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Progenitor Cell Therapy Appoints VP of Manufacturing Operations

PCT Recruits Experienced Pharmaceutical Production Executive to Head its Two U.S. Contract Manufacturing Facilities

Hackensack, NJ (Vocus) July 13, 2009 -- Progenitor Cell Therapy, LLC (PCT) today announced the recent appointment of Daryl LeSueur as Vice President of Manufacturing Operations. As head of Manufacturing Operations, Daryl is responsible for managing and supervising the day-to-day conduct of the manufacturing, packaging, and operational functions of PCT's two North American contract manufacturing facilities.

Daryl brings to PCT over 25 years of experience in manufacturing operations in FDA-regulated industries. His experience includes proven leadership and success in developing and implementing operational initiatives to promote quality, reduce production costs, increase profitability and enhance operational efficiencies.

Prior to joining PCT, Daryl served as Vice President, Operations, Pomona, East Hanover and Northvale for Barr Laboratories. Before joining Barr, Daryl served as Vice President of Pharmaceutical Production at Novartis Pharmaceutical Corporation. At Novartis, he was responsible for managing all North American production operations, specializing in solid dosage, raw material and transdermal systems, and oversaw a $70 million budget. Prior to Novartis, Daryl was Associate Director of Pharmaceutical Production with Sandoz Pharmaceutical Company.

Daryl has a B.S. in Chemistry from the State University of New York at Plattsburgh and has completed the Leadership Program, Finance Program, and Management Program at Harvard Business School.

"We are very pleased to add someone with the caliber of Daryl's experience to our senior management team," states PCT Chief Executive Officer, Dr. Andrew L. Pecora. "Bringing on seasoned executives who can ensure the highest quality service to our customers and execute our growth strategy is a critical component of our strategic plan".

"Daryl's experience with highly regulated pharmaceutical-grade production environments is a critical skill set to our commercial-quality service offering and is the kind of cross-sector recruitment that will be important to continue as regenerative medicine matures into a commercial sector", adds PCT President and Chief Scientific Officer, Dr. Robert A. Preti.

About Progenitor Cell Therapy, LLC

Progenitor Cell Therapy, LLC (PCT) is a client-based company providing cell therapy service solutions for the research, development, manufacturing, and commercialization of cell-based therapies. With its cell therapy manufacturing facilities and team of experienced professionals, PCT provides current Good Manufacturing Practices (cGMP)-compliant services for pre-clinical and clinical development, manufacturing, and eventual commercialization of cellular therapies for clients throughout the world. For more information, please visit www.progenitorcelltherapy.com.

Disclaimer

This press release does not constitute an offer to sell, or a solicitation of any offer to buy any securities of Progenitor Cell Therapy. In addition, certain of the statements in this press release are forward-looking statements relating to such matters as anticipated financial performance, business prospects, technological developments, new products, research, and development activities and similar matters. These statements involve known and unknown risks, uncertainties, and other factors that may cause the company or its industry's actual results, levels of activity, performance, or achievements to be materially different from any future results, levels of activity, performance, or achievements expressed or implied by such forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "may," "intend," "will," "should," "expect," "plan," "anticipate," "believe," "estimate," "predict," "potential" or "continue" or the negative of such terms or other comparable terminology. Forward-looking statements are only predictions. Actual events or results may differ materially. Although the company believes that the expectations reflected in the forward-looking statements are reasonable, it cannot guarantee future results, levels of activity, performance, or achievements. Moreover, neither the company nor any other person assumes responsibility for the accuracy and completeness of such statements. The company is under no duty to update any of the forward-looking statements after the date of this press release to conform such statements to actual results.

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Contact Information
John P. Gandolfo
Progenitor Cell Therapy, LLC
http://www.progenitorcelltherapy.com
(201) 883-5316

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News Image

Risks of Delaying ACL Reconstruction in Young Athletes May Be Too High, Study Shows

A new study presented at the American Orthopaedic Society for Sports Medicine's (AOSSM) Annual Meeting in Keystone, Colorado, (July 9-12) details the benefits and risks of repairing a torn anterior cruciate ligament (ACL) in young athletes under the age of 14.

