe, MC
COL Friedrich H. Stutz, MC
LTC James E. Congdon, MC
MAJ Thomas M. Baker, MC
MAJ Alfred H. Chan, MC
MAJ Timothy J. O'Rourke, MC

Key Words: cancer, breast, operable, node negative, chemotherapy

Accumulative MEDCASE Cost: -0- | Est Accumulative OMA Cost: -0- | Periodic Review: Oct 85: Continue

Study Objective: To assess the impact of short-term intensive chemotherapy with CMEP to prevent disease recurrence and prolong survival in node negative patients with any size estrogen receptor negative tumors and node negative patients with estrogen receptor positive tumors whose pathological size is $\geq$3 cm; to assess the impact of surgical procedure, estrogen receptor status, menopausal status and tumor size; to develop guidelines referable to hispathological features of node negative tumors which are reproducible and to assess their prognostic impact for disease-free survival and survival; to assess the value to CEA in predicting recurrence and survival rates; to assess the natural history of a subgroup with node negative, estrogen receptor positive small tumors (3 cm).

Technical Approach: Patients will have laboratory evaluations to ensure that there is no evidence of disseminated disease. They will be stratified into a number of treatment groups based on the site of tumor, estrogen receptor status, age, and menopausal status. Patients with primary tumors less than 3 cms in diameter who are estrogen receptor positive will be followed by close observation only to determine the natural history of their tumor. All other patients who have a somewhat greater likelihood of relapse will be randomized to receive either close observation only or 6 cycles of systemic chemotherapy. The chemotherapy will consist of 4 agents: cyclophosphamide, methotrexate, 5-fluorouracil, and prednisone given for six 28 day cycles. The dosage of the individual agents will be determined by body height and weight.

Progress: Two patients were entered in FY 86 for a total of ten entries. One patient was hospitalized with neutropenic fever. The most common toxicity group-wide has been leukopenia with 31% of patients having either a severe or life-threatening degree.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/08	Status: On-going

Title: SWOG 8300: Treatment of Limited Non-Small Cell Lung Cancer: Radiation versus Radiation Plus Chemotherapy (FOMi/CAP), Phase III

Start Date: 16 Nov 84	Est Completion Date: Oct 86
Dept/Svc: Medicine/Hematology	Facility: MAMC

Principal Investigator: MAJ Thomas M. Baker, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ Timothy O'Rourke, MC
COL Fredrich H. Stutz, MC	MAJ Michael Stone, MC
LTC Howard Davidson, MC	CPT David Bryson, MC

Key Words: Toxicity, patterns, prophylaxis

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Feb 86: Continue

Study Objective: To compare combination chemotherapy (FOMi/CAP: 5-FU, vincristine, and mitomycin-C alternating with cyclophosphamide, Adriamycin, and cis-platinum) plus radiotherapy to radiotherapy alone for patients with limited, non-small cell lung cancer (NSCLC) in a randomized study with stratification for known important prognostic factors with regard to response rate, response duration, and survival duration; to determine the toxicity of radiotherapy plus FOMi-CAP relative to radiotherapy alone for patients with limited NSCLC; to evaluate the responsiveness of smaller tumor burdens (less than metastatic disease) to FOMi-CAP; to determine the pattern of relapsing disease in each treatment arm and in subgroups of patients determined by histology and response to FOMi/CAP; and to determine if prophylactic brain irradiation will decrease the chances for brain metastasis and influence toxicity or survival.

Technical Approach: Patients will be randomized to four treatment arms: (1) radiation alone to the chest; (2) radiation therapy to the chest and prophylactic radiation to the brain; (3) chemotherapy with FOMi/CAP followed by radiation therapy to the chest (those patients showing some response will receive two additional cycles of chemotherapy after completion of radiation therapy); (4) same treatment as in #3 with the addition of concomitant prophylactic brain irradiation to 3750 rads.

Progress: Two patients were entered in FY 86. One patient expired from disease.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/78	Status: Completed

Title: SWOG 8308: Combination Cis-Platinum and Dichloromethotrexate in Patients with Advanced Bladder Cancer, Phase II

Start Date: 21 Sep 84	Est Completion Date: Jun 86
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: LTC Howard Davidson, MC	
Associate Investigators:	MAJ Thomas M. Baker, MC
COL Irwin B. Dabe, MC	MAJ Timothy J. O'Rourke, MC
COL Friedrich H. Stutz, MC	MAJ Michael D. Stone, MC
Key Words: cancer, bladder, cis-platinum, dichloromethotrexate	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To obtain data regarding the activity and toxicity of combination cis-platinum and dichloromethotrexate in patients with objectively measurable metastatic transitional cell carcinoma of the bladder who have good renal function and who have not previously received chemotherapy and to investigate the single agent activity and toxicity of dichloromethotrexate in previously untreated patients with impaired renal function.

Technical Approach: Patients with measurable metastatic disease, adequate hepatic and cardiac function, adequate bone marrow reserve, and no prior systemic chemotherapy will be eligible. Patients who have imparied renal function will receive dichloromethotrexate alone; patients with good renal function will receive dichloromethotrexate and cis-platinum. Cis-platinum will be given 70 mg/M^2, the first and the fifth week with normal saline hydration, pre and post. Dichloromethotrexate will be given once weekly on an escalating dose schedule, starting at 400 mg/M^2 in good risk patients and 300 mg/M^2 in poor risk patients. After eight weeks of treatment, there will be a three week rest period; nonresponding patients will be taken off study and responding patients will go to a less intensive maintenance phase.

Progress: No entries at MAMC. Closed by SWOG, March 1986. Preliminary data suggest that there is a good response rate in good renal function patients.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/62	Status: On-going

Title: SWOG 8310: Evaluation of Aziridinylbenzoquinone (AZQ) (NSC-182986)in Refractory Relapsing Myeloma, Phase II

Start Date: 24 May 85	Estimated Completion Date: Apr 87
Dept/Svc: Medicine/Hematology	Facility: MAMC

Principal Investigator: MAJ Thomas Baker, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ Timothy O'Rourke, MC
COL F.H. Stutz, MC	MAJ Michael D. Stone, MC
LTC Howard Davidson, MC	CPT David Bryson, MC

Key Words: AZQ, refractory relapsing myeloma

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To determine the antitumor activity of AZQ in patients with refractory and relapsing multiple myeloma by determination of the response rate and the remission duration.

Technical Approach: AZQ will be given at 10 mg/M^2 weekly for four consecutive weeks, followed by a rest period of at least two weeks. Patients will be treated in this manner, until there is evidence of progression of disease.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/72	Status: On-going

Title: SWOG 8312, Megestrol Acetate and Aminoglutethimide/Hydrocortisone in Sequence or in Combination as Second-Line Endocrine Therapy of Estrogen Receptor Positive Metastatic Breast Cancer, Phase III

Start Date: 17 Aug 84	Est Completion Date: Jun 86
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: MAJ Thomas M. Baker, MC	
Associate Investigators:	LTC Howard Davidson, MC
COL Irwin B. Dabe, MC	MAJ Timothy J. O'Rourke, MC
COL Friedrich H. Stutz, MC	MAJ Michael D. Stone, MC
Key Words: cancer, breast, ER+, metastatic, chemotherapy	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To determine whether combination hormonal therapy with aminoglutethimide and hydrocortisone plus megestrol acetate, agents thought to have different mechanisms of action, offers an improved response rate with prolonged response duration and increased patient survival over the sequential use of each agent in ER+ patients who have progressed after responding to primary hormonal treatment with tamoxifen; to assess the relative toxicities of megestrol acetate and medical adrenalectomy; and to assess the value of progesterone receptors in predicting subsequent responses to a variety of hormonal therapies.

Technical Approach: Patients who have had an adequate trial of tamoxifen and have achieved at least a partial response or maintained stable disease for a minimum of six months with documented disease progression and clear-cut bone scan evidence of cortical bone metastases will be randomized to: Arm I - megestrol acetate, 40 mg p.o., 4 times daily given alone until there is documented evidence of disease progression; Arm II - aminoglutethimide, 250 mg p.o., twice daily for two weeks, then 250 mg p.o. four times daily plus hydrocortisone, 20 mg p.o. upon rising, 20 mg p.o. at 1700 hrs, and 60 mg p.o. at bedtime, daily for two weeks, then 10 mg p.o. upon rising, 10 mg p.o. at 1700 hrs, and 20 mg p.o. at bedtime; or Arm III megestrol acetate as in Arm I plus aminoglutethimide as in Arm II plus hydrocortisone as in Arm II. An adequate trial of each arm will consist of at least eight weeks of daily therapy in the absence of documented evidence of disease progression. Patients in Arms I and II with documented progressive disease after an adequate trial will be crossed over to the other treatment arm. The only exception to crossover will be patients who develop life threatening brain, liver, or pulmonary metastases who require systemic chemotherapy. Patients randomized to Arm III will go off study at the time of disease progression.

