



Dedicated to the future

JGH News

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SIR MORTIMER B. DAVIS - JEWISH GENERAL HOSPITAL

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Radiology: major project approved

Thanks to the Quebec government which has granted full approval, the Department of Radiology is slated to become a leading centre of excellence in the field.

Think radiology and the picture most likely to come to mind is that of a physician locked in a dark room staring at x-ray film. It's an image which Dr. André Lisbona, acting chief of the JGH Department of Radiology, dispels quickly.

"The field of radiology has exploded over the last 20 years," says Dr. Lisbona. Given the vast array of sophisticated technology available, the term radiology is a limiting one. "Imaging is a more accurate description of the services provided by our department," he adds, citing procedures such as ultrasound, mammography and CT scanning as examples.

This remarkable technology not only has revolutionized the field of radiology, but clearly has had a profound impact on patient care. For example, several years ago, a woman with a lump in her breast would have been admitted to the hospital and undergone surgery to determine whether the lump was benign or malignant. As Dr. Lisbona points out, in seven out of ten cases the lumps were benign. Today, women need undergo only a much simpler procedure called stereotactic breast biopsy which is done in the Radiology Department and takes approximately 20 minutes. Thus, many women are spared the stress and anxiety of surgery. These procedures have the added benefit of being much more cost-effective for the hospital.

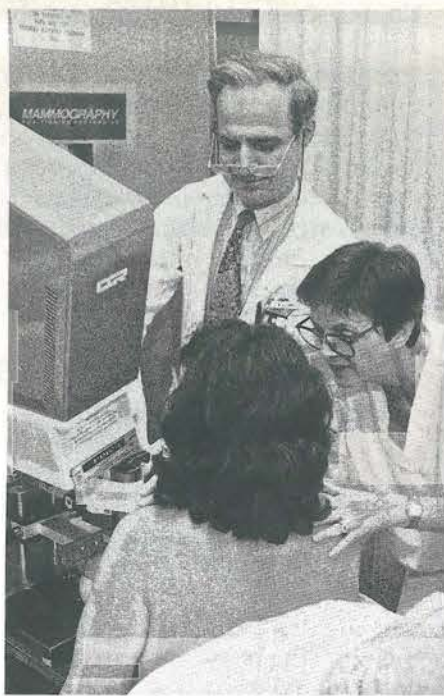
The Department of Radiology is central to the diagnosis and management of health problems in virtually every specialty. For instance, while a physician may be fairly certain on clinical grounds that abdominal pain is caused by gallstones, a simple ultrasound of the abdomen will confirm or refute this diagnosis.

New technology also changed the practice of medicine. "We've moved from being a purely diagnostic specialty to one which is directly involved in the management and, in some cases, in the treatment of patients," explains Dr. Lisbona. Examples of treatment carried out by radiologists include draining abscesses in the abdomen, dissolving clots in arteries and using angioplasty to dilate the narrow part of the vessel in patients with vascular disease. Dr. Lisbona finds this patient contact very satisfying.

Physicians often consult with radiologists as to the best procedure for diagnosis of a particular problem. Says Dr. Lisbona, "Because we have more choices in terms of procedures, we have to find the best, most cost-effective method that will be easiest on the patient."

Sophisticated tools essential and expensive

In order to maintain our status as an excellent tertiary care university teaching hospital, to provide the best possible patient care and the highest standards in teaching and research, the JGH must be equipped with the newest, most sophisticated diagnostic tools available. Without this equipment, even the best surgeons and physicians are limited in how much they can do for their patients. "The most competent neurosurgeon around still needs to have appropriate imaging tools," explains Dr. Lisbona.



Dr. André Lisbona (top) performs a breast biopsy assisted by Catherine Cornaz, technical coordinator.

Unfortunately, this technology is very expensive. While the Quebec government provides funding for the day to day operational costs of the hospital, this does not cover the acquisition of essential equipment. "We have always relied on the generosity of our community to help us purchase state-of-the-art technology," says Dr. Lisbona.

In addition to acquiring the latest technology, the department also must upgrade various pieces of equipment. For example, the hospital requires two mobile x-ray units, one for the Emergency Department and one for the Operating Room. The unit is a valuable tool in a variety of surgical procedures. For

Dr. Gordon president-elect of American Society

The Sir Mortimer B. Davis - Jewish General Hospital is proud to announce that Dr. Philip Gordon, chief of the JGH Division of Colorectal Surgery, has been named president-elect of the American Society of Colon and Rectal Surgeons. He is the first non-American to have been named to this position.

Since joining the American Society of Colon and Rectal Surgeons in 1974, he has served on numerous committees. Dr. Gordon was the first chairman of the organization's International Relations Committee, and the first and only Canadian to serve as an executive council member. He recently completed a four year term as treasurer.

Dr. Gordon is the first Canadian to serve as vice-chairman of the American College of Surgeons' Advisory Council for Colon and Rectal Surgery. As well, he served as an examiner for the American Board of Colorectal Surgeons.

He received his medical degree from the University of Saskatchewan and completed his general surgery training at the Jewish General Hospital and the



Montefiore Hospital in Pittsburgh. He then took extended training in colon and rectal surgery at the University of Minnesota and St. Mark's Hospital in London, England, considered amongst the best training centres in the world for colorectal surgery.

Dr. Gordon is certified in general surgery in the Province of Quebec,

Dr. Gordon... continued on page 7.

instance, in an operation to remove stones, x-rays are taken to ensure that all the stones have been removed before the surgeon completes the operation.

CT scanning, which produces sectional images of the body, is crucial to diagnosis, particularly in neurology, ENT, gastroenterology, chest medicine and abdominal surgery. Upgrading our CT scanning equipment will cost \$693,360.

Excellent teaching and research depend on technology

All radiologists at the JGH have McGill University teaching appointments, and our hospital is one of three core teaching hospitals in the McGill Radiology Residency Training Program. Residents are trained at the JGH in all aspects of diagnostic and interventional radiology.

Members of the Department of Radiology are conducting various research projects including collaborative research with other hospital departments. However, as Dr. Lisbona points out, the ability of radiologists to conduct highly advanced research is directly related to the sophistication of available technology. By purchasing the most up-to-date equipment, the JGH will be able to attract talented research-scientists to join the Radiology Department.

INSIDE

Abe Stern dedicates laboratory for cancer research page 3

Hospital president elected page 3

Oncology Department continuously seeks answers page 4

Jewish General scientists receive \$1.8 million research grant page 5

Herzl Family Practice Centre strengthens ties with CLSC page 7

More about Radiology page 7

Celebrating Jewish traditions page 9

News from Gastroenterology page 9



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First Golf Classic a spectacular success!

We're grateful to:

- Mercedes-Benz, our host,
- 23 corporate sponsors so generous in their support,
- 240 participants who had a fabulous time,
- Elm Ridge Country Club for their warm hospitality.



Committee members, left to right: Michael Shapiro, Ron Waxman, Gerald Gold, Mel Ellen.

The \$250,000 raised will purchase colour doppler ultrasound equipment for the Department of Radiology.

Watch for more details in the Fall 1993 issue.

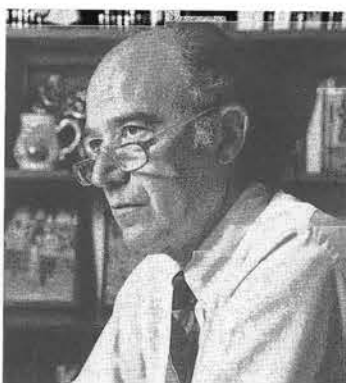
Appointments

Dr. Harold Frank has been appointed medical and teaching director.

Dr. Frank, who joined the JGH in 1963 as a geographic full time physician in the Pulmonary Division, has held many positions at the hospital. From 1978-1990, he was physician-in-chief, Department of Medicine, and was appointed emeritus chief in 1991.

In addition to his clinical practice, teaching and research commitments, Dr. Frank has been involved in many hospital and university committees. For instance, at the JGH, he was a member of the Medical Advisory Committee, the Planning and Priorities Committee, the Research Committee. He held a four year term as president of the Council of Physicians, Dentists and Pharmacists and as chairman of the Medical Executive Committee. He was an active participant in the hospital's strategic planning process, and has been co-chairman of the Ethics Committee since 1989.

A full professor in the McGill University Department of Medicine, in 1992, he was appointed assistant dean of undergraduate medical education and student affairs. Dr. Frank was voted Best Teacher of the Year in the JGH Department of Medicine in 1988-89 and 1989-90.



Dr. André Dascal has been appointed associate medical and teaching director.

Dr. Dascal joined the JGH in 1987 as a staff physician in the Departments of Medicine and Microbiology and as associate director of the Microbiology Laboratories.

An associate professor of medicine and of microbiology and immunology at McGill University, Dr. Dascal is also an associate member of the McGill AIDS Centre.

At the JGH, Dr. Dascal is involved in a variety of administrative committees. In 1991, he was elected as a member of the Medical Executive Committee of the Council of Physicians, Dentists

and Pharmacists, and he is also on the hospital's Infection Control Committee.

Dr. Dascal's research interests include the effects of anti-HIV therapies in the treatment of AIDS, and the development of more rapid laboratory detection of infectious agents. He also is the JGH coordinator of the Canadian HIV clinical trials network.



Dr. Stephen Caplan has been appointed associate chief of medicine for clinical services, a position he will assume full time in mid June.

Dr. Caplan joined the JGH Division of Hematology in 1976 as a physician and director of the Blood Bank. As well, he is director of the Apheresis Service and of the Clinical Teaching Unit, Hematology/Oncology on 7NW.

An associate professor in the Department of Medicine and the Department of Oncology at McGill University, Dr. Caplan is also director of the Lymphoma Section, Clinical Trials Operation in the Department of Oncology.

As associate chief of medicine, his mandate will be to assist the chief of medicine in evaluating all clinical services provided by the Department of Medicine. He is currently chairing the newly created Clinical Service Committee. Dr. Caplan already has begun to work closely with the training directors, medical staff and hospital and clinical support services.

His duties will include supervising and ensuring the appropriate functioning of the inpatient medical wards, ensuring that both the training program needs for residents and the clinical service needs of the hospital are met, and maintaining and improving quality assurance in clinical services.

Dr. Wang receives exceptional award

Dr. Eugenia Wang, director of the Bloomfield Centre for Research in Aging, has received the prestigious Merit Award from the U.S. National Institute on Aging, National Institutes of Health.

The award, which provides research funding for a full 10 year period, was given to Dr. Wang in recognition of her outstanding record of scientific achievements as a principal investigator on National Institute on Aging (NIA) research projects.

In a letter announcing the award, Dr. Wang was praised for her sustained contributions, leadership and commitment to the field of research in aging. According to Dr. Samuel O. Freedman, JGH director of research, to the best of our knowledge, Dr. Wang is the only scientist outside of the United States to have received such an honour.

Nursing is family centred



Through one-way glass, Jan Ingram observes Marie Nicole Damas, staff nurse, 4 Main, helping a family.

Family centred care is a fundamental philosophy of the Jewish General Hospital Nursing Department. Jan Ingram, family nurse consultant, and chairperson of the Family Nursing Committee, explains that this type of focus makes good sense for several reasons. "Research has shown that patients recover more quickly with appropriate family support, the rehabilitation process goes more smoothly and they can go home faster."

In order for family members to assist in the rehabilitation process, they require lots of information. "Those of us who work here often forget how intimidating the hospital system can be," Ms. Ingram admits. By simply asking family members whether this is their first experience in a hospital, and explaining the system on the unit, the nurse can ease some of their anxiety.

As Ms. Ingram points out, any time the nurse cares for the patient when a family member is in the room, she is interacting with the family as well. Ideally, when introducing herself to a new patient, the nurse should take a moment to identify who else is in the room and their relationship to the patient. Asking the patient to delegate a spokesperson for the family makes communication easier as well.

