UAB now offers the new CYPHER Sirolimus-eluting Coronary Stent, the first drug-coated stent to receive marketing approval from the Food and Drug Administration (FDA) for the treatment of blocked coronary arteries.

Cardiovascular stents are tiny, metal scaffolding-like structures used to prop open clogged heart vessels. The new CYPHER stent, recently approved for the treatment of previously untreated coronary blockage, was developed to address the problem of in-stent restenosis, or reblockage, which occurs in as many as 30% of patients who receive a bare metal stent. The new stent is coated with the drug sirolimus, which is slowly released into the vessel lining to prevent scar tissue growth through the openings in the stent mesh, which frequently leads to restenosis.

“The CYPHER stent provides new hope for patients with challenging case histories,” says interventional cardiologist Greg Chapman, MD. Dr. Chapman was the lead investigator for the clinical trials conducted at UAB to test the drug-coated stent. “We are pleased to provide this advanced stent therapy in our community and to be one of the first hospitals in the United States to offer this effective treatment to patients.”

Results of large-scale studies involving nearly 1,400 patients worldwide show that the CYPHER stent, manufactured by Cordis Corp., a Johnson & Johnson company, reduces the incidence of restenosis by more than 90% when compared with a bare metal stent.

Nearly 1,600 stenting procedures are performed annually at UAB and the availability of the new stent is expected to generate widespread interest. Currently, the stent is only approved for blockages in smaller vessels – 2.5 mm to 3 mm – where restenosis is more likely to occur. Dr. Chapman says this may offer patients with smaller blockages new treatment options who might otherwise have only been treated with medications in the past.

School of Medicine Cracks Top 25 in U.S. News Rankings

For the first time, the School of Medicine at the University of Alabama at Birmingham has cracked the nation’s Top 25, according to the 2004 U.S. News & World Report ranking of the nation’s best graduate schools. UAB’s medical school was ranked 24th in the research category and 22nd in the primary care category.

UAB’s medical specialty program in AIDS was again ranked 4th best in the nation. Other medical specialty programs ranked include the women’s health (14th), and internal medicine (14th).

Other programs in this year’s rankings include health services administration master’s degree (10th), public health master’s degree/doctorate (14th), nursing master’s degree (tied for 19th), nursing anesthesia master’s degree (30th), and rehabilitation counseling (tied for 48th).

Other schools and specific programs are not ranked annually by U.S. News, but appear throughout its most recent rankings. In the most recent rankings in their areas, UAB’s doctoral programs in clinical psychology and psychology were ranked 67th and 116th. The master’s program in public affairs was ranked 65th and the master’s program in occupational therapy was tied for 40th. The biological sciences research program, which includes microbiology and other basic science disciplines was ranked 45th.
Dr. Oparil Heads Nationwide Cardiologist Survey
Stroke Prevention Education Highlighted

A new survey designed to examine the practice patterns of cardiologists for stroke prevention and management reveals that more than half (52%) of U.S.-based cardiologists believe that patients with a history of myocardial infarction (MI) and stroke are at greatest risk for another MI. However, a meta-analysis published this year in the British Journal of Medicine shows that nonfatal stroke occurs nearly 5 times more often than nonfatal MI in patients with prior stroke. Additional data have also shown that after stroke, death from recurrent stroke occurs three times more often than death from MI.

Costing more than $30 billion per year and killing 160,000 Americans annually, stroke is the third leading cause of death within the U.S., as well as one of the main causes of adult disability. “Our data clearly show that cardiologists may not be aware of some of the studies on secondary stroke prevention,” says Suzanne Oparil, MD, UAB professor of medicine and of physiology and biophysics and director of the Division of Cardiovascular Disease’s Vascular Biology and Hypertension Program.

Dr. Oparil was editorial committee chair for the survey, “Secondary Stroke Prevention and Treatment: The Role of the Cardiologist.” The survey, designed to address the knowledge and awareness level of secondary stroke/transient ischemic attack (TIA) prevention and treatment among cardiologists, was conducted via telephone during a 2-week period in September 2002.

“The fact that only 48% of cardiologists surveyed are aware of the large degree of risk of secondary stroke among their MI and stroke patient population demonstrates an immediate need for education on stroke risk and prevention,” adds Dr. Oparil, a former president of the American Heart Association (AHA).

An immediate need

The 200 U.S. cardiologists surveyed see an average of 85 patients per week, and approximately 18% of their patients have a history of stroke or TIA. Nearly 60% of these patients have had an ischemic noncardioembolic stroke, accounting for approximately 70% of all strokes. Given the high incidence of stroke/TIA among the U.S. population, cardiologists often see patients with a history of both MI and stroke/TIA.

According to the survey, 89% of cardiologists said they are aware of the guidelines on stroke/TIA treatment issued by the American College of Chest Physicians and the AHA, but many were unable to clearly select the optimal drug treatment choices.

UAB Receives Prestigious Grant to Fund Ongoing Lupus Research

UAB has received a five-year, $6.5 million grant from the National Institute of Arthritis and Musculoskeletal Diseases to support UAB’s Specialized Center of Research (SCOR) in the genetics of lupus. SCOR grants are prestigious awards given to institutions demonstrating proven expertise in a particular field of study.

Since its inception in 1998, the SCOR lupus grant has supported the creation of a national consortium of seven institutions — UAB, Northwestern, Johns Hopkins, Wake Forest, the University of Texas at Houston, the Oklahoma Medical Research Foundation, and the University of Puerto Rico — to study the genetics of lupus. “This is the only group like this in the country funded by NIH,” said Robert Kimberly MD, professor and chair of the division of clinical immunology and rheumatology at UAB and director of the UAB’s Arthritis and Musculoskeletal Diseases Center.