Keystone, CO (Vocus) July 12, 2009 -- More and more children are participating and getting hurt playing sports each year. A new study presented at the American Orthopaedic Society for Sports Medicine's (AOSSM) Annual Meeting in Keystone, Colorado, (July 9-12) details the benefits and risks of repairing a torn anterior cruciate ligament (ACL) in young athletes under the age of 14.

"The risk of inducing a growth disturbance with early reconstruction of a torn ACL must be balanced against the risk of further knee damage by delaying treatment until closer to skeletal maturity. Our study measured the independent risk factors for and relative risk of meniscal and chondral injuries in pediatric ACL patients," said author, Theodore J. Ganley, MD, Director of the Sports Medicine and Performance Center for The Children's Hospital of Pennsylvania and the University of Pennsylvania School of Medicine.

Researchers analyzed the records of 69 patients, 14 years of age and younger who had undergone ACL reconstruction between 1991 and 2005. Data collected included demographics, relevant history (mechanism and side of injury, time from injury to surgery, one or more episodes of instability with activity, use of brace and return to sports), earliest MRI findings and physical exam findings. Operative reports and intra-operative images were also used to classify meniscal and articular cartilage pathology.

All of the patients were counseled as to the benefits and risks of delaying ACL reconstruction and advised to avoid any at-risk activities along with participating in physical therapy prior to their reconstruction. If the decision was made to delay treatment, patients were instructed to wear a custom ACL brace. All patients who underwent the surgery utilized a soft tissue graft with anatomically placed tunnels and fixation devices that did not cross the growth plate. Patients were also followed for a minimum of one-year post-operatively with no growth disturbances being noted.

"In our study, the largest of skeletally immature patients to evaluate independent risk factors, a delay in treatment of more than 12 weeks had about a four-fold increase in irreparable medial meniscus tears, an 11-fold increase in lateral compartment chondral injuries and a three-fold increase in patellotrochlear injuries. Issues with instability in the knee were also increased significantly. Our results highlight and help quantify the risk associated with delaying ACL reconstruction in young athletes and the need for continued injury prevention efforts," said Ganley.

The American Orthopaedic Society for Sports Medicine (AOSSM) is a world leader in sports medicine education, research, communication and fellowship, and includes national and international orthopaedic sports medicine leaders. The Society works closely with many other sports medicine specialists, including athletic

trainers, physical therapists, family physicians, and others to improve the identification, prevention, treatment, and rehabilitation of sports injuries.

For more information, please contact AOSSM Director of Communications, Lisa Weisenberger, at 847/292-4900 or e-mail her at lisa(at)aossm(dot)org. Additional information and press releases can be viewed in the newsroom on AOSSM's Web site at www.sportsmed.org.

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Contact Information
Lisa Weisenberger
American Orthopaedic Society for Sports Medicine
http://www.sportsmed.org
847-292-4900

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News Image

Researchers at Harold Hamm Oklahoma Diabetes Center Stop Diabetes Damage with Vitamin C

Researchers at the Harold Hamm Oklahoma Diabetes Center have found a way to stop the damage caused by Type 1 diabetes with the combination of insulin and a common vitamin found in most medicine cabinets. First test in humans gets dramatic results from blood sugar control and antioxidant.

Oklahoma City, OK (PRWEB) July 11, 2009 -- Researchers at the Harold Hamm Oklahoma Diabetes Center have found a way to stop the damage caused by Type 1 diabetes with the combination of insulin and a common vitamin found in most medicine cabinets.

While neither therapy produced desired results when used alone, the combination of insulin to control blood sugar together with the use of Vitamin C, stopped blood vessel damage caused by the disease in patients with poor glucose control. The findings appear this week in the Journal of Clinical Endocrinology and Metabolism.

"We had tested this theory on research models, but this is the first time anyone has shown the therapy's effectiveness in people," said Michael Ihnat, Ph.D., principal investigator and a pharmacologist at the OU College of Medicine Department of Cell Biology.

Ihnat said they are now studying the therapy in patients with Type 2 diabetes.

The goal of the work being done by Ihnat and British scientists from the University of Warwick led by Dr. Antonio Ceriello is to find a way to stop the damage to blood vessels that is caused by diabetes. The damage, known as endothelial dysfunction, is associated with most forms of cardiovascular disease such as hypertension, coronary artery disease, chronic heart failure, peripheral artery disease, diabetes and chronic renal failure.

