

Hospitals plan test of artificial blood

WASHINGTON (AP) — Trauma patients rushed to Chicago's Cook County Hospital soon may awaken to discover they're pioneers in the search for artificial blood, as a red liquid that looks like real blood — isn't — drips into their veins.

Doctors at Cook County and 20 other emergency rooms nationwide this fall will begin the first mass testing of a potential substitute for human blood. That will involve 850 patients. A competing firm is seeking government approval to test hundreds of additional patients.

No one expects these first attempts to supplant nature. But the hope is that artificial blood will save lives when doctors run out on the real stuff.

If blood is unavailable, and it does happen, this provides a bridge until you can get it," said Richard DeWoskin of Northfield Laboratories Inc., which is trying to get approval for tests. DeWoskin expects artificial blood one day to help in the military, developing countries and in the urban battlefield" of inner cities. But some experts are skeptical. There are health risks from the substitute to be tested, Baxter HealthCare's HemAssist, some scientists believe. It raises blood pressure through complex blood vessel

changes that Dr. Gerald Sandler, director of Georgetown University Medical Center's blood bank, fears could cause harm. The Food and Drug Administration, meanwhile, is examining some reports that artificial blood might shut down the body's capillary system.

"We don't want to impose upon the public something that could be more dangerous" than today's overwhelmingly safe blood donations, said Dr. Joseph Fratantoni, the FDA's hematology chief. "Caution is the word here."

The search for artificial blood dates to the 17th century, when doctors unsuccessfully tried transfusions with animal blood or even wine.

The quest gained urgency in the 1980s when thousands caught the AIDS virus from tainted blood, a risk that today has plummeted to less than one case per 450,000 pints of blood.

Although blood now is largely safe, it stays fresh only weeks after donation, hospitals sometimes face shortages and patients must receive the right blood type or risk a deadly allergic reaction.

So scientists are brewing non-allergic substitutes that would stay fresh for up to a year, using everything from outdated hu-

man blood to genetically engineered bacteria and even an oily byproduct of Teflon.

Six firms have done early testing in a small number of Americans to see how well the substances carry oxygen to tissues — blood's main function.

Now, the FDA has approved the first large-scale study of a potential

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Dr. Joseph Fratantoni
FDA hematology chief

blood substitute, HemAssist, and is considering allowing a similar study of Northfield's PolyHeme. The 20 other hospitals, besides Cook County, have yet to be chosen.

Both liquids are made from outdated blood. Scientists stripped human hemoglobin, the blood protein that carries oxygen, out of the cell coating that makes it cause allergic reactions and then chemically modified it to stay fresh longer.

The question is whether it can help trauma patients survive or reduce the amount of real blood

they need.

Baxter is banking on HemAssist as a "resuscitation fluid," said lead researcher, Dr. Edward Sloan of the University of Illinois, Chicago.

Take a car crash victim in shock from blood loss. Ambulance workers now infuse pints of salt water to keep the veins from collapsing until the patient reaches the hospital and blood supplies. But salt water carries no oxygen to keep organs alive — and large volumes can actually damage organs. So even when blood revives the most severe trauma patients in the emergency room, 40 percent still ultimately die from organ damage.

Small amounts of HemAssist appear to raise blood pressure as much as large volumes of salt water — while also providing oxygen, explained Sloan, who heads the study of 850 trauma patients.

This fake blood lives in a person's bloodstream just a few days before ceasing to be effective. It doesn't clot or fight infections like real blood does, so it's not a permanent replacement.

Sloan forecasts a day when competing blood substitutes are stocked in emergency rooms nationwide. "We believe this will save lives."

Study finds heart monitoring procedure risky

CHICAGO (AP) — A heart monitoring procedure used a million or more times a year in this country to treat critically ill patients may actually be killing some of them, researchers say.

Patients who underwent the procedure, called right heart catheterization, had a 21 percent higher risk of death in the succeeding 30 days, according to figures on 5,735 intensive-care unit patients at five U.S. medical centers.

Right heart catheterization involves inserting a balloon-tipped catheter into a neck vein and guiding it into the heart's right atrium. The procedure allows doctors to measure how the heart is performing and choose the right treatment.

The procedure, in use for 25 years, is a central element of care for critically ill patients who are in shock or whose hearts are functioning abnormally. The annual cost associated with its use is more than \$2 billion.