Progress: One patient was entered at MAMC in FY 86 with no adverse effects reported.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/59	Status: On-going

Title: SWOG 8313: Multiple Drug Adjuvant Chemotherapy for Patients with ER Negative Stage II Carcinoma of Breast, Phase III

Start Date: 18 May 84	Est Completion Date: May 86
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: LTC Howard Davidson, MC	
Associate Investigators:	MAJ Thomas Baker, MC
COL Irwin B. Dabe, MC	MAJ Timothy J. O'Rourke, MC
COL Friedrich H. Stutz, MC	MAJ Michael D. Stone, MC
Key Words: carcinoma, breast, ER-, adjuvant, multiple drug	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To compare through a randomized prospective study the recurrence rates and disease-free intervals for postoperative axillary node positive estrogen receptor negative breast cancer patients given adjuvant therapy with either short term intense chemotherapy (FAC-M) or one year standard chemotherapy (CMFVP); to compare the effect of these two adjuvant therapies on survival; to compare the relative toxicity of the two therapies; to compare the quality of life of patients with operable breast cancer randomized to receive one year of CMFVP or a short intensive regimen of FAC-M x 4 courses; and to compare a multiple item questionnaire for assessing quality of life.

Technical Approach: Women who have histologically proven breast cancer with axillary lymph node metastasis and negative estrogen receptors will be entered 14-21 days post-lumpectomy or within 14-42 days postmastectomy and randomly assigned to receive either:

Arm I - a tapering course of oral prednisone for 6 weeks, weekly IV vincristine for 10 weeks, weekly IV methotrexate, and weekly IV 5-FU plus daily oral cyclophosphamide for a total of one year.

or:

Arm II - four cycles of adriamycin (IV day 1), cyclophosphamide (IV day 1), 5-FU (IV days 1 and 8), and methotrexate (IV day 22). Each cycle will be five weeks and total duration of therapy in this arm is approximately 20 weeks.

Added to this protocol will be a sub-study to determine the prognostic significance of circulating human mammary epithelial antigens. This will involve blood tests prior to chemotherapy and then once every three months.

Questionnaires to compare quality of life will be completed at 72 hours prior to chemotherapy.

Progress: Two new patients were entered in FY 86 for a total of three patients. One patient (FY 85) had more than usual leukopenia requiring substantial dose reduction. One patient (FY 86) receiving FAC-M developed left arm weakness, but it resolved despite continued therapy on schedule.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/61	Status: On-going

Title: SWOG 8367: Combined Modality Treatment of Regional Non-Small Cell Lung Cancer, Phase I-II Pilot

Start Date: 18 May 84	Est Completion Date: May 86	
Dept/Svc: Medicine/Oncology		Facility: MAMC
Principal Investigator: LTC Howard Davidson, MC		
Associate Investigators:		
COL Irwin B. Dabe, MC	MAJ Alfred H. Chan, MC	
COL Friedrich H. Stutz, MC	MAJ Timothy J. O'Rourke, MC	
MAJ Thomas M. Baker, MD	MAJ Michael D. Stone, MC	
Key Words: cancer, lung, non-small cell, combined modality		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct85: Continue

Study Objective: To determine the feasibility and acute toxicity of a sequential approach with combination chemotherapy and neutron based radiation therapy in the treatment of regional (limited, unresectable) non-small cell lung carcinoma; to determine complete and partial response rates and response duration with such a program, and to assess survival and long-term side effects in this treated population.

Technical Approach: Patients will receive outpatient vinblastine and mitomycin-C followed three weeks later by inpatient vinblastine and cis-platinum. Following three weeks rest, neutron radiation therapy to the chest and photon therapy to the brain (prophylaxis) will be given. Upon completion of radiation therapy (wk 14), two additional cycles of VeMi/VeP will be given. Upon completion of chemotherapy, no further therapy will be administered and the patient will be followed.

Progress: No entries in FY 86. One patient was entered at MAMC in FY 85 with decreased hearing secondary to cis-platinum and possible herpes zoster after radiation.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/91	Status: Completed

Title: SWOG 8369: Combination Chemotherapy with Mitoxantrone, Cis-Platinum, and MGBG for Refractory Lymphoma, Phase II

Start Date: 20 Sep 85	Est Completion Date: Aug 87
Dept/Svc: Medicine/Hematology	Facility: MAMC

Principal Investigator: LTC Howard Davidson, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ Michael D. Stone, MC
MAJ Thomas Baker, MC	CPT David R. Bryson, MC

Key Words: mitoxantrone, cis-platinum, MBGB, refractory lymphoma

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine if the 3-drug combination of mitoxantrone, cis-platinum, and methylglyoxal bis-guanylhydrazone (MGBG) has reasonable activity (response rate >30%) in patients with refractory unfavorable histology non-Hodgkin's lymphoma; to assess response duration, and to determine the toxicities of this combination of drugs.

Technical Approach: DHAD, MGBG, and cis-platin will be given IV on day 1 and repeated every 21 days provided granulocyte and platelet counts are adequate. Drugs will be given in the order shown so those with severe GI toxicities will be given last. Poor risk patients will receive reduced doses of the same treatment plan. An adequate trial will consist of two courses of therapy embracing a six week observation period. If tumor response or stable disease is noted, therapy will be continued until progression. If tumor progression is noted on a non-myelosuppressive dose of drugs, therapy will be continued at a one dose level increase. If progression of disease with myelosuppressive doses occurs, the patient will be removed from the study.

Progress: No entries at MAMC. Group-wide, initial evaluation shows some activity. One complete response and four partial responses were seen among 18 patients evaluated.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/07	Status: On-going

Title: SWOG 8370: Vinblastine and Cis-Platinum in the Treatment of Refractory Sarcomas, Phase II - Pilot

Start Date: 21 Oct 83	Est Completion Date: Sep 85
Dept/Svc: Medicine/Oncology	Facility: MAMC

Principal Investigator: LTC Howard Davidson, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ Alfred H. Chan, MC
COL Friedrich H. Stutz, MC	MAJ Timothy J. O'Rourke, MC
MAJ Thomas M. Baker, MD	MAJ Michael D. Stone, MC

Key Words: sarcoma, refractory, vinblastine, cis-platinum

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Feb 86: Continue

Study Objective: To evaluate the response rate of refractory soft tissue sarcoma to the drug combination of vinblastine and cis-platinum.

Technical Approach: This is a prospective, one arm pilot study for the treatment of measurable, refractory (to standard therapy) sarcomas. Cis-Platinum is given on day 1 after appropriate hydration, followed by a 5 day continuous infusion of vinblastine. The treatment will continue for as long as it can be tolerated and controls the disease (stable disease or response).

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 84/37	Status: On-going

Title: SWOG 8378: Evaluation of Fludarabine Phosphate in Chronic Lymphocytic Leukemia

Start Date: 16 Mar 84	Est Completion Date: Feb 86
Dept/Svc: Medicine/Oncology	Facility: MAMC

Principal Investigator: MAJ Thomas M. Baker, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ Alfred H. Chan, MC
COL Friedrich H. Stutz, MC	MAJ Timothy J. O'Rourke, MC
LTC Howard Davidson, MD	MAJ Michael D. Stone, MC

Key Words: leukemia, lymphocytic, chronic, fludarabine phosphate

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To determine the response rate and remission durration of relapsing or refractory chronic lymphocytic leukemia treated with fludarabine phosphate used in a daily times five, every four week schedule and to define qualitative and quantitative toxicities of fludarabine phosphate in a Phase II study in this population.

Technical Approach: To achieve maximum tolerated lymphotoxicity, the initial dose will be escalated in increments not to exceed 25% as a maximum of five patients are accrued to the initial dose and the toxicity of fludarabine phosphate is evaluated. The initial dose will be 20 mg/M^2 daily for five days to be administered as a rapid IV infusion and repeated every 28 days. Patients will receive an initial three courses of fludarabine phosphate. If there is evidence of progression of disease, treatment will be discontinued and the patient will be taken off the study. If there is evidence of response, the patient will receive three more courses for a total of six courses of therapy. Patients will then be re-evaluated and categorized as either responders or non-responders. Patients achieving a complete response will be followed without further therapy to disease relapse. Patients achieving a partial response after six courses of fludarabine phosphate will receive six additional courses at which time they will be reclassified as complete response or partial response. Patients remaining in partial response will be taken off study and patients in complete remission will be followed to disease relapse.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/54	Status: Completed

Title: SWOG 8384: Evaluation of Fludarabine Phosphate (NSC-312887) in Small Cell Lung Carcinoma, Phase II

Start Date: 19 Apr 85	Estimated Completion Date: Mar 87
Dept/Svc: Medicine/Oncology	Facility: MAMC

Principal Investigator: MAJ Thomas M. Baker, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ Timothy O'Rourke, MC
COL F.H. Stutz, MC	MAJ Michael Stone, MC
LTC Howard Davidson, MC	CPT David Bryson, MC

Key Words: carcinoma, lung, small cell, fludarabine phosphate

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the response rate and response duration of fludarabine phosphate used in a daily times five, every four week schedule as salvage therapy for patients with small cell carcinoma of the lung and to define the qualitative and quantitative toxicities of fludarabine phosphate administered in a Phase II study.