Effective communication prevents misunderstanding

As family nursing consultant, Ms. Ingram teaches nurses effective communication techniques, and is available to any staff nurse who needs advice handling conflict. Her current focus is training head nurses and clinical nurse specialists. A special com-

munications lab, complete with video equipment and a one way mirror, has been designed as part of the Nursing Education facilities. Here, families share their experience on the ward with the nurse, and both parties learn from each other. The process helps clear up misunderstandings and ultimately, helps nurses to deliver better care. Sessions in the communications lab are taped with the family's permission, and a more experienced nurse observes the process, offering constructive criticism to nurses who participate. The one-way mirror is also useful in role-plays of conflict and negotiation.

While it may seem that practicing communication techniques takes much time, in the long run, correcting misunderstandings and dealing with anxiety early on saves time. For instance, the nurse who does not have time at a particular moment to answer questions may give the family the task of writing their questions in order of priority, so that when she returns in an hour, she will be able to answer the most pressing ones. By finding out what the family is most afraid of, the nurse can offer reassurance and provide accurate information.

Effective communication also entails understanding the perspective of the family vis-à-vis the patient's illness and treatment. If a family is angry, the nurse has to dig deeper to discover how much of the anger is related to the illness. Asking the family "What do you think can be done about this?" allows them to help formulate a solution, and to feel like an active participant in the patient's care.

Abe Stern dedicates laboratory for cancer research

Thanks to an exceptionally generous gift from Mr. Abe Stern, the JGH recently established the Abe Stern Family Foundation Cancer Research Laboratory.

Mr. Stern's personal philosophy reflects the meaning of tzedakah. He has made a habit of sharing his good fortune to the benefit of others. Over the years, he has bestowed substantial gifts upon a number of scientific and academic institutions such as Université du Québec à Montréal, Tel Hashomer Hospital in Tel Aviv and the Jewish General Hospital's Hope and Cope program.

The Abe Stern Family Foundation Cancer Research Laboratory is home to a team of investigators, directed by Dr. John Hiscott, studying oncogenes (cancer causing genes) and the changes in the genes that accompany the disease's progression. For instance, in colorectal cancer, a series of genetic changes occur as the cancer progresses. In breast cancer, some pre-cancerous (non malignant) lumps remain in this state whereas others become cancerous.



Left to right: Jewish General Hospital President Stephen Vineberg, Abe Stern, Founder and Chairman of Hope and Cope Sheila Kussner, O.C., Honorary President Morton Brownstein, Executive Director Henri Elbaz.

Investigators in this lab are combining molecular biology techniques with knowledge about the process of disease at the clinical level. Under the direction of Dr. Richard Margolese, a recognized expert in breast cancer, the JGH

Department of Oncology has been at the forefront of clinical research, testing new diagnostic and treatment approaches.

Ultimately, scientists in the Abe Stern Laboratory hope that by understanding the molecular basis

of disease, they will be able to predict which cancers are more benign and which progress more readily. Once a predictive indicator is found, more appropriate therapy can be designed.

Auxiliary has new president



Marilyn Golfman was elected 19th president of the Jewish General Hospital Auxiliary at the 57th Annual Meeting of this organization.

Mrs. Golfman earned a Family Life Certificate from Concordia University in 1982. She has been actively involved for many years in the community: as an executive member and district coordinator of Combined Jewish Appeal, chairman of the Council of Presidents of Women's Federation, and vice-president of the PTA at Solomon Schechter Academy.

Mrs. Golfman's involvement with the JGH Auxiliary began in 1984, and the positions she has held with this organization include chairman of the bridge luncheon, corresponding secretary and vice president. In accepting the presidency, Marilyn Golfman expressed her

gratitude at "having the opportunity to lead such a great organization".

Outgoing president Rona Miller, who presented highlights from the past year, noted proudly that the Auxiliary is a unique and special organization where everyone is given responsibility, all achievements are shared and all accomplishments appreciated.

Complex issues discussed during Ethics Week

Truth Telling and Medicine was the theme of this year's Ethics Week, organized by the hospital's Ethics Committee. Topics included "Does the law care when doctors lie to patients", "Communication with the dying patient", "Truth telling in a multi-cultural society", "The uninformed dying patient" and "Religious traditions and truth telling".



Members of the Ethics Week organizing committee, left to right: Dr. Sylvia Windholz, Director of Chaplaincy Services Rabbi Myer Schechter, guest speaker Dr. Robert Buckman, Medical and Teaching Director Dr. Harold Frank, Ethicist Dr. Benjamin Freedman.

Hospital president elected

The Sir Mortimer B. Davis - Jewish General Hospital is pleased to announce the election of Mr. Brahm Gelfand as president of the Centre Board.

He first became involved with the Board of Directors in 1987 when he joined the Corporation Board, and has subsequently served the hospital in a variety of capacities. He has just completed a two year term as vice-president.

In 1978, Mr. Gelfand became a member of the board of the Caldwell Residences, which provides subsidized apartments to senior citizens. He was president of Caldwell Residences from 1983-1988 during which time he oversaw the development and construction of the Pollock Residence, containing 190 apartments.

Mr. Gelfand has a special interest and enthusiasm for organizations which help children. His history of volunteerism began in 1971 when he became president of Camp Wooden Acres, a subsidized facility which provided hundreds of children with the opportunity to experience a



summer at camp.

He is a director of the Summit School, a school providing educational, psychological and rehabilitation services to multi-handicapped children in Montreal. As well, he is a founding director and officer of the Roasters Foundation, formed in 1986 to raise money for the benefit of children across Canada.

Mr. Gelfand, who received his B.A. and B.C.L degrees from McGill University, is a senior partner with the law firm of Lapointe Rosenstein, and chairman of its Executive Committee.

He is chairman of the board of Micro Tempus Inc., a publicly listed software development and distribution corporation, and a board member of a number of privately held Canadian based corporations including Price Club Canada Inc./ Club Price Canada Inc., Dynamic Fund Management Ltd., and Marleau, Lemire Inc.

Mr. Gelfand succeeds Mr. Stephen Vineberg as president. Re-elected to serve as vice-president is Mr. Steven Cummings.

Université de Montréal visit

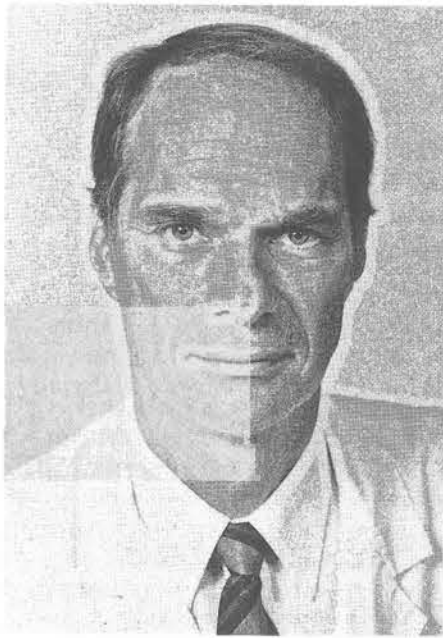
Dr. René Simard, Rector of Université de Montréal, visited the hospital recently for a tour of our facilities, and to discuss possible areas of increased collaboration between the Jewish General Hospital and the Université de Montréal.



Left to right: Dr. Lucien Abenham, director of the JGH Centre for Epidemiology and Community Studies, Dr. Samuel O. Freedman, O.C., director of research, Mr. Henri Elbaz, executive director, Dr. Simard, Mr. Stephen Vineberg, hospital president, Dr. Mark Wainberg, scientific director of the Lady Davis Institute for Medical Research.

Oncology Department continuously seeks answers

For Dr. Richard Margolese and his team of oncologists, the operative words are improved outcomes. Director of the JGH Department of Oncology, Dr. Margolese sums up the philosophy of his department as a concentrated effort "to improve outcomes in cancer treatment by combining the best clinical care with clinical research programs."



Dr. Richard Margolese.

What began as a division of the Department of Medicine has grown into a highly respected, active department in its own right, attracting international attention for the calibre of its patient care and clinical research.

Research has made a tremendous impact on cancer treatment and survival rates. As Dr. Margolese explains, "The question which we always try to answer is 'how do we know if we're doing any better?' The answer comes from comparing the best current treatment with something that we think, based on observation or from the lab, might be better."

For example, for several decades, the standard treatment for breast

cancer was a radical mastectomy, and cure rates following surgery remained stagnant. Twenty years ago, the JGH took part in multi-centre clinical trials, where oncologists decided to treat patients with chemotherapy immediately following surgery. The results clearly indicated that this combination led to better survival rates. This research also established that it was not always necessary to perform radical surgery.

Clinical research has led to more effective use of chemotherapy. Whereas a drug used to be given to women with breast cancer over a two year period, now it is administered in nine weeks.

Another aim of research is to identify and evaluate new promising agents which might become useful cancer therapies. In some cases completely new drugs are tested, while in others, available drugs are used in new ways.

Can Tamoxifen prevent breast cancer?

The drug Tamoxifen has been used successfully to control the growth of cancer cells. Currently, the JGH Department of Oncology is an active participant in a multi-centre North American trial to determine whether Tamoxifen can prevent breast cancer in women who are at high risk of developing this disease. "If our expectations are confirmed and we prove that Tamoxifen can prevent breast cancer, this will be one of the most important accomplishments in modern cancer research," says Dr. Margolese. The JGH Department of

Oncology still is accepting participants in this five year study, and more information may be obtained by calling 340-7562 or 340-8222 local 4684.

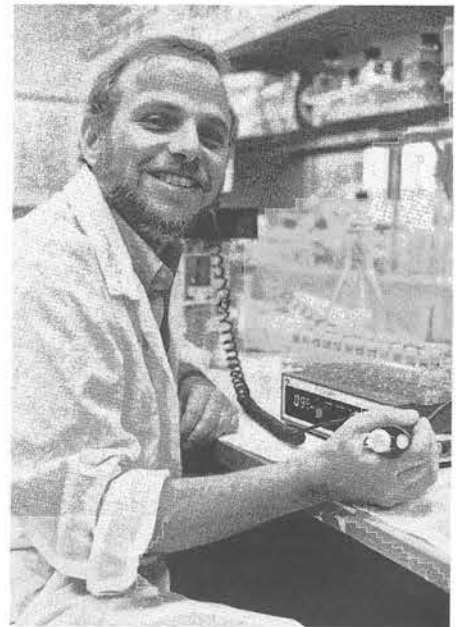
Research links laboratory with clinical care

An important goal in cancer treatment is to develop a true merger between laboratory and clinical research, so that scientists who come up with answers in the laboratory then bring their results to the clinic for further investigation. At the Jewish General Hospital's Lady Davis Institute for Medical Research, laboratory research on cancer is being conducted by members of the Terry Fox Molecular Oncology Group, led by Dr. John Hiscott. Scientists in the laboratory and in the clinic are attempting to answer questions such as: Why does cancer happen? How can we prevent it? How can treatment be more effective? Why is there resistance in cancer cells which initially respond to chemotherapy?

Since 1980, four oncologists have joined the staff of the JGH. By recruiting physicians who are equally committed to clinical care and research, the JGH Department of Oncology is well on its way to becoming a true centre for applied research.

Following is a description of each physician and their contributions to the Department of Oncology.

For Dr. Michael Pollak, who joined the Department of Oncology in 1986, cancer research is actually research into fundamental issues of life. "Once we understand cancer, we will understand a lot more about how cells in the body cooperate, how this cooperation breaks down in the case of cancer, and how we can fix it," he says.



Dr. Michael Pollak in his laboratory.

In addition to treating cancer patients, Dr. Pollak is involved in both clinical and laboratory research. His clinical research focuses on non-toxic cancer treatments, such as hormonal therapies designed to make cancer cells "behave themselves". Whereas chemotherapy works by killing cancer cells, hormonal therapies, which are much less toxic, keep cancer cells from spreading. "In many common cancers, controlling the malignant behaviour of cells is a more realistic approach, and a lot easier on the patient," he explains.