By reducing or stopping the damage, patients with diabetes could avoid some of the painful and fatal consequences of the disease that include heart disease, reduced circulation and amputation, kidney disease and diabetic retinopathy, which can lead to blindness.

Insulin and many other drugs have long been used to control blood sugar, but Ihnat - in an earlier project with scientists in Italy and Hungary - found that cells have a "memory" that causes damage to continue even when blood sugar is controlled. By adding antioxidants like Vitamin C, Ihnat found that cell "memory" disappeared and cell function and oxidation stress were normalized.

"We have speculated that this happens with endothelial dysfunction, but we did not know until now if it was effective in humans. We finally were able to test it and proved it to be true," Ihnat said. "For patients with diabetes, this means simply getting their glucose under control is not enough. An antioxidant-based therapy combined with glucose control will give patients more of an advantage and lessen the chance of complications with diabetes."

While researchers do suggest diabetic patients eat foods and take multivitamins rich in antioxidants like Vitamin C, they warn that additional study is needed. The Vitamin C utilized in their study was given at very high doses and administered directly into the blood stream, so it is unlikely someone would get similar results with an over-the-counter vitamin supplement.

The team is now working to determine how antioxidants work at the molecular level to halt the destructive chain reaction set in motion by high blood sugar levels. In addition, they are evaluating several other antioxidants with an ultimate hope that their work will translate into simple, effective and inexpensive treatments for the control of diabetes.

The Journal of Clinical Endocrinology & Metabolism is the world's leading peer-reviewed journal for endocrine clinical research and cutting-edge clinical practice reviews.

Dr. Ihnat's latest work, which is funded by the VA Medical Center, can be found online at Ihnat Research.

For more information on diabetes and diabetes research, visit the Harold Hamm Oklahoma Diabetes Center at Harold Hamm Oklahoma Diabetes Center. To learn more about medical research, education, expertise and care at the University of Oklahoma Health Sciences Center, visit OU Medicine.

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Contact Information

Diane Clay
University of Oklahoma Health Sciences Center
http://www.oumedicine.com
405-271-2323

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Renowned, Cleveland Clinic Foundation, Orthopaedic Sports Medicine Surgeon, John Bergfeld, MD, Inducted into Sports Medicine Hall of Fame

John Bergfeld, MD, Cleveland Clinic Foundation, Director of Operating Room Management, will join three other North American physicians as a 2009 American Orthopaedic Society for Sports Medicine (AOSSM) Hall of Fame inductee.

Keystone, CO (Vocus) July 11, 2009 -- John Bergfeld, MD, Cleveland Clinic Foundation, Director of Operating Room Management, will join three other North American physicians as a 2009 American Orthopaedic Society for Sports Medicine (AOSSM) Hall of Fame inductee. Dr. Bergfeld will also be receiving the Robert E. Leach, MD, Mr. Sports Medicine Award, one of AOSSM's highest honors. The award ceremonies will be taking place July 10 and 11th at the AOSSM Annual Meeting in Keystone, Colorado.

Dr. Bergfeld began his sports medicine career nearly 40 years ago while training at Temple University and then during his residency in orthopaedics and general surgery at the Cleveland Clinic Foundation. He also served his country as the Chief of Orthopaedics at the U.S. Naval Academy and as a general surgeon on the USS Dubuque in 1972.

In addition, to his Naval service, Dr. Bergfeld has had a lengthy tenure as head team physician for the Cleveland Browns and Cleveland Cavaliers. He has been nominated as one of the "Best Doctor's in America," more than 15 times and recently received the John H. Budd MD Distinguished Membership Award.

He has served on countless committees and assumed numerous leadership roles within the AOSSM and other organizations. Dr. Bergfeld served as AOSSM President from 1992-1993 and on the Board of Directors from 1990- 1995. He recently served as President for the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS) from 2005 - 2007 and was a founder of the NFL Safety Panel.

Dr. Bergfeld's pioneering research on non operative treatment of the isolated posterior cruciate ligament injury and on posterior inlay technique of PCL reconstruction have guided treatment of this type of injury for many years.

Additionally, Dr. Bergfeld has mentored hundreds of aspiring sports medicine professionals through his interactions and guidance of orthopaedic surgical residents and sports medicine fellows. As a result, his influence is touching thousands of patients every year as his philosophy of caring and understanding is carried out by his trainees.