Research efforts focus on determining the genetic risk factors for lupus as well as genetic indicators of rate of progression and severity. “Clearly, the tools are at hand,” said Dr. Kimberly. “The human genome project, while not perfect, has given us a knowledge base to ask — and answer — questions about an individual’s genetic predisposition to develop lupus.”

Research findings, Dr. Kimberly says, will have applications for other disorders as well. “Autoimmune disorders, such as lupus and rheumatoid arthritis, share a common cause — an unregulated immune system. Therefore, what we learn about lupus is likely to apply to other immune disorders too.”
Bell Receives Seale Harris Award

David S. H. Bell, MD, professor of medicine and renowned clinical diabetes researcher, was chosen by the Southern Medical Association (SMA) to receive the 2002 Seale Harris Award.

The award was presented last November 16 at the annual SMA meeting. It recognizes an association member for important research accomplishments in the broad fields of metabolism, endocrinology, or nutrition or for significant accomplishments contributing to a better understanding of the chemical changes occurring in disease.

Dr. Bell, director of the Division of Endocrinology and Metabolism’s clinical research program and a native of Northern Ireland, attended Queens University Belfast Medical School and did further training in internal medicine at the Royal Victoria Hospital Belfast. He also completed a residency and an endocrinology fellowship at University Hospital Saskatoon, Saskatchewan, and an endocrinology fellowship at Greater Baltimore Medical Center. After 2 years in private practice, he returned to academia, holding faculty appointments at Temple University and Pennsylvania State University before joining UAB in 1980.

Dr. Searle Harris was an internist who opened a highly regarded clinic in Birmingham in 1922. He studied the effects of excessive insulin secretion in nondiabetic patients and how hypoglycemia then results. He died in 1957.

Dr. Bell has published more than 150 articles in peer reviewed medical journals, serves as a reviewer for many general medicine and endocrinology journals, and is on the editorial boards of *Endocrine Practice*, *Treatments in Endocrinology*, and *Diabetes, Obesity and Metabolism*.

His academic interests include the treatment of type 1 and type 2 diabetes and their complications. He is recognized in *Best Doctors in America*.

Previous UAB Seale Harris Award Winners
1992 Basil I. Hirschowitz, MD
1993 Buris R. Boshell, MD
1994 James A. Pittman, Jr., MD

CT Screening Offers Focused Disease Detection

The UAB Computed Tomography (CT) screening program, located in The Kirklin Clinic®, offers CT scanning to selected patients for early detection of colorectal cancer, coronary artery disease, and lung cancer. “This is not the whole-body scan criticized by the American College of radiology, the American College of Cardiology, and others for lack of scientific merit,” stresses UAB radiologist and CT Program Director Lincoln L. Berland, MD. “Our exams are focused on specific disease states we know are significant public health problems. We also have established strict standards for the selection of candidates and interpretation of results.”

Potential candidates are fully informed of the benefits and risks of CT screening and must complete a consent form and a questionnaire to ensure they meet exam criteria, Dr. Berland adds. Currently, most insurance does not cover CT screening costs, which typically range from $400 to $700.

CT Colonography

Candidates: Patients age 50 and older who have not undergone colon screening for at least 5 years.

CT colonography, although slightly less sensitive than a colonoscopy, is virtually risk-free; colonoscopy has a small risk of complications. “We are looking for benign polyps, benign hyperplastic polyps, which have no malignant potential, and benign adenomatous polyps larger than 1 cm, of which a fairly significant percentage develop into cancer,” advises Dr. Berland.

“When detected at its earliest stages, colorectal cancer has a 90%-plus cure rate, yet only a fraction of the population now undergoes regular screening. With this technology, we hope to increase the rate of detection, and because many people prefer the scan to a colonoscopy, also increase general acceptance of colon exams,” he explains.

Coronary Artery Screening

Candidates: Patients who are current or recent smokers, ages 55 to 74.

Of the focused screenings, chest CT scanning for lung cancer is the most controversial. UAB is participating in a multicenter National Cancer Institute trial comparing CT scanning and conventional chest radiography, and individuals are offered the opportunity to participate.

“When Chest CT scans are extremely accurate in detecting the presence of nodules as small as 3 mm. However, most of these turn out to be benign,” stresses Dr. Berland, who adds that pseudodisease is costly, resulting in needless medical procedures, patient discomfort, and anxiety. He believes future studies will indicate that chest CT scans are viable tools for preventing lung cancer deaths.

For more information, visit the CT screening Web site at [www.health.uab.edu/scan](http://www.health.uab.edu/scan).
Changes to the UAB Transplant Program

UAB has made a change in our premier Health System Transplant Program. Effective May 2, 2003, Devin E. Eckhoff MD, is the Director of (Abdominal) Transplantation. Dr. Eckhoff joined the University Hospital Staff July 1, 1994 as an assistant professor of surgery in the Division of Transplantation. He has also held positions ranging from co-director, Transplantation Center to director, Pancreatic Islet Transplant Program.

In this new position, Dr. Eckhoff will continue to lead the transplant division to new heights. We would also like to note that Dr. Deierhoi continues as Director of Renal Transplantation. No other changes have occurred in the Transplantation Surgery Division.

Henrietta Horton
Contract Administrator

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