Tamoxifen is an example of a hormonal therapy used to treat breast cancer. In his laboratory, Dr. Pollak is trying to understand exactly how Tamoxifen and other hormonal drugs work so that they can be used most effectively for treatment and prevention in different types of cancers. Flutamide, a medication which shows promise in treating prostate cancer, and is virtually free of side effects, is another example of a hormonal therapy. At the same time, Dr. Pollak is studying new versions of tamoxifen-like drugs which improve treatment outcomes even further.

Thanks to the high calibre of cancer research at the Jewish General Hospital, oncologists like Dr. Pollak are invited to speak at conferences all over the world. "People are eager to hear about our research and that means that we are not working in isolation," says Dr. Pollak.

Despite his admission that undertaking cancer research is an ambitious task, Dr. Pollak predicts that "the progress in cancer treatment over the next ten years will make the progress in the previous ten look slim by comparison."

When Dr. Lawrence Panasci joined the JGH Department of Oncology in 1980, he and Dr. Margolese were the only oncologists based at the hospital. Much has changed since then, and Dr. Panasci is proud of the contributions this department has made to the study and treatment of cancer. "I think we're the best oncology department in the city. We have the best combination of research in the clinical and lab settings, one of the better teaching units, and we do an excellent job of patient care."

From the beginning, Dr. Panasci's mandate was to divide his time equally between the clinic and the laboratory. As chairman of breast cancer protocols at McGill University, Dr. Panasci believes strongly in the value of having his patients participate in ongoing clinical trials. He credits his associate, Dr. David Melnychuk, with providing invaluable assistance in this area.



Dr. Lawrence Panasci (right) with patient and nurse Helen Charamis.

Dr. Panasci is particularly excited by the results of his participation in a multi-centre trial for an analogue or variation of adriamycin, a drug which is actively used in breast cancer. The analogue was found to be much less toxic and just as effective. In fact, Dr. Panasci had such good results that the pharmaceutical company has asked him to take on the development of a toxicity trial designed to find the right combination dose of this and

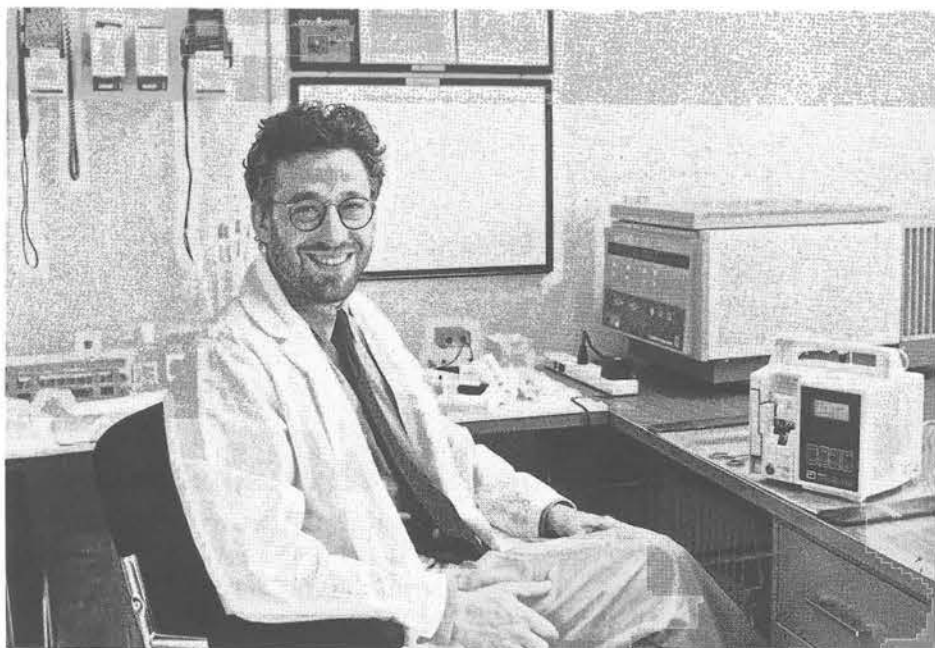
another drug. The trial is expected to take three to four years to complete.

In the laboratory, Dr. Panasci's work focuses on two main themes. He is developing an analogue of a new type of drug which he believes will be a more effective treatment for brain tumours. Currently, he is exploring the mechanism of how this analogue works in cell cultures.

His second area of study involves drug resistance in chronic lymphocytic leukemia.

As Dr. Panasci explains, patients with this disease

initially respond well to treatment with anti-cancer drugs. Unfortunately, the cells gradually develop resistance to treatment. One of the leaders in the world in this particular area, Dr. Panasci has developed a model to study malignant lymphocyte cells in the test tube. "The ultimate hope," says Dr. Panasci, "is to circumvent drug resistance in patients."



Dr. Gerald Batist in the newly established clinical investigative unit.

As director of the newly established Experimental Pharmacology Program, **Dr. Gerald Batist** is committed to testing and applying new medications and treatments as quickly as possible. Patients at the JGH and other hospitals within the McGill University system who have not responded to regular treatment will be offered the opportunity to participate in experimental studies.

This aggressive and innovative research and treatment program has three main thrusts: a clinical research unit, laboratory analysis of new drugs, and clinical trials which test these medications further.

The Clinical Research Unit, the first of its kind in Quebec, will enable physicians to apply new treatments and medications, and to learn firsthand how these treatments work. Patients will spend anywhere from 24 hours to five days in the unit, where they will undergo frequent blood sampling and continuous monitoring. Although open to physicians in all fields, the unit will have a strong focus on cancer treatment.

In the laboratory, Dr. Batist oversees a team of scientists who are internationally recognized for their expertise in studying new medications. One method is to study completely new drugs in a variety of ways, while another approach involves testing existing medications in different compositions or forms.

Clinical trials are an essential component of cancer research, and Dr. Batist chairs a number of important studies in this area. One such study involves the use of Taxol, an anti-cancer drug which has been tested on people with normal liver functioning. The JGH is one of five centres in North America studying the effects of the drug on patients with abnormal liver function. Another study chaired by Dr. Batist and taking place at the JGH and the Montreal General Hospital, involves BSO, a new drug which may make radiation treatments more effective by being given to patients in combination with radiation.

After spending four years in the Surgery Branch of the National Cancer Institute in Washington, **Dr. Steven Karp** joined the JGH Department of Oncology in September 1992. Dr. Karp, who received his medical degree from McGill University, chose to return to Montreal because he was impressed with the strong research environment at the JGH. "Dr. Richard Margolese and Director of Research Dr. Sam Freedman are particularly enthusiastic in encouraging young investigators to do clinical and scientific research. They have given me protected research time, and there's a desire here to do all that we can in terms of research and clinical care."

Dr. Karp specializes in the immunotherapy of cancer, which

involves stimulating the patient's immune system to recognize and destroy cancer. Scientists have been able to prove in the laboratory that cells identify the tumour as something bad. In some cases, where the tumour hides and blocks the immune system (immune suppression), research focuses on ways to unblock the immune system. In other cases, there is an immune response, (immune escape), and treatments are being developed to augment this response.

One such treatment which Dr. Karp has used successfully is called Interleukine 2. Interleukine, which literally means between white blood cells, is a protein produced in very small quantities by the body and which stimulates the immune system. Of the 15-20 interleukines that regulate the immune system, Interleukine 2 is the most powerful. Dr. Karp compares it to a general because it revs up the entire immune system. Due to the strength of this treatment and its side effects, it is reserved for patients who, although they have cancer, are otherwise in good physical shape.

So far, melanoma and kidney tumours are the only cancers to have responded well to Interleukine 2. The treatment has been given to patients with metastatic cancer, (cancer that recurred), which is normally difficult to cure. In 20-30%

of those treated, the tumours shrink by 50%, and in a third of these patients (5-10% of those treated), the tumour disappears completely.

"These results are very exciting," says Dr. Karp, "especially since melanoma can be very aggressive and resistant to therapy."

While Interleukine 2 has been approved in the United States for kidney cancer patients, the treatment is under review in Canada, and therefore, still considered experimental. As a result, Dr. Karp has been able to treat

only a handful of patients at the JGH with this therapy.

Together, Drs. Batist and Karp are developing a program to collaborate with the pharmaceutical industry in the establishment of clinical trials so that more patients may be treated with Interleukine 2.

A trained surgeon, Dr. Karp operates on women with breast cancer, and his laboratory research focuses on this disease. He is examining why immunotherapy is less successful in treating breast cancer. His hunch is that with breast cancer, the immune response is suppressed, and he is trying to discover the mechanism by which these tumours manage to hide from the immune system.



Dr. Steven Karp.

Scientists receive \$1.8 million for AIDS research

The McGill AIDS Centre, based at the Jewish General Hospital, has received a \$1.8 million grant from the Medical Research Council of Canada.

At a press conference held at the hospital, Dr. Mark Wainberg, director of the centre, began by thanking the Jewish General Hospital for building the infrastructure and investing major resources to support research on AIDS long before it became such a popular area of study. "We were the first group in Canada to isolate the HIV virus, and we have been among the most productive research groups on AIDS," he said. Recognizing this expertise, in 1991, McGill University established the McGill AIDS Centre at the Jewish General Hospital's Lady Davis Institute for Medical Research (LDI).

According to Dr. Wainberg, the grant marks the first attempt in the McGill University system and one of the first anywhere to develop an integrated approach to the study of HIV pathogenesis - understanding the events which follow infection by HIV and ultimately result in the destruction of the immune system and death.

As Dr. Wainberg explained, AIDS is a disease which progresses in different ways. There are different strains of the HIV virus, and individual responses to the disease differ as well. Some people become ill much more rapidly, while others are more immune to the onslaught



Left to right: Dr. Michael Parniak, Dr. Lawrence Kleiman, Dr. John Hiscott, Dr. Samuel O. Freedman, O.C., Dr. Mark Wainberg.

of HIV and its effects. In addition, medications are more effective in some patients than others, and some strains of HIV develop resistance to medication. What makes treatment so difficult is the fact that the HIV virus mutates rapidly.

The grant will allow the team to investigate further why some individuals infected with HIV become seriously ill within months while others remain free of symptoms over many years, why people who are infected may sometimes stay healthy despite having profoundly diminished numbers of T helper lymphocytes in their circulation, and why anti-viral drug treatments are more effective in some patients than others.

These studies should lead to a new awareness of how antiviral drugs successfully inhibit replication of HIV, and to the development of new, improved treatments for AIDS and related diseases.

Dr. Wainberg pointed out that there has been a great deal of progress in the past five years in AIDS research, and predicted that within the next five years, patients will benefit from new combinations of drugs that will work more effectively and increase life expectancy.

In addition to Dr. Wainberg, each member of the team of scientists has his own area of expertise in AIDS research. The team working on the three and a half year grant includes: Dr. John Hiscott, coordinator of the McGill AIDS Centre Program Grant in AIDS and director of the Molecular Oncology Group at the Lady Davis Institute; Drs. Michael Parniak and Lawrence Kleiman, staff investigators at the LDI; Dr. Nahum Sonenberg, professor in the McGill Department of Biochemistry; Dr. Alan Cochrane of the Department of Microbiology and Immunology at McGill University.

At the Lady Davis Institute of the Jewish General Hospital: Dr. Shulamit Katzav

Understanding how cancer occurs, how it spreads and how best to control this disease is a challenge for many scientists working at the JGH Lady Davis Institute for Medical Research.



Dr. Shulamit Katzav

Dr. Shulamit Katzav continues to meet this challenge through techniques used in the study of the molecular biology of cancer. In her laboratory at the hospital's Lady Davis Institute, she is pursuing her research on oncogenes — cancer causing genes.

Normal genes are important for cell growth and differentiation. When a normal gene transforms, it becomes an oncogene. This transformation may be the result of a mutation which changes the function or the content of the protein in the cell, or the result of overexpression, where there is too much protein.