AOSSM established the Hall of Fame in 2001 to honor members of the orthopaedic sports medicine community who have contributed significantly to the specialty. Nominations are submitted by AOSSM members and reviewed by and selected by the Hall of Fame subcommittee. The Mr. Sports Medicine recipient receives a $5,000 donation to the charity of his/her choosing.

The American Orthopaedic Society for Sports Medicine (AOSSM) is a world leader in sports medicine education, research, communication and fellowship, and includes national and international orthopaedic sports medicine leaders. The Society works closely with many other sports medicine specialists, including athletic trainers, physical therapists, family physicians, and others to improve the identification, prevention, treatment, and rehabilitation of sports injuries. For more information contact Lisa Weisenberger at lisa (at) aossm (dot) org or 847-292-4900.

# # #

Contact Information
Lisa Weisenberger
American Orthopaedic Society for Sports Medicine
http://www.sportsmed.org
847-292-4900

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News Image

Easy Strength Training Exercise May Help Treat Tennis Elbow, Study Shows

People with pain in the elbow or forearm from playing sports or just from common everyday activities, might be able to use a simple bar and strengthening exercise to alleviate pain, say researchers who are presenting their study results at the American Orthopaedic Society for Sports Medicine's Annual Meeting in Keystone, Colorado, July 9th-12th.

Keystone, CO (Vocus) July 11, 2009 -- People with pain in the elbow or forearm from playing sports or just from common everyday activities, might be able to use a simple bar and strengthening exercise to alleviate pain, say researchers who are presenting their study results at the American Orthopaedic Society for Sports Medicine's Annual Meeting in Keystone, Colorado, July 9th-12th.

Tennis elbow or lateral epicondylitis is a common condition effecting nearly three percent of the general population, not just those who play tennis. "Our study illustrated that a novel exercise, using an inexpensive rubber bar, may provide a practical and effective means of adding isolated wrist strengthening exercises to a treatment plan," said lead author Timothy F. Tyler, PT, ATC, Clinical Research Associate, of the Nicholas Institute of Sports Medicine and Athletic Trauma in New York City.

The study randomized 21 patients with tennis elbow into two groups. Both received the wrist extensor stretching, ultrasound, cross-friction massage, heat and ice for treatment. The eccentric training group performed isolated eccentric wrist extensor strengthening using the rubber bar (Flexbar, Akron OH) while the standard treatment group performed isotonic wrist strengthening exercises. Three sets of 15 repetitions were performed daily as part of a home program with intensity increased progressively during the treatment period. A variety of pain and movement scales were utilized to determine progress. Patients using the rubber bar had vastly better results on all scales, especially related to strength. In fact, given the consistently poor outcomes for patients in the standard treatment group, it was deemed appropriate to terminate the randomization with 21 of the intended 30 patients having already completed the study.

"Compared to other treatments for tennis elbow such as cortisone injections or topical nitric oxide which require direct medical supervision and often side effects, this treatment is not only cost effective but dosage is not limited by the patient having to come to a clinic," said Tyler.

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Contact Information
Lisa Weisenberger
American Orthopaedic Society for Sports Medicine
http://www.sportsmed.org
847-292-4900

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News Image

Canonsburg Woman Undergoes Robot-Assisted Weight Loss Procedure at AGH

A Pittsburgh area woman has undergone a new, robot-assisted weight loss surgical procedure at Allegheny General Hospital.

(Vocus) July 9, 2009 -- A Washington County woman is recovering well today after undergoing a new, robot-assisted weight loss surgical procedure at Allegheny General Hospital (AGH). Malinda Eustis, 52, of Canonsburg, is one of just a handful of bariatric patients in the region to benefit from the advanced technology since AGH launched its robotic surgery program in 2008.

A state-of-the-art device that is revolutionizing the field of minimally invasive laparoscopic surgery, the da Vinci Robotic Surgical System features robotic arms equipped with surgical instruments that are remotely controlled by surgeons sitting at a console in the operating room.

Originally developed by NASA for operating on astronauts in space and used by the Department of Defense to operate on soldiers in the battlefield, the da Vinci System allows surgeons to see targeted anatomy through a high resolution, three dimensional endoscopic camera. The System's robotic arms exceed the natural range of motion of the human hand and are designed to minimize the possibility of human error.

