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Sound interesting? Our recruitment process starts on September 16th. If you would like more information, contact Joe Falk, Director of Expansion, at (859) 255-1848, ext. 129 or [jfalk@phigam.org](mailto:jfalk@phigam.org) and visit our website at [www.phigam.org](http://www.phigam.org).

# Sci Tech

Page 8

THE BATTALION

Wednesday, September 5

## Tubes keep arteries clear

STOCKHOLM, Sweden (AP) — A metal tube that opens clogged arteries and keeps them clear by releasing medication was hailed by doctors Tuesday as a potential breakthrough in fighting heart disease.

Experts predict the device, an improved version of the conventional stents already used to keep arteries open, will eliminate the need for repeat angioplasties and could spare some patients the trauma, risk and prolonged recovery associated with heart bypass surgery.

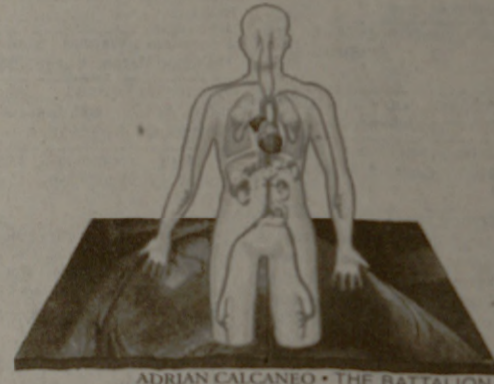
A study of 238 patients in Europe and Latin America, presented Tuesday at a meeting of the European Society of Cardiology in Stockholm, found that while the arteries closed up again in 26 percent of patients who got a regular stent, there was no narrowing in any patient who got the drug-coated device.

Also, 97 percent of the patients who got the new stent, called Cypher, had no further heart trouble in the following six months, compared with 73 percent of the others.

"We are probably witnessing a new era in the treatment of coronary disease," said the study's lead investigator, Dr. Marie-Claude Morice, head of interventional cardiology at the Jacques Cartier Hospital Institute in Massy, France.

Among angioplasty doctors, enthusiasm ran high. Dr. Wim van der Giessen, a Dutch cardiology professor who was not involved in the study, predicted the new stent could eventually be used in other blood vessels and for bigger blockages. Those patients are now treated with drugs or surgery.

"It's very convincing. It's a definite breakthrough," said Dr. Philip Urban of



ADRIAN CALCANEO • THE BATTALION

Latour Hospital in Geneva.

Other experts were more cautious. "You're still dealing with a systemic disease," said Dr. Karl Karsch, head of cardiology at Bristol University in England. "Atherosclerosis is all over the body. You are just interfering at a lesion, you are not interfering with the disease."

In most patients, angioplasty does not save lives or avert heart attacks, he said.

And Van der Giessen said the rarely reported problem of contaminated stents may worsen because the drug coating hampers the immune response.

More than one-third of heart disease patients get angioplasty — about 1 million people annually worldwide. Some patients need it repeatedly. An additional 700,000 people worldwide have heart surgery every year.

"At the moment, many patients are still treated with medicines, unless they have a blockage. Now, if you have a safe device that really works — the effectiveness of

angioplasty is now over 90 percent, patients will go to surgery, less medical therapy. This will increase survival of coronary heart disease," said.

With simple angioplasty, a balloon threaded through the artery with a catheter, usually via the groin, and inflated in place where the blood vessel is blocked. The balloon squashes the plaque against the arterial walls and stretches them and removed.

In 25-30 percent of patients, the artery close up again. To keep the vessel open, doctors often add a stent to the catheter. Stents bring the artery back to its normal size.

Narrowing occurs because the vessel wall is injured when the balloon is implanted. The area then becomes inflamed and new cells form scar tissue. The walls may become so thick that they protrude into the mesh scaffold.

Doctors then have to stretch the vessel again, put a new stent in place, or perform bypass surgery. The new stent is coated with rapamycin to prevent organ rejection in kidney transplants.

It stops new cells from forming, impairing the healing of the vessel. The stent releases the drug rapamycin, over 45 days.

Johnson & Johnson, which developed the stent and sponsored the study, expects the device to be available in the next year and in the United States

## Doctors: Kids' pain too often ignored

CHICAGO (AP) — Children feel pain as much as adults do, and doctors are needlessly letting them suffer, the nation's largest group of pediatricians says.

A new policy statement issued jointly by the American Academy of Pediatrics and the American Pain Society (APS) says doctors should do more to relieve youngsters' pain from injuries, illnesses and medical procedures.

While there is extensive literature describing how to evaluate and treat acute pain in children, doctors have not done as much

as they should to prevent or relieve that discomfort for several reasons, including a misconception that youngsters don't feel pain as adults do, the statement says.

Other factors cited include doctors' lack of training to evaluate pain in children, fears about side effects of pain medication, and the belief among some health care workers that pain builds character.

"Children are needlessly suffering," said Dr. Michael Ashburn, APS president and director of pain programs at the

University of Utah. "Poorly treated pain following a procedure can lead to prolonged healing and make children at a higher risk for adverse side effects."

The statement appears in the September issue of the journal *Pediatrics*.

Pain in children with long-term illnesses can cause stress that weakens their immune systems, resulting in a slower recovery, said June Dahl, a professor at the University of Wisconsin Medical School and a pain specialist. But when a youngster has cancer, for exam-

ple, the focus often is on getting the child alive, she said.

"The pain gets lost in the shuffle," Dahl said. "A child who needs to be drawn weekly, for example, would feel less pain if the youngster were numbed by parents and doctor during the procedure, Ashburn said."

The statement also recommends that pediatricians for child-specific research, pain management and Food and Drug Administration evaluation of pain relievers for children.

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