While at the National Institute of Cancer in Washington, Dr. Katzav discovered an oncogene which may be implicated in leukemias. She named the gene VAV, the sixth letter of the alphabet in Hebrew, her native language, because it was the sixth oncogene detected in this particular laboratory.

"It turns out that this gene is a very important one," says Dr. Katzav, adding that the protein produced by this gene is somehow involved in cell signalling and other functions. Through her research on this gene, she is attempting to understand not only its role in blood cells and leukemia, but also to learn more about normal cells.

Understanding how normal cells function is a necessary first step in understanding the abnormal processes which cause cancer.

Dr. Katzav admits that scientific knowledge of the proteins involved in the cell's cycle, operation and signalling is limited. What scientists do know is that when cells divide more than they should, cancer occurs. Moreover, normal cells are supposed to die at some point. If this does not happen, and cells continue to divide, the result is overcrowding. Once again, this can lead to cancer. Normal cell death is called apoptosis, and there is a delicate balance between these two processes of cell division and cell death. One track taken by scientists is to determine whether oncogenes

inhibit or accelerate the apoptotic process, and how they influence cell division.

Although drug companies are already working on medications which could inhibit the signalling process in cells, thereby blocking cancer, Dr. Katzav cautions that it may take years to discover a cure for cancer. "It's a very complicated disease. So far, 40 oncogenes have been discovered, some associated with different types of cancer, some with specific tumours."

A native of Israel, Dr. Katzav became interested in cancer research as a student at the Weizman Institute of Science. Her Ph.D. studies focused on metastases — tumours which move to a secondary site and can spread quickly. New techniques to analyze oncogenes at the molecular level were being refined, and Dr. Katzav was attracted to this exciting branch of research. She pursued her post-doctoral studies in the United States, and arrived in Montreal in January, 1993. "Coming to the LDI gives me the opportunity to do good science in a good atmosphere," says Dr. Katzav.

Students learn about the hospital



The Department of Public Relations provides tours for educational and community groups who wish to learn more about the hospital's various departments and services. Pictured here, Millie Liston, chief technologist in the hematology laboratory, answers questions from a group of École Sépharade students.

Schwartz donation helps the Herzl Family Practice Centre



Left to right: Executive Director Henri Elbaz, Mr. Leo Schwartz, Dr. Cheryl Levitt.

The Herzl Family Practice Centre is the proud owner of two new computers and a laser printer, generously donated by Mr. Leo Schwartz.

At a dedication ceremony, Dr. Cheryl Levitt, chief of the Department of Family Medicine and director of the Herzl Family Practice Centre, praised Mr. Schwartz for his generosity. She noted that the computers, located in the "quiet room" where residents do their thinking and writing, will be of great help in clinical research.

Dr. Sidney Feldman who described Mr. Schwartz as "my patient, my friend and a man of many talents", told the assembled guests that in addition to his experience as a fundraiser and contributor, Mr. Schwartz' expertise in organizational and financial matters has benefitted several institutions.

Mr. Schwartz responded to the accolades by praising the Herzl Centre and saying how pleased he is to have the opportunity to present this donation.

Thanks again, Wood Gundy



Dr. Apostolos Papageorgiou, chief of pediatrics and neonatology, gratefully accepts a cheque from Mr. Jack Ditkofsky of Wood Gundy Inc.

The brokerage firm of Wood Gundy Inc. has demonstrated its concern for the health and welfare of high risk, premature babies who are treated in the hospital's Neonatal Intensive Care Unit. Since 1986, the firm has donated generously to the unit, and this year's \$15,000 gift brings the total to \$90,000.

Olympic art donated to hospital

A bit of the Olympic spirit has come to the Jewish General Hospital, thanks to a donation of four paintings by the Coca-Cola Company, the Foundation for Hospital Art and the Canadian Olympic Association.

The inspiration for the paintings came from John Feight, director of the Foundation for Hospital Art, based in Atlanta. Under the sponsorship of Coca-Cola, Mr. Feight set up shop in Barcelona during the 1992 Olympic summer games. On large sheets of canvass, he outlined the flags of 172 countries and the athletes themselves were invited to paint the flags and sign their names.

The finished products, along with paintings depicting colourful nature scenes, have been donated to hospitals around the world. The Jewish General is the only hospital in Montreal to have received this gift.

The Foundation for Hospital Art had already brought its magic to the Jewish General Hospital two years ago, when Mr. Feight invited JGH patients, visitors and staff to join him in creating murals for the Department of Radiation Oncology.

The hospital is most grateful to the Canadian Olympic Association, the Foundation for Hospital Art and Coca-Cola for this generous gift.

Herzl Family Practice Centre strengthens ties with CLSC



Signing the agreement, left to right: Dr. Vania Jimenez, physician-in-chief, Côte des Neiges CLSC; Mr. Jacques Lorion; Dr. Bill Davis, chairman, Department of Family Medicine, McGill University; Dr. Cheryl Levitt.

Since the mid-1980's, the hospital's Herzl Family Practice Centre has developed close links with the CLSCs in Côte des Neiges, Point St. Charles and Outremont. This partnership has been strengthened with a new agreement between the Herzl and the CLSC Côte des Neiges.

At the official signing of the contract, Dr. Cheryl Levitt, chief of the JGH Department of Family Medicine and director of the Herzl Family Practice Centre, described the integrated teaching program shared by the Côte des Neiges CLSC and the Herzl. "We've been living together for a long time and finally are making it legal." CLSC director Jacques Lorion echoed this theme by saying "I'm sure it will be a long marriage."

The Herzl Family Practice Centre is one of four teaching units for McGill University's Department of Family Medicine. Last year, the

CLSC Côte des Neiges was recognized by McGill as an affiliated teaching unit. The new arrangement focuses primarily on teaching and exchange of family medicine residents between the Herzl and the CLSC. The Herzl will be responsible for drawing up schedules for residents who will receive their training at both the CLSC and Herzl, for organizing all the family medicine educational activities, for coordinating and evaluating all aspects of the residency program at the hospital and ensuring that residents receive similar experiences at the CLSC.

In exchange, the Herzl will have access to CLSC resources such as home care, social services and community services. As well, Dr. Cheryl Levitt, and Dr. Roland Grad, Herzl's residency coordinator, are members of the CLSC Council of Physicians.

Dr. Gordon... continued from page 1.

by the Royal College of Physicians and Surgeons of Canada, by the American Board of Surgery and the American Board of Colon and Rectal Surgery.

Dr. Gordon is a full professor in the Department of Surgery as well as the Department of Oncology in the Faculty of Medicine, McGill University. In fact, he was the first colorectal surgeon in the McGill system.

In addition to his clinical and teaching activities, he has received several grants for laboratory and clinical research projects.

Throughout his career, Dr. Gordon has devoted much energy and attention to improving the care of patients afflicted with diseases of the colon and rectum. He was one of the first surgeons in Canada to actively promote the specialty of colorectal surgery and has made tremendous contributions to the field. He was the principal architect for the establishment of the Canadian Society of Colon and Rectal Surgeons, serving as its founding president. Here at the Jewish General, he developed the Division of Colorectal Surgery, and is proud to announce that a third member will be joining this department on July 1, 1993.

A nucleus member of the Specialty Committee in Colorectal Surgery for the Royal College of Physicians and Surgeons of Canada,

Dr. Gordon is a member of the advisory boards of the Canadian Association for Enterostomal Therapy, the United Ostomy Association, and the Canadian Foundation for Ileitis and Colitis.

Dr. Gordon received the Agora Award "Ambassador by Appointment" for his role in bringing the annual meeting of the American Society of Colorectal Surgeons to Montreal's Palais des Congrès. He was cited in Town and Country as one of the 24 outstanding colon and rectal surgeons in the United States and Canada, and listed in The Best Doctors in America. He has been an invited guest speaker in cities throughout the world.

He has authored and co-authored 70 journal manuscripts and 20 book chapters, and sits on the editorial boards of several Canadian, American and international journals. Along with Dr. S. Nivatvongs, he was the author of Principles and Practices of Surgery for the Colon, Rectum and Anus. Published last year, this comprehensive textbook is considered the definitive reference work for all surgeons in this specialty.

The hospital is proud of Dr. Gordon's accomplishments and we wish him much success in his role as president of the American Society of Colorectal Surgeons.

Upgrading Radiology Department to cost \$12 million

The hospital plans to establish a centre for excellence in the Department of Radiology. The Quebec government has approved and will contribute towards this major project. Once again, we must turn to the private sector to help support this vital project. The centre for excellence will be dedicated in honour of a very generous donation.

Good diagnostic capability is the first step in effective treatment, and the members of our Radiology Department are committed to excellence. With your help, they will be able to provide you and your loved ones with the care that you deserve.

To indicate your support, please call 340-8251.

Equipment: here's what we need to serve you best.

General radiography

X ray procedures for basic radiologic examinations. Used in the diagnosis of diseases of the bones and chest.

Replacement of three general radiographic rooms: \$612,468.

Fluoroscopy

Fluoroscopes are used to examine the upper and lower gastrointestinal tract. Using an opaquing material, the image is shown on a screen giving the radiologist a full visual image of the area under examination.

Replacement of fluoroscopic room: \$681,804

Digital fluoroscopy

Digital fluoroscopy or angiography is used for special procedures to diagnose vascular and certain neurologic problems.

Replacement of special procedures equipment with integrated digital angiography: \$1,675,620

Peripheral angiography

Peripheral angiography is used to diagnose vascular problems in the extremities - arms and legs.

Replacement of x-ray generator and imaging system for peripheral angiography: \$127,116

Mobile x-ray

Mobile x-ray is used when it is not possible to bring the patient to the Radiology Department. The mobile x-ray can be used at the bedside or wherever required.

Replacement of Siremobile II mobile image intensifier: \$231,120

CT scanning

CT scanning combines x-ray equipment, a computer and a television like screen to produce exact cross sectional images of the body. It is a crucial diagnostic tool, particularly in neurology, otolaryngology, gastroenterology, chest medicine and abdominal surgery.

Upgrading of 2 CT scanners: \$693,360.

Operating room fluoroscopy

These instruments are used in the operating room to enable the surgeons to ensure completion of surgical procedures.

Replacement of urology table in the operating room with a Fluoroscopic System, x-ray generator and table: \$369,792

Ultrasound

Ultrasound uses sound waves that are sent into the body. Some of the sound is reflected back to the ultrasound probe. Part of the sound energy is used to produce a two dimensional image and the rest is assessed by the machine for frequency shift. A change in frequency indicates blood flow in the tissue studied. No x-rays, iodine contrast injections nor barium contrast injections are required to produce these studies.

Replacement of 4 ultrasound scanners: \$947,592

Colour doppler ultrasound scanning

Colour doppler works exactly like regular ultrasound scanning, except that the frequency changes are colour coded to produce a colour flow image. By detecting increased blood flow around malignant tumours, colour doppler is an extremely useful tool for early cancer detection in many areas of the body.

Additional colour doppler and endorectal ultrasound scanner: \$254,232

Magnetic resonance imaging (MRI)

MRI measures and records the effect of a magnetic field on the hydrogen ions of the body, producing a highly detailed three dimensional image. This enables the radiologist to pinpoint the location of a tumour and its relationship to critical surrounding areas.

MRI is a non-invasive procedure. Nothing enters the body and no radiation is involved.

MRI may be the only way to diagnose hard to detect disease. The MRI can detect and evaluate serious medical conditions long before any other scanner. These conditions include brain tumours, multiple sclerosis and diseases affecting the spinal cord; joint, bone marrow and soft tissue pathology; pelvic, prostate, bladder and head and neck tumours.

Cost: \$6,000,000 (approximately).