Technical Approach: All patients will receive fludarabine phosphate 18 mg/M^2 daily times five days to be given as a rapid IV infusion over 30 minutes. Courses of fludarabine phosphate will be given for five days every 28 days. Patients showing a complete response or partial response will continue to receive therapy until disease relapse or until they have received therapy for one year after achieving a complete remission. Patients with progressive disease after two course of therapy or relapse will have therapy with fludarabine phosphate discontinued. An adequate trial will consist of 8 weeks of therapy (2 courses).

Progress: One patient was entered at MAMC but refused treatment before drug was started. Preliminary results appear to indicate that fludarabine phosphate is not active in this group of patients.

The study was closed to new patient entry by SWOG in March 1986.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/55	Status: Terminated

Title: SWOG 8403: Evaluation of Fludarabine Phosphate in Squamous Cell Carcinoma of the Head and Neck Region, Phase II

Start Date: 19 Apr 85	Estimated Completion Date: Mar 87
Dept/Svc: Medicine/Hematology	Facility: MAMC

Principal Investigator: MAJ Thomas J. Baker, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ Timothy O'Rourke, MC
COL F.H. Stutz, MC	MAJ Michael D. Stone, MC
LTC Howard Davidson, MC	CPT David Bryson, MC

Key Words: fludarabine phosphate, response rate, remission duration, squamous cell carcinoma, head and neck

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the response rate and remission duration in patients with advanced squamous cell carcinoma of the head and neck treated with fludarabine phosphate and to define further the qualitative and quantitative toxicities of fludarabine phosphate.

Technical Approach: Patients who have squamous cell carcinoma of the head and neck region who have not received prior chemotherapy (up front "adjuvant" chemotherapy is allowed) will be treated with one of two dosage schedules. Patients who are good risk (no prior chemotherapy or radiation therapy) will receive fludarabine phosphate 25 mg/M^2 daily times 5 days, repeated every 28 days. Poor risk patients (prior chemo or radiation therapy) will receive fludarabine phosphate 18 mg/M^2 daily times 5 days every 28 days, continued for as long as it controls the tumor. An adequate trial will be defined as four weeks (one course) of therapy with fludarabine phosphate.

Progress: No patients entered at MAMC. This protocol was terminated in October 1985 due to undue neurotoxicity.

Detail Summary Sheet

Date: 30 Sep 86 | Protocol No.: 85/43 | Status: On-going

Title: SWOG 8409: Evaluation of Fludarabine Phosphate in Refractory Multiple Myeloma, Phase II

Start Date: 15 Mar 85 | Estimated Completion Date: Feb 87

Dept/Svc: Medicine/Oncology | Facility: MAMC

Principal Investigator: MAJ Thomas M. Baker, MC

Associate Investigators:

COL Irwin B. Dabe, MC
COL F.H. Stutz, MC
LTC Howard Davidson, MC
MAJ Timothy O'Rourke, MC
MAJ Michael D. Stone, MC
CPT David Bryson, MC

Key Words: fludarabine phosphate, refractory, multiple myeloma

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Suspended

Study Objective: To determine the response rate and response duration to fludarabine phosphate in patients with refractory multiple myeloma when treated on a daily times five, every three week schedule and to define the qualitative and quantitative toxicities of fludarabine phosphate administered in a Phase II setting.

Technical Approach: Patients with multiple myeloma who are no longer responsive to standard chemotherapy will be treated with fludarabine phosphate, 15 mg/M^2, IV daily times five, repeated every 3 weeks. Poor risk patients will receive 12 mg/M^2. Patients with progression of disease after two courses of therapy will be taken off study. Patients with a complete remission will receive three additional courses beyond the point of achieving a complete remission and followed with no further treatment. Patients who obtain a partial remission will be treated until disease progression or until a total of 12 courses has been given. Patients with stable disease after two courses can receive an additional three courses at the discretion of the treating physician.

Progress: No entries at MAMC. This study was suspended in September 1985 to review the results on the first 16 patients. There were no responses, but no substantial myelosuppression; therefore, the decision was reached by SWOG to reopen the study at higher doses.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/44	Status: On-going

Title: SWOG 8411: Evaluation of DTIC in Metastatic Carcinoid, Phase II

Start Date: 15 Mar 85	Estimated Completion Date: Feb 87
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: MAJ Thomas M. Baker, MC	
Associate Investigators:	
COL Irwin B. Dabe, MC	MAJ Timothy O'Rourke, MC
COL F.H. Stutz, MC	MAJ Michael D. Stone, MC
LTC Howard Davidson, MC	CPT David Bryson, MC
Key Words: IV, every 28 days, non-amenable to surgery	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: Continue

Study Objective: To determine the effectiveness of dimethyl triazeno imidazole carboxamide (DTIC) in the treatment of metastatic carcinoid and to determine the survival of patients with metastatic carcinoid receiving DTIC.

Technical Approach: Patients with metastatic carcinoid not amenable to surgery who have had no prior chemotherapy or have had no radiotherapy within six weeks will be eligible. Patients will receive DTIC, 850 mg/M^2 IV, every 28 days. Poor risk will receive 650 mg/M^2. An adequate trial will be defined as two cycles of therapy with evidence of increasing disease. Patients with stable disease or in PR or CR will continue on therapy until increasing disease or relapse occurs.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/53	Status: On-going

Title: SWOG 8412: Carboplatin/Cyclophosphamide versus Cisplatin/Cyclophosphamide in Patients with Measurable and Non-Measurable (Sub-Optimal) Disease Stages III and IV Ovarian Cancer, Phase III

Start Date: 21 Mar 86	Est Completion Date: Mar 88
Dept/Svc: Medicine/Hematology	Facility: MAMC

Principal Investigator: LTC Howard Davidson, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ David Dunning, MC
LTC Lauren K. Colman, MC	MAJ Michael D. Stone, MC
MAJ Thomas M. Baker, MC	CPT David R. Bryson, MC

Key Words: ovarian cancer, stages III and IV, chemotherapy

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the efficacy (as determined by percentage of pathologically proven complete response) of carboplatin plus cyclophosphamide as compared to cisplatin plus cyclophosphamide in suboptimally resected Stages III and IV ovarian carcinoma; to evaluate the comparative toxicities of the two drug regimens; and to prospectively evaluate the power of human tumor clonogenic assay to predict objective clinical response to combination chemotherapy with cyclophosphamide plus one of two platinum compounds.

Technical Approach: Patients will be stratified by Stage II vs Stage IV disease, measurable versus nonmeasurable, suboptimal disease, and institution and randomized to one of the following:

Arm I: cisplatin, 100 mg/M^2 IV in 1/2-1 liter NS, 1 mg/min, following prehydration with at least 1 liter NS over 1 hr, Day 1, plus cytoxan, 600 mg/M^2 IV, Day 1

Arm II: carboplatin, 300 mg/M^2, IV, Day 1 plus cytoxan, 600 mg/M^2 IV, Day 1.

Courses will be repeated every four weeks as tolerated. All patients will receive at least two courses of therapy (an adequate trial) before being removed from the study due to progression. Six courses of therapy will constitute the remission induction phase of the protocol, after which they will be re-evaluated. All patients in clinical or complete remission will undergo second-look exploratory laparotomy to document complete remission. Patients found to be free of disease at time of surgical reevaluation will have all chemotherapy discontinued, but will remain on study and be followed. Patients with residual tumor detected at re-evaluation will go off study.

Progress: One patient was entered at MAMC in FY 86. High frequency hearing loss, a well-recognized toxicity of cis-platinum, was reported by the patient.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/07	Status: On-going
Title: SWOG 8417/19: Evaluation of Two Consolidation Regimens in the Treatment of Adult Acute Lymphoblastic Leukemia, Ph II		
Start Date: 18 Oct 85	Est Completion Date: Sep 87	
Dept/Svc: Medicine/Oncology		Facility: MAMC
Principal Investigator: LTC Lauren K. Colman, MC		
Associate Investigators:	MAJ Thomas M. Baker, MC	
COL Irwin B. Dabe, MC	MAJ Michael D. Stone, MC	
LTC Howard Davidson, MC	CPT David R. Bryson, MC	
Key Words: leukemia, lymphoblastic, consolidation regimens		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To compare the effects on remission duration and survival of two consolidation regimens: the L-10-M consolidation used in SWOG 8001 versus a regimen employing daunomycin, cytosine, arabinoside, 6-thioguianine and escalating methotrexate/L-asparaginase in patients with adult lymphoblastic leukemia and to compare the toxicities of the two consolidation regimens.

