

SCIENCE

House votes to pay expenses for living organ donations

WASHINGTON (AP) — Hoping to encourage living Americans to donate a kidney or even a section of liver, the House voted unanimously on Wednesday to help pay donors' travel and other expenses.

Living donations doubled during the 1990s as medical techniques improved and the demand for organs became more acute, while donations after death grew very slowly.

"It's a very simple, direct kind of program. If you're willing to help and you're willing to donate, we're going to help you," said Rep. Karen Thurman, D-Fla.

The legislation, approved 404-0, with 31 members absent, also provides for grants to states to try to increase donations after death.

The debate and vote were in stark contrast to the last time the House considered the issue of organ donation, when lawmakers were sharply divided over how available organs should be distributed.

Most members supported the current system, which gives preference to patients in the local areas; others argued that organs should be offered to the sickest patients first, even if they live outside the area.

That debate is largely on hold for

now, and much of the attention has turned to donation, where there is more consensus. The legislation approved Wednesday pulled out the noncontroversial aspects of the 1999 House bill.

The legislation authorizes \$5 million per year for grants to states and organ banks to reimburse travel and

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other expenses for certain living donors. It also allows for \$15 million for grants that would help states develop registries of people who wish to donate and for public education about donation. That money still must be appropriated through the annual budget process.

Health and Human Services Secretary Tommy Thompson, who has promised to offer his own program promoting organ donation, said in a

letter that the Bush administration supports the legislation.

It now heads to the Senate, where Sen. Richard Durbin, D-Ill., is working on a similar bill that would put more emphasis on encouraging donor registries.

Federal law prohibits paying for organs, and an effort in Pennsylvania to reimburse donor families for their funeral expenses was scuttled amid legal concerns about the payments.

The House bill takes a similar approach, and both efforts represent small steps toward paying for organs, said Arthur Caplan, director of the Center for Bioethics at the University of Pennsylvania. But both are ethically sound, he said.

"We should all be concerned that we not slide for paying for expenses to just paying people for their parts," he said. But he said there is nothing wrong with helping people who make this choice on their own. "We want people to be heroes, but we don't want them to be martyrs," Caplan said.

While some contend government should pay for organs, given their incredible value, Caplan and others worry that could erode support for donation and create situations in which people are pressured to donate against their wishes.

More than 74,000 people await transplants, and more than 6,100 die each year waiting. The number waiting and the number of deaths have each more than tripled since 1990.

Most donations come from people who have died. But in 1999, there were 4,712 living organ donors. Most of them donated one of their two kidneys, though donations of a piece of liver are becoming more common, with 218 in 1999.

Only one kidney is needed for normal function, and the two pieces of a divided liver can each regenerate to become full livers. Under the national transplant network's rules, kidney donors who see their remaining kidney fail are given preference on the waiting list.

Of the living donors, most are family members, principally siblings. Twenty percent came from people unrelated to the recipient in 1999.

The bill would allow states to pay donors for travel and subsistence expenses if the donor and the recipient live in different states and if the recipient has surgery at the closest transplant center. Those who donate organs to patients with annual incomes over \$35,000 would not be eligible.

Aspirin may reduce ovarian cancer risk

NASHVILLE, Tenn. (AP) — Women who take aspirin at least three times a week for an extended period may decrease their risk of ovarian cancer by as much as 40 percent, a new study shows.

The study's findings parallel previous studies on the preventative powers of aspirin for heart disease and cancers that begin in the colon or rectum.

Women should realize that long-term use carries risks, including ulcers, says the lead author, Dr. Arslan Akhmedkhanov of New York University School of Medicine.

The study, funded by the National Institutes of Health and released Wednesday at the annual meeting of the Society of Gynecological Oncologists, suggests that regular aspirin use for at least six months reduces the risk of epithelial ovarian cancer.

Epithelial ovarian cancer, the most common ovarian cancer, originates in the cells that cover the surface of a woman's ovary.

Akhmedkhanov said his team's research could affect the treatment and prevention of gynecologic cancers but that more research is needed.

He studied aspirin — an anti-inflammatory — because chronic inflammation could be related to ep-

ithelial ovarian cancer, such as endometriosis and pelvic inflammatory disease.