Plaque dedicated in honour of Dr. Marvin Goldenberg



In memory of Dr. Marvin Goldenberg, the JGH Radiology Department sponsored a seminar on radiation protection. Speakers were Dr. Brahm Hyams, a member of the JGH Radiology Department and assistant professor in the Departments of Radiology and Urology at McGill University, Neil Alexander, coordinator of radiology services at the JGH, and Jean-Pierre Gauvin, radiation protection assessor for the university and the hospital. The afternoon culminated in a dedication of a plaque in honour of Dr. Goldenberg. Left to right: Dr. Norman Just, Dr. André Lisbona, Mimi Goldenberg, Dr. Brahm Hyams.

The following was condensed from an article written by Dr. Norman Just which appeared in the December 1992 issue of the Canadian Association of Radiologists Journal.

A highly motivated and dedicated physician who devoted himself to the practice and teaching of radiology, Dr. Marvin Goldenberg died on June 24, 1992, at the age of 55 years.

Dr. Goldenberg received his undergraduate and medical education at McGill University, and after serving an internship at the Jewish General Hospital and completing a residency in radiology at the Royal Victoria Hospital, he was awarded a fellowship in diagnostic radiology by the Royal College of Physicians and Surgeons of Canada and the Corporation professionnelle des médecins du Québec. In 1966, he joined the staff at the Jewish General Hospital.

Dr. Goldenberg undertook a visiting fellowship with Thomas Newton in San Francisco. He returned to head the Division of Neuroradiology in the growing hospital centre. Under his leadership, this division became a highly respected one at the Jewish General Hospital and an important partner at McGill University.

Marvin Goldenberg, acknowledged as a superb teacher, trained numerous residents in neuroradiology. Spurred by his matchless dedication and efforts, many of these young doctors advanced into careers in neuroradiology. At McGill University, he rose from lecturer to associate professor and performed important research in the neurosciences.

He held many positions of responsibility at both the Jewish General Hospital and McGill University, and concurrently headed the Department of Radio-

logy of the Jewish Rehabilitation Hospital from 1977 - 1989.

Dr. Goldenberg was a founding member of the Montreal Neuro-radiology Study Club. With his experience, reason and sense of humour, he made important contributions and was well respected by the other members. Dr. Goldenberg was also a senior member of the American Society of Neuroradiology and a member of the Radiological Society of North America.

He served for many years as divisional councillor for Montreal within the Association des radiologistes du Québec and for the Montreal region within the Canadian Association of Radiologists.

The illness that finally took his life, laryngeal carcinoma, first struck three years ago. True to his character and strength, he refused to give in to the disease and, remarkably, was able to work and teach in spite of repeated bouts of surgery and therapy. Never once did his colleagues hear a word of self-pity or complaint. He continued to work and hold teaching sessions with the residents in radiology: his sense of duty and responsibility was unparalleled. Furthermore, he did not allow his serious illness to prevent him from speaking and communicating his thoughts, however difficult this became.

With his passing, his family, friends and colleagues, the Jewish General Hospital and McGill University have lost an exceptional and highly respected individual, an outstanding radiologist and teacher. We miss him profoundly. His memory will endure.

In Memoriam

The Department of Psychiatry mourns the passing of two friends and former colleagues.

Dr. Herman Baer volunteered many hours to developing and maintaining statistical reports. Last year, at the age of 93, he donated many of his own photographs to the JGH cafeteria.

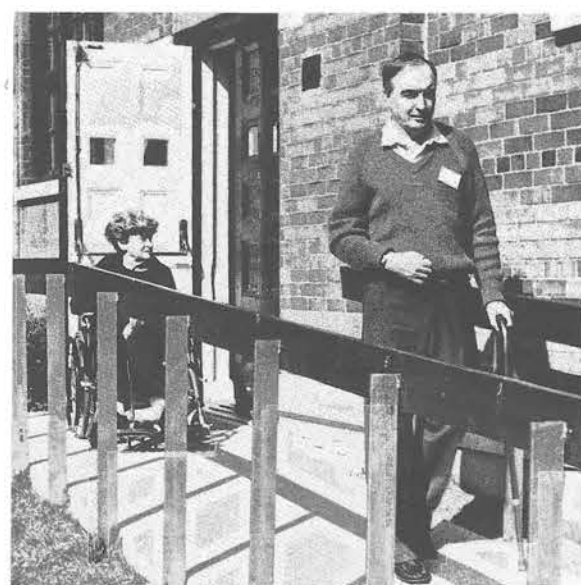
Sylvia Hamovitch spent many years as a volunteer in the Department of Social Work and the Department of Psychiatry, Geriatric Section. She joined the staff of the Psychogeriatric Clinic in 1980, and her positive outlook and willingness to listen were appreciated by patients and staff alike.

Stroke Club prevents isolation

Under the auspices of the Jewish General Hospital, the Stroke Club, an autonomous self-help group, has grown to forty members. This non-sectarian group accepts referrals of patients who have completed their active rehabilitation.

The goal of the club, which meets every Wednesday morning at Temple Emanu-El-Beth Shalom, is to encourage social exchange through recreational and educational activities. Members are able to form new friendships in an accepting atmosphere, and this helps prevent isolation, depression and regression. At the same time, caregivers are given a few hours of respite from their duties.

The Stroke Club could not function without the enthusiasm and loyalty of the 19 volunteers who organize and help with everything from arts and crafts to exercises, games, music and outings during the warmer weather.



Club members Pearl Haber (seated) and Huch McCreadie take advantage of the new ramp, donated by the Jewish General Hospital Stroke Club to provide easier wheelchair access to the Temple Emanu-El.

Special adapted transit can be arranged through the MUCTC for those members who have difficulty finding transportation.

For more information, please contact Julius Cappell, 932-9674 or Montague Buckman, 481-1260.

Our kids have the right answer



Children of JGH staff were invited to participate in a No Smoking Poster Contest. Pictured here are the winners, chosen in a random drawing (left to right): Jessett Lampkin, Celia Morelli, Robert Hill.

JGH wins awards

We did it again! Our hospital's Public Relations Department, which includes Director Betty Rozovsky, writer Hena Kon and assistant Sharon Rubin, has been cited for excellence in communications by the Health Care Public Relations Association. In this Canada wide competition, the JGH News distinguished itself in the Tabloid category. The JGH shared another award with the Royal Victoria, Montreal General, and St. Mary's Hospitals, for a submission in the Crisis Communications category.

As well, our hospital was a finalist for the Prix Persillier-Lachapelle, a competition sponsored by the Quebec Ministry of Health and Social Services. Our submission, in the Innovative Program category, described the hospital's Hope and Cope program, a support resource for cancer patients and their families, founded by Sheila Kussner, O.C.

The JGH News is published by the Sir Mortimer B. Davis - Jewish General Hospital to inform the community about hospital developments, and to promote mutual understanding between the hospital and those whom it serves.

President: Brahm Gelfand

Executive Director: Henri Elbaz

Editor: Betty Rozovsky

Reporter: Hena Kon

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Photography: JGH Audio-Visual Services



Printed on recycled paper

Celebrating Jewish traditions

What's Jewish about the Jewish General? Plenty, according to Rabbi Myer Schechter, director of Chaplaincy Services at the hospital. An integral member of the hospital team, Rabbi Schechter provides emotional and spiritual support to patients, their families and JGH staff. He also is the liaison between our hospital and Federation Chaplaincy Services.

From the beginning, the mission of the Jewish General Hospital has been to treat and care for patients within an environment that respects, maintains and celebrates Jewish traditions. This commitment is as strong today as it was in 1934 when the hospital admitted its first patient.

The Jewish General is one of the only acute care hospitals in Canada to observe the dietary laws of Kashrut. The main kitchen is strictly kosher and under the supervision of our own mashgiach who ensures that dietary laws are followed, and who reports to the Vaad Ha'ir, Montreal's Rabbinical Council. The Auxiliary's three coffee shops are also kosher.

Electric Sabbath candles, prayer books, tefillin and many other ritual items are available upon request. Patients are invited to attend daily prayer services and Sabbath morning services in the hospital chapel, located on the sixth floor.

Throughout the year, special attention is given to holiday celebrations. High Holiday services take place in the Auditorium. Open to patients, staff and visitors, these services are also available on closed circuit TV for patients unable to leave their rooms. Other holiday

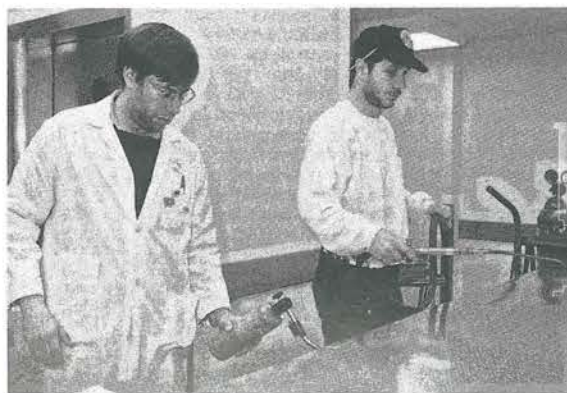


Following a tradition that always has been a part of the Jewish General, the hospital conducted a seder at Passover for patients and their families. Organized by the Dietary Department, the seder was led by Rabbi Hershel Schechter.

activities include Purim megillah readings, a Passover seder, services in a succah complete with lulav and etrog, and the lighting of chanukah menoras.

Long term care patients are treated to special pre-Sabbath and holiday programs. Rabbi Schechter also is available to help patients and their families deal with ethical and religious decisions involving the critically ill patient.

Clergy of other faiths can be reached by contacting the Chaplaincy office at 340-8222, local 5677.



Mark Bessner, mashgiach, (left) and Bernie Arseneault use blow torches as part of the cleaning process, making the hospital kitchen kosher for Passover.

News from the Division of Gastroenterology

JGH an important part of the McGill IBD Group

As an active participant in the McGill Inflammatory Bowel Disease Research Group, the Jewish General Hospital's Division of Gastroenterology is able to offer a more coordinated approach to treating patients with inflammatory bowel disease (IBD).

Inflammatory Bowel Disease, particularly Crohn's disease and ulcerative colitis, is a major health problem in the Western world, striking young people in the prime of life between the ages of 15 and 30. These chronic inflammatory diseases of the intestine tend to recur throughout life. The cause is as yet unknown; there is a much higher incidence of IBD amongst Jews of Ashkenazi origin than other ethnic groups. Although not fatal, chronic flareups of these conditions cause a great deal of pain and suffering, and can lead to malnutrition, bleeding, malabsorption, weight loss and fatigue.

Established in the fall of 1991, the McGill IBD Research Group consists of clinics at McGill's four major teaching hospitals: the Jewish General, Royal Victoria, Montreal General and Montreal Children's hospitals.

Dr. Elliot Alpert, chief of the JGH Department of Medicine and a gastroenterologist affiliated with the IBD group, says this coordinated approach is of great benefit to IBD sufferers. "Patients

will get the most up-to-date clinical care and treatments available."

One of the first goals of the IBD Group is to develop a uniform, computerized data base. This will enable gastroenterologists to have a clearer idea of the size of the IBD patient population within the McGill system (estimated at 2000), as well as their needs. At the JGH alone, gastroenterologists see approximately 400 patients per year.

Participation in multi-centre clinical trials is a major focus of the McGill IBD Group. With such a large number of patients, these trials can assess more definitively the role of new therapies in the treatment of IBD. For example, one such trial is evaluating methotrexate for active Crohn's patients to see if this drug can spare patients from taking steroids. Methotrexate has been helpful in patients with rheumatoid arthritis. The McGill IBD Group is also one of ten universities in Canada participating in the North American Crohn's Study.

Clinical trials at the JGH are coordinated by research nurse Helen Vaupshas and appropriate patients are referred to the group by their gastroenterologist. The group's strong research component is complemented by interhospital conferences, consultations and educational programs.

New clinic planned

To serve patients better, the division is planning to run a clinic to be held once per week on Tuesday afternoon. The idea is for at least three gastroenterologists - Dr. Michael Lichter, chief of the division, Dr. Elliot Alpert, Dr. Albert Cohen as well as Dr. Phil Gordon, chief of the Division of Colorectal Surgery, to coordinate their schedules to provide unified, specialized care. The other members of the Gastroenterology Division will likely join in the near future. They hope that eventually this clinic will be able to offer support services and other resources.