Though some patients might benefit from the procedure, Dr. Alfred E. Connors Jr. of the University of Virginia said his study failed to identify any who did.

"What we determined is that there clearly is an association between the use of right heart catheters and a higher rate of death," Connors said.

Connors offered some possible reasons why: Any time a foreign agent like a catheter is inserted into the body, there's an infection risk. And the procedure

has been known to irritate the heart muscles and sometimes cause irregular heartbeats that could be fatal.

Besides the higher death rate, his study linked the procedure to longer stays in the intensive-care unit and higher hospital costs.

Connors and his colleagues said the research is the largest, most detailed study on right heart catheterization. It was published in Wednesday's *Journal of the American Medical Association*.

"There's no question that the health establishment should pay attention to that," said Dr. Claude Lenfant, director of the National Heart, Lung and Blood Institute at the National Institutes of Health. But he said banning the procedure in the absence of further research is "perhaps a little bit jumping to conclusions."

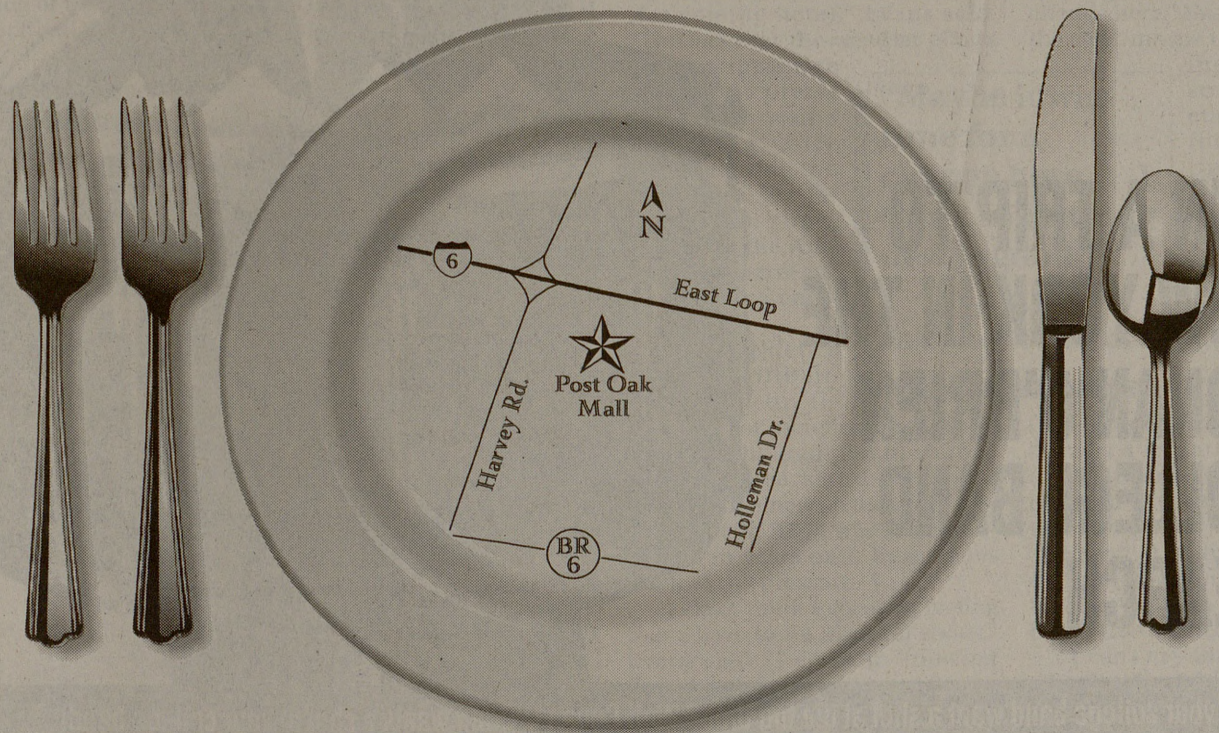
In an accompanying *JAMA* editorial, two doctors said the findings are alarming enough to warrant either immediate clinical trials by the institute or a government moratorium on the procedure.

The Society of Critical Care Medicine, a 9,000-member group of doctors, nurses and others involved in such care, called the study inconclusive.

"Right heart catheterization is a safe and effective diagnostic procedure for many patients," said Dr. John W. Hoyt, the society's president. But he said his group will immediately help launch another study.

A catheterization procedure used by doctors to predict treatments may increase the chance of death in patients.

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