The study involved 748 women enrolled in the New York University Women's Health Study, which answered questions about ovarian use from 1994 to 1996. Of the 748 women, 106 had ovarian cancer.

Among the cancer patients, 68 percent had used aspirin regularly. Among the rest, 16 percent used regular aspirin use.

The researcher said that the accountings for variables such as contraceptive use and family cancer history, he calculated that regular aspirin use could reduce the risk of developing the cancer by 40 percent.

The study was the fifth in a series that looked at the relationship between aspirin and aspirin or other nonsteroidal anti-inflammatory drugs. Akhmedkhanov said his was the first with healthy participants who were followed over time, a method considered more accurate than a retrospective study.

Akhmedkhanov's study, he said, is a first step in determining whether aspirin use could reduce the risk of colorectal cancer.

California red-legged frog gets habitat designation

FRESNO, Calif. (AP) — Celebrated for its jumping and protected for its scarcity, the California red-legged frog has won a critical habitat designation on more than 4 million acres of the state.

But the protection does not cover the county where Mark Twain set "The Celebrated Jumping Frog of Calaveras County," the classic 1865 short story about a frog that could "get over more ground in one straddle than any animal of his breed you ever see."

The irony was not lost on federal officials who approved the final 4.1-million-acre plan Tuesday.

"We hope to work with many people in Calaveras County who have expressed to us they would like to have Mark Twain's frog come home," said Patricia Foulk of the U.S. Fish and Wildlife Service.

The frog already was listed as "threatened," but the new designation by the Fish and Wildlife Service exposes developers to greater federal scrutiny by mapping out where frog populations live or could recover.

The government had to develop the habitat plan after environmental groups successfully sued, claiming the government had to declare a critical habitat for any species protected under the Endangered Species Act. The amphibians are considered an important indicator species of the health of aquatic areas.

The frogs once numbered in the millions in California but now only four places are known to have populations greater than 350, said Peter Galvin, a conservation biologist for the Center for Biological Diversity.

Africans may save on AIDS drug

Merck pharmaceutical manufacturer to sell medications for zero profit

TRENTON, N.J. (AP) — Pharmaceutical manufacturer Merck & Co. announced that it will drastically cut prices for two HIV drugs in AIDS-ravaged Africa and other developing parts of the world.

In a statement Wednesday, the company said it will make no profit when selling the two protease-inhibitor drugs in developing countries. The drugs will be made available at about one-tenth of their U.S. price.

Merck and other drug companies have come under sharp criticism from various governments and relief groups, which accuse them of keeping patented lifesaving medicines beyond the reach of the world's poor.

"The reason we did this is we're trying to speed the process of access to these medicines," said Merck spokesman Greg Reaves. "We thought it would now spur other entities to get involved."

More than 25 million of the 36 million people infected with HIV live in sub-Saharan Africa, one of the world's most impoverished regions. Developing countries in other areas will be evaluated for the reduced-price program on a case-

by-case basis, Reaves said. Reaves said the company is looking in particular at "those countries where clearly the disease is most devastating, and also where economic conditions are devastating." Merck, one of the world's biggest manufacturers of AIDS drugs, makes Crixivan and Stocrin.

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which suppress HIV levels in the body and can be used alone or in drug combinations known as AIDS cocktails.

Crixivan, which sells for \$6,016 per patient per year in the United States, will be sold in developing countries for \$600 a year; Stocrin, whose U.S.

equivalent Sustiva costs \$4,730 per patient per year, will be sold for \$500 a year.

Merck said the treatments will be available at a reduced price to governments, relief agencies and others who can provide them to patients in a condition that the drugs be used only in the countries where they are sold.

Protease inhibitors, introduced in the 1990s, revolutionized AIDS treatment, transforming the disease from a death sentence into a manageable chronic ailment for many patients. Drugs typically are mixed with two other medicines such as AZT and 3TC.

Officials with Doctors Without Borders, Nobel Peace Prize-winning relief agency, welcomed Merck's announcement but cautioned the reduced price could still leave the drugs out of reach for many of Africa's AIDS patients.

"It's also important that the person on the ground who is working, but whose employer isn't paying for it, can go and get them," said Toby Kasper, works for the agency just outside Cape Town, South Africa.

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