Dr. Cohen, who joined the JGH Division of Gastroenterology in January, is a specialist in pancreatic and biliary endoscopy, a technique used to treat problems of the bile ducts and the pancreas. The endoscope is a flexible fiberoptic tube that allows the physician to visualize the area, either through a viewfinder attached to the tube, or with the aid of a video camera. Through this instrument, procedures can be accomplished which previously required open surgery. The technique is an advantage over traditional surgical procedures because it does not require hospitalization and patients can return to their usual activities by the following day.

Help for chronic spinal pain

Now in its third year of operation, the Chronic Spinal Pain Support Group has helped 85 patients so far.

Created by the hospital Auxiliary and designed by Rhoda Schouela, who suffers from this condition, the program is the only one of its kind in North America to combine educational sessions, psychological support and relaxation training.

The program has attracted a great deal of attention from health care professionals in Canada and the United States. Mrs. Schouela was recently appointed to sit on the American Back Society's Pain Management Committee. As well, she is the only lay person to have been invited to lead workshops at professional conferences.

For more information about the program, please call Mrs. Schouela at 340-7535

Sports Medicine Clinic off and running

The latest addition to the Herzl Family Practice Centre is a Sports Medicine Clinic, directed by Drs. Ian Shrier and Alan Verneec.

While the clinic treats sports related injuries, it is not only for athletic types. "We treat people suffering from pain or injury related to physical activity which impedes them from carrying out their regular activities," explains Dr. Shrier. This applies to a broad range of people, from musicians and dancers to secretaries etc.

Both Dr. Shrier and Dr. Verneec are family medicine physicians with expertise in sports medicine. They stress that they are not orthopedic surgeons, and the clinic is not for those who require surgery or patients with fractures or tumours. Patients who come to the clinic are diagnosed and many are given a home exercise program. Follow-up appointments ensure they are doing the exercises correctly. "This is an active rehabilitation treatment," says Dr. Shrier. "People have to be willing to work at it."

The Sports Medicine Clinic is open every Tuesday morning from 9 a.m. to 12 noon. Appointments may be made by calling 340-8256.

The Jewish Community Listening Service

Shalom Line

343-4343

An anonymous and confidential telephone service

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Tulandi, T., Jarrell, J.F., Miron, P., Leung, P.: Ovum donation. Guidelines of the Canadian Fertility and Andrology Society (Don d'ovocytes. Directives de la société canadienne de fertilité et d'andrologie). *Journal of SOGC* 14: 59-63, 1992 (14: 65-69, 1992).

Vasilevsky, C.A.: Fistula in ano and abscess in fundamentals of ano-rectal surgery. *Beck, D.E., Wexner, S.D. (ed) McGraw Hill*, New York, 131-144, 1992.

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Wainberg, M.A., Bour, S., Geleziunas, R., Bentwich, Z.: Stratégies d'interférences avec la réplication du virus d'immunodéficience humaine. *L'Union Médicale du Canada* 121: 307, 1992. Stratégies anti-rétrovirales dans le traitement du syndrome d'immunodéficience acquise (SIDA) et des maladies apparentées. *Les journées du SIDA 1991*. R.A. Morisset et P. Ghadirian P (eds), Hôtel Dieu de Montréal et Université de Montréal, 71, 1992.

Wainberg, M.A., Gill, M.J.: Strategic parallels in treating AIDS and cancer. *Virology Interchange* 1: 9, 1992.

Wainberg, M.A., Gu, Z., Gao, Q., Arts, E., Geleziunas, R., Bour, S., Beaulieu, R., Tsoukas, C., Singer, J., Montaner, J.: Clinical correlates and molecular basis of HIV drug resistance. *Journal of AIDS* 6: S36-S46, 1993.

Wainberg, M.A., Tremblay, M., Rooke, R., Fanning, M., Tsoukas, C., Montaner, J.S.G., O'Shaughnessy, M., Ruedy, J.: Characterization of zidovudine resistant variants of HIV-1 isolated from patients on prolonged therapy. *Drugs under Experimental and Clinical Research* 18: 283-290, 1992.

Wang, E.: Characterization of the absence of a unique DNA binding protein in senescent cells but not in their young growing and non growing counterparts provides the means to mark the final stage of cellular aging process. *Journal of Experimental Gerontology* 27: S03-S17, 1992.

Warner, H.R., Campisi, J., Cristofale, V., Miller, R.A., Papaconstantinou, J., Pereira-Smith, O., Smith, J., Wang, E.: Control of cell proliferation in senescent cells. *Workshop Report. Journal of Gerontology* 47: B185-B189, 1992.

Nominations / Appointments

Alpert, E.: Associate member, Department of Oncology, Division of Clinical Oncology, McGill University.

Bergman, H.: Executive Committee, Organization of the 21st Annual Scientific Meeting, Canadian Association on Gerontology to be held in Montreal, Sept. 1993. Expert Panel on Geriatric Medicine, Compendium of Pharmaceuticals and Specialties (CPS) Vice-president du Comité du Jury des Examineurs en Gériatrie (Vice-president, Board of the Examiners for specialty examination in Geriatric Medicine) of the Corporation Professionnelle des Médecins du Québec. Expert working group, Canadian Medical Association Strategy for continued medical education in Geriatrics. Scientific Committee, Sième Congrès International Francophone de Gérontologie to be held in Strasbourg, France 1994.

Dascal, A.: Editorial Board, Diagnostic Microbiology and Infectious Diseases.

Fichten, C.S.: Member, Social Sciences and Humanities Research Council Strategic Grants Consultative Committee for the new Strategic Grants Theme: Research Program on Disability. External Examiner for Master's theses at Lakehead University and at Université de Sherbrooke.

Gelfand, M.M.: Reappointed as Nucleus member of the Specialty Committee in Obstetrics and Gynecology, Royal College of Physicians and Surgeons of Canada.

Gordon, P.H.: Full Professor, Department of Oncology, McGill University. Reappointed, Nucleus Committee of the Advisory Council in Colon and Rectal Surgery, American College of Surgeons. Elected Vice Chairman of the American Society of Colon and Rectal Surgery.

Hiscott, J.: Associate Editor, *Virology*. MRC-NHRDP AIDS Grants Panel, Medical Research Council of Canada. Cell and Molecular Biology Grants Panel, Cancer Research Society.

Just, N.: Reviewer, Canadian Association of Radiology Journal. Consultant Neuroradiologist, Facial Nerve Clinic, McGill University.

Katzav, S.: Associate Professor of Oncology, McGill University.

Lander, P.: Member of Admission Committee, Faculty of Medicine, McGill University.

Lisbona, A.: Acting Chief, Department of Radiology. Member of the Committee for Assessment of Medical Acts of the JGH. Re-appointed Examiner, Royal College of Physicians and Surgeons of Canada.

Orenstein, P.: Elected to the Board of the Canadian Community and Hospital Infection Control Association (CHICA).

Palayew, M.J.: Re-appointed Consultant, Queen Elizabeth Hospital and Jewish Hospital of Hope.

Papageorgiou, A.: Elected President of the Canadian Association of Neonatologists.

Parniak, M.: Concurrent Professor of Biochemistry, Nanjing University, Nanjing, People's Republic of China. Senior Consultant, National Key Laboratory for Protein Biochemistry and Pharmacology, Nanjing, People's Republic of China.

Pinsky, L.: Acting chairman, Department of Human Genetics, McGill University.

Ponka, P.: Reviewer of Grants, NIH Hematology Study Section, Washington, D.C.

Satin, R.: Member, Radiology Research Committee, McGill University, representing the JGH. Chairman, Research Committee, Department of Radiology, JGH.

Sherwin, B.B.: Task Force on Biobehavioral Mechanisms in Lipid Metabolism and Atherosclerosis. NIH/ National Heart, Lung and Blood Institute, Bethesda, MD. Editorial Board, Menopause Management, Conwood Publications, N.Y. Pro-Dean for Ph.D. Oral Defense, Department of Pharmacology and Therapeutics, Faculty of Medicine, McGill University.

Silva, E.: Editorial Board of Endocrinology, Official publication of Endocrine Society.

Torchinsky, A.: Adjunct Professor, Department of Oncology, McGill University.

Tulandi, T.: Program Chairman, The Combined Annual Meeting of the American Fertility Society and the Canadian Fertility and Andrology Society.

Vasilevsky, C.A.: Assistant Professor, Department of Oncology, McGill University.

Wainberg, M.A.: Re-appointed a National Health Scientist (AIDS) by the Department of Health and Welfare.

Wang, E.: Member of the Scientific Advisory Panel to the Biology of Aging Program, National Institute of Aging, National Institutes of Health, USA. Member, Study Section (Biological and Clinical Aging Review Committee A) National Institute on Aging, NIH. Chairperson for the Biological Sciences of the Canadian Association on Gerontology. Fellow, the Gerontological Society of America. Member of the External Advisory Committee of the University of Alabama, Birmingham, Alabama Centre for Aging. Scientific Consultant. Task Force on Aging Research, National Institute on Aging, National Institutes of Health, USA.

Prix / Honors, Awards

Governor General of Canada

Lasry, J.C.: Commemorative Medal for the 125th anniversary of the Confederation of Canada, in recognition of significant contribution to compatriots, community and to Canada.

Health Care Public Relations Association

Rozovsky B.: Hygeia Awards 1993 for the JGH News and Crisis Communications.

Sheila Zittler Award

Monette, J.: Fellowship

Conférences / Presentations

Alaoui-Jamali, M.: Molecular aspects of the interaction between alkylating drugs and DNA in drug resistant tumor cells. Possible role of DNA binding proteins. Saint-Francois d'Assise Research Centre, Quebec City, Dec. 1992.

Alpert, E.: Oral interferon in viral hepatitis. Research Seminar, Georgetown University, Washington, D.C., March 1993.

Amsel, R., Wright, J., Fichten, C.S.: Cognitive assessment: influence of scale values on states of mind (SOM) ratios. Annual Convention of the Association for the Advancement of Behavior Therapy, Boston, Nov. 1992.

Baldwin, L., Feldman, P.: Workshop leaders. Teaching the foreign medical graduate. Section of Teachers of Family Medicine and Family Medicine Teachers of Quebec Conjoint Workshop, Quebec, Oct. 1992.

Beitel, L.K., Trifiro, M., Gottlieb, B., Pinsky, L.: The human androgen receptor: high level expression in a baculovirus system. American Society for Human Genetics, San Francisco, CA, Nov. 1992. Abstr: Am J Human Genet 51 (Suppl): A322, No. 1269, 1992.

Chertkow, H.: Increased anterior cingulate activation during cognitive processing in Alzheimer's disease. American Neurological Association, Toronto, Oct. 1992. Functional imaging of stages of picture naming demonstrated with PET scanning. Academy of Neurology, Toronto, Oct. 1992. Investigations of semantic memory processing. UQAM, Department of Psychology Seminars, Montreal, Jan 1993.

Clarfield, A.M.: Meet the professor: Diagnostic difficulties in the assessment of dementia and acute geriatrics service in the acute hospital: The Canadian experience. American Geriatrics Society Annual Meeting, Washington, 1992. A doctor in Jerusalem, the state of medicine in the Jewish state. Grand Medical Rounds, JGH, Nov. 1992. Report on the Canadian Consensus Conference on the Assessment of Dementia. 4th International Serling Symposium on the Biology of Aging. Weizman Institute of Science, 1992. Dementia - biological substrates and research implications. Dept. of Psychology, Hebrew University, Jerusalem, 1992.

Crelinsten, G.: Public awareness of a durable power of attorney in health care matters. Canadian Society for Clinical Investigation, The Royal College of Physicians and Surgeons of Canada Annual Meeting, Ottawa, Sept. 1992. Abstr: Clinical and Investigative Medicine, Vol 15, No 4, August 1992.