Technical Approach: All patients will begin remission induction with vincristine, prednisone, adriamydin, methotrexate, cyclophosphamide, and adriamycin (36 days to complete therapy). On or about day 30 patients will have an Ommaya reservoir placed in the frontotemporal area of the skull. After completion of therapy there will be a 14 day rest period. Following completion of induction therapy, patients will have a bone marrow performed. Those patients failing to achieve an A_1 marrow status will be taken off study. Patients who are still in complete remission will be randomized to one of the following consolidation regimens:

ARM I (L-10-M): methotrexate (IV daily x 5 on days 1, 36, and 71), Ara-C (IV daily x 5 on days 1, 36, and 71), Ara-C (IV every 12 hr for 12 doses on days 15, 50, and 85), 6-thioguanine (PO every 12 hr for 12 doses on days 15,50, and 85), methotrexate (IT, days 15, 17,57,59), vincristine (IV days 50 and 57), prednisone (PO days 50-57), L-asparaginase (IV beginning day 99 and given 3 times weekly for a total of 6 doses) and cyclophosphamide (IV day 110 following last dose of L-asparaginase.

Arm II: daunomycin (IV days 1-3), Ara-C (IV continuous infusion days 1-5), 6-thioguanine (PO every 12 hr days 1-5), followed by a 21-28 days rest period. Methotrexate (IV days 28,38,48,58,68,78, 88,98), L-asparaginase (IM days 29,39,49,59,69,79,89,and 99.

After a 2-week rest period, maintenance therapy will begin: vincristine, prednisone, adriamycin, 6-mercaptopurine, methotrexate IT, methotrexate PO, dactinomycin, vincristine, prednisone, BCNU, cyclophosphamide, 6-mercaptopurine, and methotrexate. This cycle will be repeated every 21 wk for 36 mth or until relapse. An adequate trial will be the completion of remission induction therapy.

Progress: Four patients were entered in FY 86 at MAMC. Three have expired from their disease. No adverse effects reported.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/45	Status: On-going

Title: SWOG 8418: Evaluation of Cis-Diamminedichloroplatinum in Unresectable Diffuse Malignant Mesothelioma, Phase II

Start Date: 15 Mar 85	Estimated Completion Date: Feb 87
Dept/Svc: Medicine/Oncology	Facility: MAMC

Principal Investigator: MAJ Thomas Baker, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ Timothy O'Rourke, MC
COL F.H. Stutz, MC	MAJ Michael D. Stone, MC
LTC Howard Davidson, MC	CPT David Bryson, MC

Key Words: mesothelioma, diffuse, unresectable, cis-platinum

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: continue

Study Objective: To test the response rate of cis-platinum in previously untreated patients with unresectable diffuse malignant mesothelioma and to test the response rate of cis-platinum in patients with unresectable diffuse malignant mesothelioma previously treated with, at most, one prior chemotherapy program.

Technical Approach: All patients will receive cis-platinum, 100 mg/M^2, rapid IV infusion every 21 days as tolerated. Adequate hydration will be closely monitored. Treatment will be repeated every three weeks as tolerated by the patient until tumor progression is documented in the presence of drug toxicity. An adequate trial will be defined as one course of therapy followed by a 21 day observation period. For statistical purposes, patients will be stratified as no prior chemotherapy or one prior chemotherapy program.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/46	Status: On-going

Title: SWOG 8460: Combination Chemotherapy (COPE) and Radiation Therapy for Extensive Small Cell Lung Cancer, Phase II, Pilot

Start Date: 15 Mar 85	Estimated Completion Date: Feb 87
Dept/Svc: Medicine/Oncology	Facility: MAMC

Principal Investigator: LTC Howard Davidson, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ Timothy O'Rourke, MC
COL F.H. Stutz, MC	MAJ Michael D. Stone, MC
MAJ Thomas Baker, MC	CPT David Bryson, MC

Key Words: cancer, lung, small cell, chemotherapy, radiation

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review Oct 85: continue

Study Objective: To determine the overall and complete response rates to the combination of cyclophosphamide, VP-16 (etopside) and cis-platinum followed by vincristine plus prophylactic or therapeutic whole brain and chest irradiation in responders in extensive small cell carcinoma of the lung, to assess qualitative and quantitative toxicities of this treatment program, and to measure time to progression and survival of the patients treated.

Technical Approach: Patients will be stratified according to basis of diagnosis and performance status. All patients will receive COPE induction chemotherapy for a total of four cycles. Therapy will be given every three weeks for four cycles, delivered over approximately 12 weeks. Radiotherrapy will be given to responding patients (CR and PR) beginning on or about Week 12, to include chest and whole brain. Patients presenting with initial brain involvement will begin therapeutic brain irradiation on Day 1 with induction chemotherapy with chest irradiation to begin at approxmately Day 84. Late intensification will consist of two additional courses of COPE given on weeks 24 and 48. An adequate trial will be defined as one course of induction therapy (three weeks on study).

Progress: No entries in FY 86 at MAMC. Four patients were entered in FY 85 with no unexpected toxicities.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/56	Status: On-going

Title: SWOG 8493: Simultaneous Cis-Platinum and Radiation Therapy Compared with Standard Radiation Therapy in the Treatment of Unresectable Squamous or Undifferentiated Carcinoma of the Head and Neck

Start Date: 19 Apr 85	Estimated Completion Date: Feb 87
Dept/Svc: Medicine/Oncology	Facility: MAMC

Principal Investigator: LTC Howard Davidson, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ Timothy O'Rourke, MC
COL F.H. Stutz, MC	MAJ Michael D. Stone, MC
MAJ Thomas M. Baker, MC	CPT David R. Bryson, MC

Key Words: carcinoma, head and neck, cis-platinum, radiotherapy

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: continue

Study Objective: To compare the effectiveness of simultaneous cis-platinum radiation therapy with that of radiotherapy alone in improving patient survival and the disease-free interval in patients with unresectable Stage III-IV squamous cell or undifferentiated carcinoma of the head and neck; to compare the toxicity of cis-platinum radiotherapy with that of radiotherapy alone in patients with locally advanced head and neck cancer, and to compare patterns of relapse or treatment failure between the two regimens.

Technical Approach: Patients will be stratified by performance status, primary tumor, and nodal status. Patients will be randomized to receive radiotherapy alone or radiotherapy plys concomitant cis-platinum, 20 mg/M^2 every seven days, for the duration of radiotherapy. At the completion of therapy on either treatment, all patients will be observed until progression, at which time they will be taken off study and offered alternative therapy.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/77	Status: On-going

Title: SWOG 8494: A Comparison of Leuprolide with Flutamide and Leuprolide in Previously Untreated Patients with Clinical Stage D_2 Cancer of the Prostate, Phase III, Intergroup (INT-0036)

Start Date: 19 Apr 85		Est Completion Date: Feb 87
Dept/Svc: Medicine/Oncology		Facility: MAMC
Principal Investigator: MAJ Thomas Baker, MC		
Associate Investigators:	LTC Howard Davidson, MC	
COL William D. Belville, MC	MAJ Michael D. Stone, MC	
COL Irwin B. Dabe, MC	CPT David Bryson, MC	
Key Words: cancer, prostate, untreated, leuprolide, flutamide		
Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: continue

Study Objective: To evaluate and compare the efficacy of the combination of leuprolide and flutamide versus leuprolide alone followed at time of progression by addition of flutamide in the treatment of newly diagnosed, previously untreated patients with metastatic (D_2) adenocarcinoma of the prostate and to compare time to progression, survival, response rate, and toxicity of patients treated with either treatment program.

Technical Approach: Patients with histologically confirmed Stage D_2, previously untreated prostate cancer will be randomized to leuprolide plus flutamide or leuprolide plus placebo. Those given leuprolide plus flutamide will go off study at progression. Those on leuprolide plus placebo will have flutamide added to the therapy, which will continue until progression at which time they will taken off study and followed.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/78	Status: On-going

Title: SWOG 8503: Combination Chemotherapy of Intermediate and High Grade Non-Hodgkin's Lymphoma with ProMACE-Cytabom, Phase II

Start Date: 23 Aug 85	Est Completion Date: Jul 87
Dept/Svc: Medicine/Oncology	Facility: MAMC

Principal Investigator: LTC Howard Davidson, MC

Associate Investigators:

COL Irwin B. Dabe, MC
MAJ Michael D. Stone, MC
MAJ Thomas M. Baker, MC
CPT David Bryson, MC

Key Words: lymphoma, non-Hodgkin's, chemotherapy, ProMACE-Cytabom

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: continue

Study Objective: To determine the complete remission rate, remission duration, and survival duration for patients with intermediate and high grade non-Hodgkin's lymphomas treated with cyclophosphamide, doxorubicin, etopside, and prednisone, followed by cytarabine, bleomycin, vincristine, and methotrexate with leukovorin (ProMACE-CytaBOM) and to assess the feasibility of using this regimen in the Southwest Oncology Group with the intent of using ProMACE-CytaBOM in a future Phase III trial.