Creti, L., Libman, E., Weinstein, N., Lennox, H., Gay, A., Bailes, S., Brender, W., Amsel, R., Fichten, C.S.: How do older insomniacs and good sleepers differ? Canadian Psychological Association Annual Convention, Quebec, June 1992. Abstr: Canadian Psychology, 33(2a), 334.

Cupples, W.A.: Angiotensin II and renal autoregulation. Biology Department, Concordia University, Montreal, Jan 1993. Constrictor stimuli on behavior of renal artery in vitro. Canadian Physiology Society Annual Meeting, Mt. Tremblant, Jan 1993.

D'Addario, M., Roulston, A., Farrell, A., Hiscott, J.: Activation of cytokine genes in HIV-1 infected myelomonoblastic cells by phorbol ester and TNF- α . International Society for Interferon Research, Toronto, Sept/Oct 1992.

Dascal, A.: Invited speaker: The role of macrolides in the treatment of infections. Association of Medical Microbiologists of Quebec, Montreal, Feb. 1993. Prevention of neonatal herpes simplex virus infection: the role of technology assessment. University Hospital, London, Ontario, Feb. 1993. Invited speaker. Prevention of neonatal HSV infection: the role of technology assessment. University of Western Ontario, London, Feb. 1993.

De Repentigny, L., Ratelle, J., Dascal, A., and the HIVIK Project Group: Itraconazole vs ketoconazole in HIV positive patients with oropharyngeal and/or esophageal candidiasis. ICAAC, Anaheim, Cal. Oct 1992.

Diodati, J.: Les nouvelles normes en réanimation cardio-respiratoire. Algorithmes de Dysrythmies, St. Denis Theatre, Montreal, March 1993.

Fichten, C.S.: A la croisée des chemins: personnes handicapées et non handicapées. Annual Convention of the Association pour la recherche au collégial. Trois Rivières, Québec, March 1992.

Fichten, C.S., Amsel, R., Creti, L., Libman, E.: Methodological issues in the evaluation of positive and negative thoughts; wanted, unwanted and non-unwanted. In R. Ladouceur and M.H. Freeston (co-chairs), unwanted intrusive thoughts. Symposium, Canadian Psychological Association Annual Convention, Quebec, June 1992. Abstr: Canadian Psychology 33(2a), 304.

Fichten, C.S., Creti, L., Bailes, S., Weinstein, N., Gay, A., Lennox, H., Tagalakis, V., Amsel, R., Brender, W., Libman, E.: Time estimation in the experience of insomnia/L'évaluation du temps dans l'expérience de l'insomnie. XXV International Congress of Psychology, Brussels, July 1992. Abstr: International Journal of Psychology, 27(3&4), 38 (IN007.5).

Galley, D., Just, N.: CT of the temporal bone: computer teaching module. 1) Canadian Association of Radiology Meeting, Halifax June 1992. 2) French Society of Radiology, Paris, Nov. 1992.

Gelfand, M.M.: Chairman of a symposium on menopause. Hormone Replacement Therapy 1992: Practical Approaches. Montreal, Oct. 1992. Visiting Professor, Department of Obstetrics and Gynecology, Soroka Medical Centre, Ben-Gurion University, Beer-Sheva, Israel, Oct. 1992. Visiting Professor, Department of Obstetrics and Gynecology, Baystate Medical Centre, Springfield, Mass. Nov. 1992.

Glickstein, R., Rolland, Y., Camus, C., Jouannic, J., Carsin, M.: Deep venous cerebral thrombosis: role of magnetic resonance angiography. Ibero-Latin-American Society of Neuroradiology, 4th Congress Meeting, Santo Domingo, Dominican Republic, Dec. 1992.

Glickstein, R., Rolland, Y., Carsin-Nicol, B., Brassier, G., Carsin, M.: Poster presentation. Epidermoid cyst of the conus medullaris. Ibero-Latin-American Society of Neuroradiology, 4th Congress Meeting, Santo Domingo, Dominican Republic, Dec. 1992.

Gordon, P.H.: Invited participant. 1) Surgical anatomy: its practical application in anorectal fistulas. 2) Suppurative disease of the anus. American College of Surgeons Meeting, New Orleans, Oct. 1992. Invited participant. 1) Neoplasia of the anal canal. 2) Surgery for constipation. 16th National Meeting of the Mexican Association of General Surgeons. Acapulco, Nov. 1992.

Gyorkos, T.W., Tannenbaum, T.N., Abrahamowicz, M., Franco, E., Delage, G., Carsley, J., Bedard, L., Miller, M., Lamping, D., Grover, S.: Evidence on the effectiveness of immunization delivery methods. Second National Conference on Immunization, Toronto, May 1992.

Gyorkos, T.W., Tannenbaum, T.N., Abrahamowicz, M., Franco, E., Delage, G., Carsley, J., Miller, M., Bedard, J., Lamping, D., Grover, S.: The effectiveness of immunization delivery methods: a summary of the scientific evidence. Information Technology in Community Health (ITCH '92), Victoria, Oct 1992.

Gyorkos, T.W., Tannenbaum, T.M., pour l'équipe McGill du groupe de travail sur les lignes de conduite pour la pratique en santé communautaire. L'évaluation des interventions en santé communautaire: une approche systématique, une pratique améliorée. Troisième colloque québécois sur les maladies infectieuses, Quebec, Nov. 1992.

Hemmings, R., Khalifa, F., Falcone, T., Khalife, S., Tulandi, T.: Prospective randomized study on the effects of different human chorionic gonadotropin administration regimens versus spontaneous LH surge on ovulation and luteal phase. 48th Annual Meeting of the American Fertility Society, New Orleans, Oct/Nov 1992.

Hiscott, J.: Control of interferon gene expression by the NF- κ B and IRF transcription factors. Ontario Cancer Institute. Princess Margaret Hospital, Toronto, Jan 1993.

Hiscott, J., Kwan, I., Lin, R., Roulston, A., Lacoste, J., Mustafa, A.: Positive and negative control of the human interferon B gene by NF- κ B and IRF transcription factors. Keystone Symposia on Transcription: Factors, Regulation and Differentiation, Keystone, Colorado, Jan 1993.

Jasserand, F., Bergman, H., Mielke, P.: The use of oral antibiotics in the nursing home. XVth International Congress of Gerontology, Budapest, Hungary, 1993.

Kaufman, M., Beitel, L.K., Trifiro, M., Kazemi-Esfarjani, P., Pinsky, L.: Androgen resistance: genotype-phenotype prediction and structure-function analysis on alternative missense substitutions at four codons in the androgen-binding domain of the androgen receptor. American Society for Human Genetics, San Francisco, CA, Nov. 1992. Abstr: Am J Human Genet 51 (suppl): A 170, No. 667, 1992.

Kazemi-Esfarjani, P., Pinsky, L., Kaufman, M., Trifiro, M., Mhatre, A., Beitel, L., Sabbaghian, N., Lumbruso, R., Gottlieb, B., Alvarado, C.: Does the human androgen receptor N-terminal transregulatory domain have a function independent of androgen and DNA binding? American Society for Human Genetics, San Francisco, CA, Nov. 1992. Abstr: Am J Human Genet 51 (Suppl): A 326, No 1285, 1992.

Klein, M.: Invited speaker. Impact of midwifery on childbirth: family doctors perspective. SOGC Ontario CME Program. Changing Faces of Obstetrics and Menopausal Symposium, Dec. 1992. Invited speaker. Changing physician behavior: epistomology as a model.

Kumar, A., Haque, S., Hiscott, J., Williams BRG.: The interferon induced p68 protein kinase regulates NF- κ B via phosphorylation of its inhibitor I κ B. International Society for Interferon Research, Toronto, Sept/Oct 1992.

Lacoste, J., Pepin, N., Le, L., Lanoix, J., Hiscott, J.: NF- κ B/rel and Tax: Interactions between oncogenic proteins. Keystone symposia on Transcription: Factors, Regulation and Differentiation, Keystone, Colorado, Jan. 1993.

Langleben, D.: The genetics of primary pulmonary hypertension. American College of Chest Physicians, Chicago, Oct. 1992. Moderate hyperoxia inhibits lung pericyte growth in vitro. American Heart Association, New Orleans, Nov. 1992.

Laughrea, M.: *In vivo* chemical footprinting of the *Escherichia coli* ribosome. International Conference on the Translational Apparatus, Berlin, Germany, Nov. 1992.

Leduc, N., Tannenbaum, T.N., Champagne, F., Bergman, H., Clarfield, A.M.: A theoretical model of elderly compliance to prescribed health services. Fifth International Conference on System Science in Health Care, Prague, June 1992.

Levitt, C.: Meeting of child health experts, researchers, professionals and advocates to develop a national vision paper. Consultant, Child Health Goals Meeting, Ottawa, Sept. 1992. Meeting of breast feeding experts to enhance communication between federal and provincial agencies, share information, and develop strategies to promote and protect breast feeding. Consultant, National Breastfeeding Task Force, Ottawa, Oct. 1992.

Libman, E., Creti, L., Weinstein, N., Lennox, H., Gay, A., Tagalakis, V., Brender, W., Amsel, R., Fichten, C.S.: Management of insomnia in older individuals. Canadian Psychological Association Annual Convention, Quebec, June 1992. Abstr: Canadian Psychology, 33(2a), 371.

Mhatre, A., Kazemi-Esfarjani, P., Trifiro, M., Beitel, L.K., Kaufman, M., Lumbruso, R., Alvarado, C., Pinsky, L.: Host cell restricted expression of a ligand-selective mutant androgen receptor phenotype. American Society for Human Genetics, San Francisco, CA, Nov. 1992. Abstr: Am J Human Genet 51 (Suppl): A321, No 1264, 1992.

Mohr, G.: Microvascular reconstructions in unclippable fusiform middle cerebral artery aneurysms. Microvascular Surgery for Cerebral Ischemia and Neurosurgery of the Discovery, Madrid, Nov. 1992. Primary re-anastomosis of severed oculomotor nerve during removal of petroclival chondrosarcoma with useful functional recuperation. Winter Meeting of the New England Neurosurgical Society, Hanover, New Hampshire, Feb. 1993.

Mohr, G., Just, N.: Poster presentation. Unusual vascular malformation between PICA and turluca with dural participation. Quebec Congress of Neurosciences, Montreal, Sept. 1992.

Moustafa, A.E., Chalifour, L.E.: Cardiac fibroblasts differentiate into endothelial cells with retinoic acid treatment. Keystone Symposia on Molecular and Cellular Biology, Developmental Biology of the Cardiovascular System, Taos, New Mexico, March 1993.

Mustafa, A., Gewert, D., Hiscott, J.: Expression and characterization of interferon regulatory factors binding to functionally distinct IFN promoter elements. International Society for Interferon Research, Toronto, Sept/Oct 1992.

Orenstein, P., Amihod, B.: Poster presentation. Needlestick/blood exposure prevention program and quality assurance evaluation - an infection control teaching module. Annual Meeting of the Order of Nurses of Quebec (ONQ), Montreal, Nov. 1992.

Pagidas, K., Khalifa, F., Tulandi, T.: Effects of Ringer's lactate, Interceed (TC7) plus heparin and amniotic membrane graft in reducing adhesion formation and reformation in a rat uterine horn model. Annual Meeting of the Society of Obstetricians and Gynecologists of Canada, Vancouver, June 1992. Effects of amniotic membrane and Ringer's lactate on adhesion-formation and reformation. 48th Annual Meeting of the American Fertility Society, New Orleans, Oct/Nov, 1992.

Papageorgiou, A.: Invited guest speaker. Effects of rehospitalization on cognitive and behavioral outcomes in very low birth weight children of school age. Chairman of a session on follow up and development of very low birthweight infants. 3rd European Workshop on Neonatology, Olite, Spain, Sept. 1992. Visiting Professor and Grand Rounds Lecturer at Helena Maternity Hospital Perinatal Centre, Athens, Greece, Jan. 1993.

Parniak, M.: Molecular mechanisms of HIV-1 drug resistance. Department of Biochemistry, Nanjing University, Nanjing, China, Nov. 1992; Chinese Academy of the Sciences, Shanghai, China, Dec. 1992.

Pinsky, L.: Transcriptional incompetence of androgen receptors with the expanded polyglutamine repeat in X-linked spinal and bulbar muscular atrophy. Muscular Dystrophy Association Workshop, Tucson, Arizona, Dec. 1992.

Pinsky, L., Mhatre, A.N., Kazemi-Esfarjani, P., Beitel, L.K., Trifiro, M., Sabbaghian, N., Kaufman, M., Al-Arifi, A., Shkolny, D., Rouleau, G.: Spinal and bulbar muscular atrophy (SBMA): Characterization of mutant androgen receptors having an amplified poly-glutamine tract. American Society for Human Genetics, San Francisco, CA, Nov. 1992. Abstr: Am J Human Genet 51 (Suppl): A41, No. 154, 1992.

Pollak, M.: Invited lecturer. IGF-I: role in metastatic behavior of cancers. Sunnybrook Medical Centre, Toronto, Oct. 1992. Non cytotoxic cancer therapies. NCIC Quebec Conference, Quebec City, Jan 1993. Basic science components of clinical trials. National Cancer Institute of Canada Toronto, Feb. 1993. Anti growth factor therapy in cancer - prospects. Institut Henri Beaufort, Washington, March 1993. Effects of adjuvant tamoxifen on IGF-I physiology. International Adjuvant Cancer Therapy Conference, Tucson, Arizona, March 1993. Grand Medical Rounds, Research Seminar Faculty Club Seminar, Visiting Professor to Vanderbilt University, Nashville, Tennessee, March 1993.

Ponka, P.: Regulation of heme biosynthesis: distinct regulatory features in erythroid cells. The conference celebrating the 40th Anniversary of the Institute of Hematology and Blood Transfusion, Prague, Czechoslovakia, Oct. 1992. Invited speaker. The role of Ferritin in heme synthesis and cell proliferation. NIH Laboratory of Chemical Biology, Washington, Oct. 1992. 1) Regulation of transferrin receptor mRNA expression: distinct regulatory features in erythroid cells. 2) The expression of ferrochelatase mRNA in erythroid and non erythroid cells. Thirty-fourth Annual Meeting of the American Society of Hematology, Anaheim, CA, Dec. 1992. Transferrin receptor independent proliferation of variant CHO cells. Canadian Physiological Society Meeting, Mt. Tremblant, Jan. 1993. Invited speaker. Distinct features of iron metabolism and heme synthesis regulation in erythroid cells. Department of Medicine, University of Utah, Salt Lake City, Utah, Feb. 1993.

Rossignol, M.: Evolution of causes of work related fatalities Quebec 1981-1988. American Public Health Association, Washington, Nov. 1992. Epidemiological research on back pain: Quebec experience. Groupe Etude Lombalgies (GEL), Paris, France, Jan 1993.

Roulston, A., Rice, N., Hiscott, J.: Viral induction of NF- κ B/rel activities and interferon gene expression in myelomonoblastic cells. International Society for Interferon Research, Toronto, Sept/Oct. 1992. Virus infection activates distinct NF- κ B/rel DNA binding combinations in myelomonoblastic cells. Keystone symposia on Transcription: Factors, Regulation and Differentiation, Keystone, Colorado, Jan. 1993.

Rubenstein, H., Levitt, C.: Workshop leaders. Developing a method for evaluating residents' experience during their family medicine block time. Section of Teachers of Family Medicine and Family Medicine Teachers of Quebec Conjoint Workshop, Quebec, Oct. 1992.

Schipper, H.M.: 1) Sex hormones in neurology and psychiatry. 2) The role of peroxidase-positive astrocytes in brain aging and neurodegeneration. Department of Psychology, Bar-Ilan University, Ramat Gan, Israel, Dec. 1992. A free radical hypothesis of estradiol-related hypothalamic damage. Department of Hormone Research, The Weizman Institute of Science, Rehovot, Israel, Dec. 1992. Astrocytes, free radicals and neurodegeneration. Department of Pharmacology, Technion, Haifa, Israel, Dec. 1992.

Shenouda, G.: High dose tamoxifen in patients with recurrent high grade cerebral astrocytomas. Radiation Therapy Oncology Group, New Orleans, Jan. 1993.

Sherwin, B.B.: Effects of various hormonal regimens on psychological symptoms and lipoprotein lipids in the postmenopausal woman. Academic Grand Rounds, Department of Obstetrics and Gynecology, University of Manitoba, Nov. 1992. Treatment of the surgically menopausal woman. Academic Grand Rounds, Department of Internal Medicine, Division of Endocrinology, University of Iowa, Iowa City, Nov. 1992.

Silva, E.: Thyroid function: how do we know right from wrong? Physiological importance and hormonal regulation of the uncoupling protein gene. Visiting Professor, University of Vermont, Burlington, Nov. 1992. Invited speaker. Five lectures of thyroid physiology and disease. Canary Islands, Dec. 1992. Thyroid function tests: does abnormal always mean wrong? Hormonal control of energy expenditure. Visiting Professor, Emory University, Atlanta, GA, Jan. 1993.

Steinert, Y.: Invited workshop. The Problem Resident: guidelines for assessment and intervention. Department of Family Medicine, University of Toronto, Sept. 1992. Invited presentation. Difficult patients: whose problem is it? Department of Family Medicine, St. Michael's Hospital, Toronto, Sept. 1992. Invited presentation. Office counselling in family practice. Department of Family Medicine, Mount Sinai Hospital, Toronto, Sept. 1992. Invited presentation. Working with problem residents in family medicine. Department of Family Medicine, Sunnybrook Hospital, Toronto, Sept. 1992. Fourth Annual Day on Faculty Development. Invited workshops. 1) Faculty Evaluation as a means of faculty development. 2) Effective feedback. Annual Meeting of the Section of Teachers of the College of Family Physicians of Canada, Quebec City, Oct. 1992. Invited workshop. Working with "difficult" patients. 43rd Annual Refresher Course for Family Physicians, Montreal, 1992.

Steinert, Y., Nasmith, L.: Effective feedback. Workshop, Presented to the Department of Family Medicine, Centre Hospitalier de Gatineau, Dec. 1992.

Tannenbaum, T.N., Gyorkos, T.W., Abrahamowicz, M., Franco, E., Delage, G., Carsley, J., Miller, M.A., Bedard, J., Grover, S., Lamping, D.: Immunization delivery methods: summarizing the evidence on effectiveness for the development of practice guidelines. Canadian Public Health Association Meeting, Yellowknife, July 1992.

Tannenbaum, T.N., Gyorkos, T.W., Abrahamowicz, M., Franco, E., Bedard, L., Delage, G., Carsley, J., Miller, M., Lamping, D., Grover, S.: Une évaluation de l'efficacité des stratégies d'immunisation - vaccins antigrippal et antipneumococcique. Troisième colloque québécois sur les maladies infectieuses, Quebec, Nov. 1992.

Tran, C., Atri, M., Bret, P.M., Aldis, A., Tulandi, T., Falcone, T.: Accuracy of transvaginal ultrasound to detect hydrosalpinx. 78th Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, Nov/Dec, 1992.

Trifiro, M.A., Vasiliou, M., Kaufman, M., Mhatre, A., Beitel, L.K., Lumbruso, R., Alvarado, C., Pinsky, L.: The human androgen receptor gene: differential consequences of germinal missense mutations at 4 of 14 codons in an ultraconserved region of the androgen-binding domain. American Society for Human Genetics, San Francisco, CA, Nov. 1992. Abstr: Am J Human Genet 51 (Suppl): A 178, no 700, 1992.

Tulandi, T.: Invited presentation. Endometriosis (Ablation, Excision, cul de sac dissection). Operative laparoscopic surgery for the gynecologists. Montreal, Sept. 1992. Invited presentation. Management of ectopic pregnancy as an outcome of therapy. Premeeting Symposium, The Canadian Fertility and Andrology Society, Kananaskis, Alberta, Nov. 1992.

Tulandi, T., Guyda, H., Falcone, T., Hemmings, R., Morris, D.: Controlled ovarian hyperstimulation with a combination of gonadotropin and growth hormone releasing factor. 48th Annual Meeting of the American Fertility Society, New Orleans, Oct/Nov, 1992.

Vasiliou, M., Beitel, L., Mhatre, A., Kazemi-Esfarjani, P., Trifiro, M., Kaufman, M., Pinsky, L.: Androgen insensitivity due to amino acid substitution at 4 of 14 positions in an ultra-conserved region of the androgen-binding domain of the human androgen receptor. Canadian Society of Clinical Investigation, Ottawa, Sept. 1992. Abstr: Clinical and Investigative Medicine Suppl 4: 15: A40, No 230, 1992.

Wainberg, M.A.: Invited speaker. Travailler sur le SIDA au Québec. Besoins, Priorités et Défis des Unités de Recherche Clinique pour le traitement du SIDA (URCTS). Colloque - FRSQ, Montreal, Oct. 1992. Invited speaker. Molecular characterization and clinical significance of HIV variants resistant to AZT and other drugs. International Meeting on Human Retroviruses: Pathogenesis, Diagnosis, Epidemiology and Therapy, Genoa, Italy, Nov. 1992. HIV drug resistance to AZT and other drugs: Molecular characterization and clinical significance. Cancer, AIDS and Immunology Research (CAIR) Institute, Bar-Ilan University, Ramat-Gan, Israel, Nov. 1992. Clinical significance and molecular basis of HIV drug resistance. Department of Immunology, Kaplan Hospital, Rehovot, Israel, Nov. 1992. HIV resistance to nucleoside compounds. Bristol-Myers Squibb Research Institute, Wallingford, CT, Nov. 1992. La résistance contre les drogues anti-VIH. Les journées du SIDA, Montreal, Dec. 1992. HIV resistance to antiviral drugs. 5th HIV Testing Consensus Meeting, Health and Welfare Canada, Toronto, Dec. 1992. Role of complement receptors in antibody-mediated enhancement of HIV infection of B cells. NIH-sponsored workshop on "Antibody-dependent enhancement of HIV infection", New York, Dec. 1992. Mechanisms of CD4 surface downmodulation in HIV infected cells. Lautenberg Centre for General and Tumor Immunology, Hebrew University-Hadassah Medical School, Jerusalem Dec. 1992. Clinical and molecular significance of HIV resistance to AZT and other drugs. Department of Infectious Diseases, Hadassah Medical School, Jerusalem, Dec. 1992. Studies on HIV drug resistance and pathogenesis. Laboratorio de Investigaciones del SIDA, San Jose de los Lajos, Havana, Cuba, Feb. 1993.

Wang, E.: Characterization of the control mechanisms for the permanent loss of capability for DNA replication. Conference on Regulation of Eukaryotic DNA Replication, Montreal, Oct. 1992. Statin, a unique marker for nongrowing cells, function as the sequester of p45 kinase needed for the initial step of RB phosphorylation. Shriner's Hospital, Montreal, Dec. 1992. Cellular aging and colonic cancer: What do they have in common? Baylor College of Medicine, Houston, Texas, Feb. 1993. Cellular aging revisited. McMaster University, Hamilton, March 1993.

Wolkove, N.: Visiting professor. Austrian Pulmonary Association: Dyspnea Symposium. Salzburg, Austria, Nov. 1992. Chairman: Office problems in respiratory medicine. A Continuing Medical Education Program for Family Physicians. Cough-etiology and rational management. Office problems in respiratory medicine. Continuing Medical Education Symposium, Hotel Vogue, Montreal, Oct 1992. The correlation between pulmonary function and dyspnea in acute asthma. American College of Chest Physicians, Chicago, Oct 1992.