Technical Approach: Patients with no prior chemotherapy or radiotherapy will receive cyclophosphamide, adriamycin, and etopside IV on day 1, prednisone PO days 1-14, cytarabine, bleomycin, vincristine, and methotrexate IV on day 8, and leukovorin PO every six hr times four, beginning 24 hours after methotrexate. All patients will be treated until a complete clinical remission is obtained and two additional cycles of chemotherapy have been given or until progressive disease develops. A minimum of six cycles must be given to each CR before therapy is discontinued. All patients will receive initial treatment with full doses of drugs regardless of age or other risk factors.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/26	Status: On-going

Title: SWOG 8504: Evaluation of Menogaril (NSC-269148) in Renal Cell Carcinoma, Phase II

Start Date: 17 Jan 86	Est Completion Date: Dec 87
Dept/Svc: Medicine/Hematology	Facility: MAMC

Principal Investigator: MAJ Thomas M. Baker, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ David Dunning, MC
LTC Lauren K. Colman, MC	MAJ Michael D. Stone, MC
LTC Howard Davidson, MC	CPT David R. Bryson, MC

Key Words: carcinoma, renal cell, menogaril

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the response rate and remission duration of advanced renal cell carcinoma when treated with menogaril by one hour infusion every 28 days and to define the qualitative and quantitative toxicities of menogarill administered in a Phase II study.

Technical Approach: Patients will not have received prior chemotherapy. Patients may have received surgery, radiation or hormonal therapy as part of the treatment of their primary disease. The initial dose level for all patients will be menogaril 200 mg/M^2 over one hour in 500 ml of 5% Dextrose in water. Courses of menogaril will be administered every 28 days provided the patient has a total absolute granulocyte count $\geq$2,000/µl and platelet count is $\geq$100,000/µl. Menogaril treatment will continue until progression of disease. An adequate trial will be two doses requiring a total duration of observation of 8 weeks. Patients will be removed from the study with 25% increase in the size of measured lesion or the appearance of new lesions or unacceptable stable disease after one or more courses of therapy or unacceptable toxicity.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/52	Status: Completed

Title: SWOG 8508: Combination Chemotherapy of Intermediate and High-Grade Non-Hodgkin's Lymphoma with MACOP-B, Phase II

Start Date: Mar 86	Est Completion Date: Feb 88
Dept/Svc: Medicine/Oncology	Facility: MAMC

Principal Investigator: MAJ Thomas M. Baker, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ David Dunning, MC
LTC Lauren K. Colman, MC	MAJ Michael D. Stone, MC
LTC Howard Davidson, MC	CPT David R. Bryson, MC

Key Words: lymphoma, non-Hodgkin's, MACOP-B

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine the complete remission rate, remission duration and survival for the treatment program consisting of methotrexate (MTX), doxorubicin, cyclophosphamide, Oncovin, bleomycin, and prednisone (MACOP-B) in patients with intermediate and high grade non-Hodgkin's lymphoma utilizing the schedule of the Vancouver group, which has shown an 85% response rate and no relapses beyong six months of therapy; to compare these rates retrospectively with past clinical trials of the SWOG; and to assess the toxicity of this regimen.

Technical Approach: MACOP-B will be given over a period of 12 wk as follows: methorexate, IV, wk 2,6, and 10, folinic acid PO, q6 hr x 8 doses 24 hr after each MTX bolus, doxorubicin, IV, wk 1,3, 5,7,9, and 11; cyclophosphamide, IV, wk 1,3,5,7,9,and 11, Oncovin, IV, wk 2,4,6,8,10, and 12; bleomycin, IV, wk 4,8, and 12, prednisone, PO, daily x 12 wk, and trimethoprim-sulfa, PO, BID x 12 wk. Patients will be instructed to maintain an oral intake in excess of 4,000 cc/day times 5 days beginning two days prior to each MTX dose; also, oral sodium bicarbonate, 3 grams, 6 times daily for 5 days starting 2 days before each MTX dose. Patients will be given allopurinol, 300 mg/d, for the first 30 days of treatment to prevent tumor lysis syndrom. Patients with documented progressive disease will be taken off study after six wk of therapy (adequate trial). Patients will complete a 12 wk program unless toxicity precludes completion. Patients will be restaged upon completion of treatment program to assess response. Patients with less than complete response will be taken off study. Patients whose clinical disease has disappeared and appear to be in complete remission will undergo complete laboratory and radiographic search for evidence of persistent lymphoma one month after completion of treatment. If complete response is confirmed, patient will continue on study and will be followed. No further treatment will be given.

Progress: Two patients were entered at MAMC. The degree of mucositis was worse than had been expected. Life threatening toxicities included granulocytopenia, pancytopenia, and thrombocytopenia. The protocol was closed by SWOG in June 1986.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/27	Status: On-going

Title: SWOG 8509: Evaluation of Menogaril (NSC-269148) in Adenocarcinoma of the Prostate, Phase II

Start Date: 17 Jan 86	Est Completion Date: Dec 87
Dept/Svc: Medicine/Hematology	Facility: MAMC

Principal Investigator: MAJ Thomas M. Baker, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ David Dunning, MC
LTC Lauren K. Colman, MC	MAJ Michael D. Stone, MC
LTC Howard Davidson, MC	CPT David R. Bryson, MC

Key Words: adenocarcinoma, prostate, menogaril

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To assess the antitumor activity of menogaril in patients with advanced adenocarcinoma of the prostate and to define the qualitative and quantitative toxicities of menogaril administered in a Phase II study.

Technical Approach: Patients may not have received prior chemotherapy. Prior hormonal or immunotherapy is permitted. Menogaril, 200 mg/M^2, will be administered IV in 500 ml of 5% Dextrose in water over one hour on day 1. Courses of menogaril will be repeated every 28 days. Patients with pretreatment total absolute granulocyte count $\geq$2000/µl and platelet count $\geq$100,000/µl will receive therapy every 28 days. An adequate trial will consist of two doses requiring a total duration of observation of 8 weeks. Patients will be taken off study with 25% increase in the size of measured lesion, the appearance of new lesions, unacceptable stable disease after one or more courses of therapy, unacceptable toxicity, or patient's refusal to continue treatment.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/71	Status: On-going

Title: SWOG 8514: Randomized Comparison of Cis-Platin + 5 Fluorouracil versus CBDCA + 5-Fluorouracil versus Methotrexate in Advanced Squamous Cell Carcinoma of the Head and Neck, Phase III

Start Date: 20 Jun 86	Est Completion Date: Jun 1989
Dept/Svc: Medicine/Hematology	Facility: MAMC

Principal Investigator: MAJ Thomas M. Baker, MC

Associate Investigators:

COL Irwin B. Dabe, MC	MAJ David Dunning, MC
LTC Lauren K. Colman, MC	MAJ Michael D. Stone, MC
LTC Howard Davidson, MC	CPT David R. Bryson, MC

Key Words: carcinoma, squamous cell, head & neck, chemotherapy

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To determine and compare the response rate (complete and partial), duration of response, and survival time of patients treated with two combination chemotherapy regimens: (Arm I) cis-platin + 5-FU, (Arm II) CBDCA - 5-FU, with Arm III (single agent methotrexate).

Technical Approach: Patients may not have received prior chemotherapy for recurrent disease. Patients who have received induction chemotherapy only are eligible. Patients may have received prior radiotherapy (not within past 6 months).

Arm I: (every 28 days)
cis-platinum, 100 mg/M^2, IV, pre and post-treatment hydration
5-FU 1000 mg/M^2 continuous IV infusion x 4 days

Arm II: (every 28 days)
CBDCA 300 mg/M^2, IV, no hydration required
5-FU 1000 mg/M^2 continuous IV infusion x 4 days

Arm III: methotrexate 40 mg/M^2, IV bolus every week.

In patients achieving disease regression, the duration of disease regression will be measured from the start of chemotherapy to the first sign of progression or relapse.

Patients will be removed from the study if there is progression of disease after at least four weeks of treatment, if there is unacceptable toxicity, or if the patient does not want to continue treatment.

Progress: No entries at MAMC. No life-threateninng nor fatal toxicities have been reported by the group.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/80	Status: On-going

Title: SWOG 8516: A Phase III Comparison of CHOP versus m-BACOD versus ProMACE-CytaBOM versus MACOP-B in Patients with Intermediate or High-Grade Non-Hodgkin's Lymphoma

Start Date: 15 Aug 86	Est Completion Date: Jul 89
Dept/Svc: Medicine/Hematology	Facility: MAMC
Principal Investigator: MAJ Thomas M. Baker, MC	
Associate Investigators:	
COL Irwin B. Dabe, MC	MAJ David Dunning, MC
LTC Lauren K. Colman, MC	MAJ Michael D. Stone, MC
LTC Howard Davidson, MC	CPT David R. Bryson, MC
Key Words: non-Hodgkin's, CHOP, m-BACOD, ProMACE-CytaBOM, MACOP-B	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To compare in a randomized group-wide setting the complete response rate, response duration, and survival of patients with intermediate and high grade non-Hodgkin's lymphoma treated with one of four combination chemotherapy regimens: CHOP, m-BACOD, ProMACE-CytaBOM, or MACOP-B; and to compare the toxicities of each regimen in this patient population.

Technical Approach: Patients with prior chemotherapy or radiotherapy are ineligible. Arm I (CHOP every 3 weeks for 8 consecutive cycels): cyclophosphamide (IV), doxorubicin (IV), vincristine (IV) and prednisone (PO). Arm II (m-BACOD every 3 weeks x 10): cyclophosphamide (IV), doxorubicin (IV), vincristine (IV), bleomycin (IV), dexamethasone (PO), methotrexate (IV), and calcium leukovorin rescue after each MTX dose. Arm III (Pro-MACE-CytaBOM every 21 days, treated until complete remission plus 2 additional cycles): cyclophosphamide (IV), doxorubicin (IV), VP-16 (IV), prednisone (PO), ara-C (IV), bleomycin (IV), vincristine (IV), methotrexate (IV), calcium leukovorin rescue after each MTX dose, and trimetheprim-sulfamethoxazole (PO). Arm IV (MACOP-B will be given over 12 weeks): methotrexate (IV), calcium leucovorin rescue after each MTX bolus, doxorubicin (IV), cyclophosphamide (IV), vincristine (IV), bleomycin (IV), prednisone (PO), and trimethoprim-sulfa (PO). Patients with documented progressive disease may be taken off study at any time; however patients will preferably be be restaged upon completion of the treatment program to assess response. Patients with less than a complete response at restaging will be taken off study. Patients whose clinical disease has disappeared and who appear to be in complete remission will undergo a complete and thorough laboratory and radiographic search for evidence of persistent lymphoma approximately one month after completion of therapy. If complete remission is confirmed, the patient will be observed with no further therapy.

Progress: No entries at MAMC.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 86/72	Status: On-going

Title: SWOG 8573: Treatment of Limited Small Cell Lung Cancer with Concurrent Chemotherapy, Radiotherapy, and Intensification with High Dose Cyclophosphamide, Phase II Pilot

Start Date: 20 Jun 86	Est Completion Date: Jun 89
Dept/Svc: Medicine/Hematology	Facility: MAMC
Principal Investigator:	LTC Lauren K. Colman, MC
Associate Investigators:	COL Irwin B. Dabe, MC LTC Howard Davidson, MC MAJ Thomas M. Baker, MC MAJ David Dunning, MC CPT David R. Bryson, MC
Key Words: cancer, small cell lung, chemotherapy, radiotherapy	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: N/A

Study Objective: To estimate the response rate and survival of patients with limited small cell lung cancer when treated with concurrent chemo-radiotherapy followed by chemotherapy and late intensification with high dose cyclophosphamide and to assess the toxicity of this treatment program.

Technical Approach: Patients treated previously with chemotherapy or radiotherapy are ineligible, except if radiation was given for localized, controlled skin cancer. Only patients with limited disease (confined to one hemithorax, mediastinal, hilar or supraclavicular area which could be encompassed within a single radiation therapy port, or an ipsilateral pleural effusion) will be eligible.

Patients will be taken off study for non-response or increasing disease after induction therapy, increasing disease at any time, inability to tolerate the lowest prescribed dose of chemotherapy, inability to deliver the prescribed radiotherapy within the allowable time, or at the patients request.

Induction (days 1-36):
VP-16, 60 mg/M^2, days 1-5, 22-26
CDDP, 50 mg/M^2, days 1,8,22, & 29
Chest XRT - 4500 rads (180/day) days 1-36

Consolidation (days 64-92):
VP-16, 60 mg/M^2, days 64-66 & 85-87
CDDP, 50 mg/M^2, days 64 & 85
Adriamycin, 50 mg/M^2, days 64 & 85
Vincristine, 2 mg, days 64,71,85, and 92

Late intensification (days 113-141):
cyclophosphamide 50 mg/kg, days 113-115
Brain XRT, 3000 rads, 200/day, days 120-141

Progress: One patient was entered at MAMC in FY 86.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/73	Status: On-going

Title: SWOG 8590: Phase III Study to Determine the Effect of Combining Chemotherapy with Surgery and Radiotherapy for Resectable Squamous Cell Carcinoma of the Head and Neck Phase III (Intergroup Study, EST 2382)

Start Date: 28 Jun 85	Est Completion Date: May 87
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: MAJ Thomas M. Baker, MC	
Associate Investigators:	LTC Howard Davidson, MC
COL William H. Gernon, MC	MAJ Timothy J. O'Rourke, MC
COL Irwin B. Dabe, MC	MAJ Michael D. Stone, MC
COL F.H. Stutz, MC	CPT David R. Bryson, MC
Key Words: carcinoma, head and neck, squamous, chemotherapy, radiotherapy, surgery	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: continue

Study Objective: To test whether the addition of chemotherapy to surgery and radiotherapy prolongs disease-free survival and survival between the two study groups; to test whether the addition of chemotherapy to surgery and radiotherapy increases local control rates at the primary site and/or the cervical neck nodes; and to determine if the patterns of failure have been changed with the addition of chemotherapy.

Technical Approach: After surgery, patients will be randomized to either chemotherapy plus radiation therapy or radiation therapy alone. In the chemotherapy plus radiation therapy group, the chemotherapy will start 2-4 weeks after surgery and the radiotherapy will start approximately two weeks after completing chemotherapy. In the radiation therapy alone group, the radiation therapy will begin 2-4 weeks after surgery. Chemotherapy will be cis-platinum give day 1 and 5 FU given days 1-5 and repeated every 21 days for three courses. Patients who develop local or distant recurrence following therapy will be treated at the physician's discretion.

Progress: One patient entered at MAMC in FY 86 with no adverse reactions.

Detail Summary Sheet

Date: 30 Sep 86	Protocol No.: 85/64	Status: On-going

Title: SWOG 8591: NCI Intergroup #0035, An Evaluation of Levamisole Alone or Levamisole plus 5-Fluorouracil as Surgical Adjuvant Treatment for Resectable Adenocarcinoma of the Colon, Phase III - Intergroup

Start Date: 24 May 85	Estimated Completion Date: Apr 87
Dept/Svc: Medicine/Oncology	Facility: MAMC
Principal Investigator: MAJ Thomas Baker, MC	
Associate Investigators:	MAJ Timothy O'Rourke, MC
COL Irwin B. Dabe, MC	MAJ Michael D. Stone, MC
COL F.H. Stutz, MC	MAJ Jens A. Strand, MC
LTC Howard Davidson, MC	CPT David Bryson, MC
Key Words: adenocarcinoma, colon, surgical, levamisole, 5-FU	

Accumulative MEDCASE Cost: -0-	Est Accumulative OMA Cost: -0-	Periodic Review: Oct 85: continue

Study Objective: To assess the effectiveness of levamisole alone and levamisole plus 5-FU as surgical adjuvant regimens for resectable colon cancer; to compare each regimen to untreated controls to determine whether it yields improved survival and if it yields improved time to recurrence, with evaluations conducted independently in patients with Dukes stage B and Dukes stage C lesions.

Technical Approach: Patients with adenocarcinoma arising in the colon who have had a potentially curative section will be eligible. The patients with modified Dukes B_2 (serosal penetration) or B_3 (invasion of adjacent organs by direct extension) will be randomized to either followup without adjuvant therapy or adjuvant therapy with levamisole plus 5-FU. Pateints with modified Dukes Stage C (involvement of regional lymph nodes) will be randomized to followup without adjuvant therapy, adjuvant therapy with levamisole alone, or adjuvant therapy with levamisole plus 5-FU.

Progress: Four patients were entered in FY 86 for a total of five entries. One patient had dermatitis from 5-FU which resolved with reduced dose. No other side effects noted.

INDEX OF AUTHORS AND INVESTIGATORS

Name	Page
Abbasi, I.	13, 17
Addison, J.	101
Aduddell, M.D.	20,184
Agodoa, L.C.Y.	101
Ahmann A.	104
Alden, E.R.	12
Allen, M.	14
Allison, Stanley.	104,162
Alvarez, F.	136
Andersen, C.A.	20,21,87,154,169,177
Andrade, W.P.	68,108
Arciero, R.A.	15,150
Arnold, M.T.	142
Artru, A.A.	49
Backous, D.D.	171
Bacon, J.P.	170
Baker, T.M.	9,69-71,73,74,96,98,99,214,215,274,281-322
Barefoot, D.M.	182
Barnard, B.	150
Barnhill, D.	11
Baron, J.A.	7,16
Barry, M.J.	15
Basamania, K.	112
Bauman,M.J.	14
Bellin, B.	162
Belts, R.P.	12,18
Belville, W.D.	14,15,21,151-153,173-175,286,288,291,313
Bennett, P.J.	62
Benson, W.L.	11,12,18,19,119,123,159,217-272,275
Berg, B.O.	14
Berger, R.E.	7,52
Bernhard, W.N.	7,15,16
Bickerstaff, L.K.	14,20,21,159,163,169
Bingham, K.E.	19
Bjornson, K.	142
Black, J.W.	78,79,80,168
Blakeslee, D.B.	176,117
Blum, E.S.	151
Bodai, B.I.	9
Bohman, V.D.	10
Borden, J.	19
Bowden, W.D.	9
Bowersox, J.	21,154
Bradley, R.L.	193
Bradley, W.G.	14
Brandtzawadzki, M.	14
Bratlof, B.D.	21
Bremner, W.J.	7,16,53
Broadie, T.A.	14

Name	Page
Brown, J.W.	14,15
Brown, R.L.	11
Brown, S.	13,87,101,161
Brueckner, R.	6,13,137
Brumfiel, M.N.	114
Bryson, D.R.	281,284,285,292,295,297,301,304-322
Buck, A.S.	152,161
Burgess, E.C.	7
Burkle, F.M.	8,9,61
Burman, K.	93
Burns, P.K.	11,17
Calabro, D.O.	8,9
Callahan, M.	14
Camacho, G.	165
Camp, R.A.	14,156,157,178
Campbell, D.L.	10,165
Carelton,A.S.	8
Carey, W.G.	15,164
Carlin, K.J.	72
Carpenter, C.	115
Carpenter, G.B.	17,68
Carroll, D.A.	185
Carter, P.L.	14,21,22
Casey, E.M.	184,187
Cawthon.M.A.	14
Chamusco, R.F.	10,97
Chan, A.H.	9,98,214,215,282,283,286-291,293,294,300,302,303
Chandler, L.S.	205
Chang,G.Y.	11,14
Charney, P.J.	19
Checchio, L.M.	8
Chinlund, L.D.	111
Chismire, K.J.	162,166
Chute, C.G.	7,16
Clift, S.D.	178
Cohan, H.A.	8
Coleman, F.H.	11,18,127-129
Coleridge, S.T.	61
Colman, L.K.	73,96,274,280-282,284,308,309,315-320
Como, A.J.	8
Congdon, J.E.	214,215,278,279,282,283,287,289,290,293,294
Connell, F.	187,190
Cornett, P.	10
Cosio, M.D.	14
Covelli, H.D.	10
Cowsar, J.D.	9,64
Cragun, W.H.	13,78-80,91,92
Crandall, B.	17
Cricco, C.F.	151
Cripe, L.C.	20
Cromwell, L.D.	10,96

Index of Authors and Investigators

Name	Page
Dabe, I.B.	10,17,69,73,74,96,98,100,153,214,215,274,279-292
Dalessandro, L.	10
Dames, J.	11,16
Dashow, E.E.	11,12,18,19,124,127-129
Davidson, H.	10,69,70,73-75,96,98,214,215,277-279,281-322
Davis, J.A.	16
Davis, R.	15,22,161
Davis, T.A.	193
Dettori, J.R.	181
DeVilbis, J.	19
DeWinne, C.M.	7,182
Deyo, G.A.	21
Dillard, D.	14
Dronen, S.C.	9,61
Duff, W.P.	11,12,17-19,116-122,124,130
Dunn, T. L.	78,79,80
Dunning, D.	73,75,76,284,308,315-320
Egnew, T.R.	193
Eldridge, E.	11,17
Elg, S.	18
Ellis, M.B.	155
Erdtmann, F.J.	20,184,185-187,190,191
Erhardt, J.B.	168
Erickson, D.J.	65
Erpelding, J.M.	156,157
Evans, C.P.	158
Evenson, E.T.	187
Fancher, R.D.	203
Fariss, B.L.	7,8,16,44,51,81,101,103
Fee, W.G.	8
Fengler, S.A.	21
Fill, W.L.	10,172
Finch, W.	89,90
Fincher, M.	103
Finder, K.	181
Finney, J.	178
Fiore, A.C.	14,15,21,70
Fisher, K.	10
Fitzgerald, P.	182
Flannery, M.F.	49,169
Fletcher, D.J.	20
Forsythe, J.	10
Fort, S.L.	10
Foutch, R.	201
Foy, H.	190
Fox, L.P.	162,166
Frank,C.G.	13,138
Friedl, K.E.	7,8,15,16,19,20,44-48,51,53,54,82,83,163-165, 167,182
Friedrich, W.N.	136
Fullmer, R.K.	78

Name Page

Gallup, D.....11
Gandara, D.R.....10
Garcia, J.....13,138,139,141,147
Garden, W.....55
Garrison, M.J.....13,44,50,51
Gatrell, C.B.....8,9
Hehle, D.....10
George, C.B.....10
Gernon, W.H.....155,321
Gervais, M.J.....64
Gilbert, J.G.....10
Glassheim, J.W.....140
Gnann, J.W.....10,95
Gomatos, P.J.....77,95
Goodin, J.C.....162
Gorman, P.D.....10
Greenfield, N.N.....20,21,159
Greenhalgh, D.L.....193
Greenman, P.....177
Greenwood, W.A.....9
Gregerson, R.A.....11,17
Griffith, T.....178
Grover, B.S.....10,78-80
Guller, B.....13,141
Gunn, I.P.....111
Guyer, F.....139

Hackett, P.J.....201
Hall, R.L.....22,56
Hallinan, V.M.....18,19,129
Hannan, C.J.....7-9,46-49,54,55,84,85,88,116,156
Hannon, L.E.....162
Hanson, C.J.....6,13
Harlass, F.E.....12
Harris, S.C.....21,22,160
Harrison, S.M.....10
Hartman, K.R.....208-212
Hartshorne, M.F.....14
Hassan, R.....182
Hatch, E.....19
Hays, R.C.....109
Heller, P.....11
Hellman, J.....76
Henderson, J.....112
Henley, C.E.....64
Heppner, B.T.....6,10,94
Heuser, L.S.....186
Higbee, J.W.....13,50,83,103,117
Hill, J.C.....97
Hocking, R.....112
Hoidal, C.R.....8
Hollingshead, F.....201
Holm, M.B.....205

Index of Authors and Investigators

Name	Page
Holmes, W.N.	7
Hoppa, P.	142
Horan, M.P.	10
Hoskins, W.	11
Hudson, L.	112
Humberd, Q.A.	19
Hunt, M.	65
Insalaco, S.J.	151
Ivey, T.D.	14
Jackson, J.D.	13
Jacob, W.H.	151
Jade, K.B.	10
Jarrett, R.V.	13,17,141
Jennings, P.B.	7
Jesseph, J.E.	14
Jewitt, M.	11
Johansen, R.K.	18
Jolie, A.	10
Jones, R.E.	7,9,10,16,45-49,72,81-86,93,102-106,108,182
Jordan, G.D.	13,137-139
Kaduce, T.	45,48
Kane, M.D.	181
Kane, R.E.	197
Karl, R.D.	10,12,14,18,20,71,73,74,96,181
Kanusky, J.	111
Katakkar, S.B.	277,278
Kathrein, J.	142
Kaune, W.	188
Kelley, J.L.	44
Kessler, J.B.	10
Kettler, T.M.	7,8,16,45,48,49,88
Kiesling, V.J.	15,22,152,158,173,174
King, H.	14,15
Kirk, J.W.	87,[illegible]3,97
Klatt, G.	56
Knight, C.G.	162
Knodel, A.R.	45,48,182
Knodel, D.H.	72,88-90,93,102
Kohler, M.	10
Kollef, M.	80,91,92
Koopmeiners, S.H.	155
Kopelman, J.N.	11,12,18,116-118,120,122,124
Krober, M.S.	140
Krug, E.F.	13,142
Kull, D.H.	76,158,244,288
Lampe, T.H.	8,16
Lancaster, E.	179
LaPianan, F.G.	104

Name	Page
Larson, E.B	131
Layman, M.A	6,9,58
Lednar, W.M	13,20,50,184,185,187-191
Lee, R.B	11,12,18,19,123,217-272,275
Lelonek, E	101
Lenke, R.R	19
Leonard, J.M	7
Lesko, F.E.A	19
Lewis, B	10
Liebenberg, S.P	15,51,61,155,172,197
Little, J.S	8,15,101
Loop, S	76,173,175
Loovis, C.F	22
Ludvigson, M	161
Luthy, D.A	131
Lyons, M.F	10,11,95
Macdonald, S.C	65
Madden, W.A	13,174
Mader, T.H	15,46,162-167
Madura, J.A	14
Magelssen, D.J	12,18,124,134
Malangoni, M.A	14
Marinelli, P.V	12,13
Marks, S	188
Martin, S	17
Martindale, R.G	22,169
Mason, A.D	8,16
Mason, J.C	14
Matej, L.A	16,45,51,53,55,83
Matsumoto, A.M	7
McAdams J	132
McAlpine, S.B	9
McBride, D.C	193
McCarty, J.P	145
McClintock, W	147
McKain, J.L	193
McKee, D.D	193
McKee, M.C	204
McKeown, P	14
McMurdo, S.K	14
Mease, A.D	274
Meidell, R	13
Meshriy, R	114
Messerly, S.O	13
Miles, B.J	14,52
Milligan, D.A	18
Misbach, B.A	14
Mohr, L.C	7,15,16,165
Molina, C.Y	19

Index of Authors and Investigators

Name	Page
Moore, D.C.	13,143,144
Moore, D.W.	22,168,177
Moore, G.P.	59
Moores, R.R.	174
Morris, M.R.	22
Morrison, R.E.	101
Mukai, M.T.	18,19
Mullarkey, M.F.	68
Myers, J.S.	16
Myers, L.	53
Nagao, R.	7,16,54
Neighbor, W.	65
Newcomb, E.W.	10,97
Nickel, G.	125
Nickels, D.A.	13
Novack, A.J.	155
Nuovo, J.	93
Nyreen, M.	169
Oberding, D.	89
Oberhofer, T.R.	12,14
Olsen, J.D.	10
Olson, D.	73
O'Meara, T.F.	10,11,94,109
Onufer, C.	145,146
Opal, S.M.	10
O'Reilly, M.J.	22
Ornes, D.A.	11
O'Rourke, T.J.	10,69,98,214,215,283,285-291,293-300,302-307, 310-312,321,322
Ospina, L.F.	7
Ostenson, R.	76,175
Pangaro, L.N.	101
Park, R.	11
Parke, C.D.	18
Parks, F.B.	9
Parks, K.D.	125
Parr, T.J.	15,156,157,170-172
Patel, P.M.	70,158
Paulsen, C.A.	7,16,52,54
Pearce, W.A.	95
Pearson, S.E.	97
Perrin, E.B.	7
Perry, M.E.	10
Peterson, D.C.	172
Peterson, L.J.	8
Peterson, W.R.	142
Pettett, P.G.	12,13,206
Pfaff, J.A.	60
Phillip, D.F.	190
Pierce, H.I.	277,278

Name	Page
Pimental, L.	60
Platt, M.L.	14
Plonsky, C.A.	205
Pluss, J.L.	10
Plymate,S.R.	7,8,10,16,19,22,44-49,51-56,72,81-86,88,89, 93,101,103,105,158,173,175,182
Polzin, W.J.	19,126
Porter, B.	73
Potter, A.R.	208-212
Prete, M.	6,9,16
Price, G.H.	12,114,156
Pruitt, B.A.	8
Rae, R.	8
Ramirez, R.	14
Read J.A.	11,12,17-19,114,120-122,124,127-129
Reddick, E.J.	14,161
Redmond,J, III	10,71,73-75,94,96
Reeder, J.M.	13,112
Reynolds, R.	10
Rice, M.M.	8
Richard-Davis, G.	19
Richardson, M.	94,176
Risse, S.C.	8,16
Rivera-DeLeon, J.	13,147
Roach, R.	201
Robbins, J.L.	55
Roberts, D.W.	65
Roberts, T.	96
Robertson, A.W.	19,118,120,121,124,130
Robinowitz, M.	15
Robinson, Mark D.	64
Robinson, Mel D.	9,58-61
Roybal, S.	148
Rozanski, T.A.	6,22,173-175
Rumisek, J.D.	15
Ryan, P.H.	162
Sa'Adah, D.M.	131
Saglio, S.D.	9
Sakakini, J.	131
Sanchez, R.J.	191
Sanders, A.C.	10
Sanders, J.G.	10
Schaad, D.C.	65
Schank, J.	203
Schipul, A.H.	11,12,17-19,114,122,124,128,129
Schipul, C.G.	19
Schmidt, P.M.	11
Schoenfeld, R.H.	151
Schow, S.R.	8
Scott, C.S.	65

Index of Authors and Investigators

Name	Page
Severson, R.K.	188
Sey, J.Y.	49
Shaffer, J.	136
Shaffer, S.	203,204
Shim, P.S.	101
Shine, W.	182
Shy, K.K.	131
Sinclair, J.	22
Skoog, S.	14
Slyter, T.M.	18
Smith, D.B.	168,176,177
Smith, J.P.	9
Smith, M.L.	7
Smith, N.J.	171
Smith, S.W.	62
Smythe, A.R.	131
Sobel, D.	10
Soisson, A.P.	11,12,18,19
Sollie, S.C.	162
Sorenson, R.	66,115
Sorsby, S.	13,66
Southmayd, K.L.	132
Southmayd, L.	103
Spring, D.B.	10
Stansbury, E.J.	195
Stay, S.	115
Steudel, W.T.	15,17,97
Stinac, G.	73
Stone, A.	206
Stone, I.K.	12,18,119,126,133
Stone, M.D.	69,98-100,281,284-286,288,291-293,295-319,321,322
Stones, C.	14,18,19,94,114
Stovall, W.S.	12
Stracener, C.	148
Strand, J.A.	21,22,56,322
Stutz, F.H.	9,69,98,99,152,214,215,274,277-278,280,282,283, 285-291,293-300,302-307,310-312,321,322
Sulzer, C.R.	50
Susini, L.M.	8, 5
Sweeney, J.K.	13,205,206
Tamini, H,	11
Taylor, R.L.	7,20,182
Temo, J.M.	49
Themelis, N.J.	13
Thomas, D.A.	10
Thomas, D.B.	188
Thomas, G.	47
Thompson, R.A.	19
Tomlinson, J.P.	13
Tramont, E.C.	101
Treece, G.L.	51,72,89,90,93,101-106,126-132
Tripp, G.	136,205

Name	Page
Tsuchida, A.	11
Turnbull, J.D.	101
Tynum, W.	197
Underhill, S.L.	11,17
Vaccaro, J.A.	15,16,22,23
VanBelle, G.	131
VanCitters, R.L.	65
Vaughan, G.M.	8,16
Vaughan, T.L.	186
Virmani, R.	15
Walter, M.H.	10
Wamble, J.	89
Ward, G.S.	12,151
Wartofsky, L.	104
Webber, P.J.	18,19
Wells, J.R.	155
Wheeler, B.R.	178
Whinner, J.E.	167
Whitaker, G.K.	12
White, L.J.	162,166
Whitten, N.J.	1
Wickham, L.	12
Williams, J.	112
Williams, L.O.	134
Willturner, L.T.	136
Wilson, W.R.	15,164
Witte, M.C.	10,68,78-80,107,108
Wold, H.G.	10
Wolf, M.E.	189
Wong, P.	10
Wood, R.	201
Woody, E.A.	23,176
Yarbrough, L.	9,49,50,56,58,133,160,176,178,197
Yockey, K.L.	23,179
Yokan, C.	205
Young, D.A.	204
Yovanoff, J.	109
Zavadil, A.P.	105
Zedalis, D.	94
Zold, A.	66
Zumek, D.T.	19
Zymond, M.K.	11

DISTRIBUTION LIST

Commander US Army Medical Research Command ATTN: SGRD-AJ Fort Detrick Frederick, MD 21701	2
Commander US Army Medical Research Command ATTN: SGRD-HR Fort Detrick Frederick, MD 21701	2
Defense Documentation Center ATTN: DDC-TCA Cameron Station Alexandria, VA 22314	12
Commander HQ, US Army Health Services Command ATTN: HSPA-I Fort Sam Houston, TX 78234	2
Superintendent US Army Academy of Health Sciences ATTN: AHS-COM Fort Sam Houston, TX 78234	1
Each US Army Medical Center	1

END

DATE

FILM

JAN

1988