Doctors at the West Penn Allegheny Health System (WPAHS) are now using the technology to perform an assortment of surgical procedures, including prostate cancer surgery, gynecologic surgery and surgeries of the pancreas, esophagus, adrenal gland, gallbladder and kidney.

According to Miro Uchal, M.D., Director of AGH's Minimally Invasive Surgery Center Education Program and Director of the hospital's Division of Bariatric Surgery (www.pabariatricsurgery.com), weight loss surgery was a natural extension of the robotic program considering the complexity of the procedure and the growing demand for it in western Pennsylvania.

The National Institute of Diabetes and Digestive and Kidney Disease estimates that nearly one third of U.S. adults are now considered obese, and the number of people classified as morbidly obese – defined as having a body mass index of 40 or higher - also continues to rise exponentially - from 3% in 1988 to more than 7% in 2006.

Obesity is linked to a number of serious health problems, including diabetes, heart disease, high blood pressure, arthritis, sleep apnea and stroke.

With both conventional and robotic laparoscopic surgery, weight loss procedures can be performed through just a few small incisions. The precision perfect arms of the robot, however, offer easier access to some of the more inaccessible areas in the body, Dr. Uchal said.

Ms. Eustis underwent a complex bariatric procedure at AGH on May 11 in which Dr. Uchal converted her from one form of bariatric surgery, called vertical banded gastroplasty, to a Roux-en-Y Gastric Bypass, which is considered the gold standard of weight loss surgery.

"When performing Ms. Eustis' revision, I found the patient's abdomen was frozen with adhesions [scar tissue that had formed after her previous surgery and that nothing but fibrous tissue was covering the area of interest. Yet, with the unrestricted range of motion of the robot's 'fingers' I was able to separate vital organs layer by layer without any injury to the patient and virtually no blood loss," Dr. Uchal said.

Dr. Uchal said that da Vinci offers distinct advantages to both the surgical team and patients.

"The da Vinci System greatly improves our ability to confront even the most complicated obesity cases with a minimally invasive approach, providing surgeons with superior visualization, dexterity, control of the instruments and ergonomic function," he said. "With this technology, we are better able to afford patients a proven surgical treatment that results in fewer complications, shorter recovery time and less post-operative pain."

In normal digestion, food passes through the stomach and enters the small intestine where nutrients are absorbed. Gastric bypass involves significantly reducing the size of the stomach to limit a patient's food consumption and bypassing a sizable portion of the small intestine.

"We essentially construct a mini-stomach by permanently dividing the stomach, creating a pouch that can hold only a few bites of food. The intestines are then cut approximately one and a half feet beyond the stomach and attached to the pouch. This reconfiguring of the digestive system provides both a restrictive and malabsorptive method to the weight loss,"Dr. Uchal said.

More than 150,000 such operations are now performed annually in the United States.

"For morbidly obese patients, weight loss surgery can be a life-saving operation. Although results vary, gastric bypass on average leads to a 65% reduction in excess weight. When combined with healthy life-style changes that patients are encouraged to pursue following surgery, this procedure enables us to resolve or greatly improve 80 to 90 percent of a patient's weight-related health problems," Dr. Uchal said.

A number of clinical studies have demonstrated the advantages of robotic gastric bypass, Dr. Uchal said.

Reporting in the September, 2008 Journal of Robotic Surgery, surgeons from the University of Texas Medical School showed that robotic surgery significantly reduced a patient's risk of developing gastrointestinal leakage from the procedure, a rare but serious complication.

Researchers from Stanford University noted additional potential advantages in an August 2005 study published in the Archives of Surgery. They found that the robotic system made the surgery quantitatively easier to perform and reduced the median surgical times by approximately 30 minutes.

Dr. Uchal stressed that gastric bypass is generally recommended for patients who are severely obese and/or those who are experiencing a reduced quality of life from health problems related to their weight.

Designated as a Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric

Surgery, AGH surgeons annually perform more than 400 weight loss procedures. Dr. Uchal expects that a growing number of these procedures will be done with the da Vinci System.

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Contact Information
Dan Laurent
West Penn Allegheny Health System
http://www.wpahs.org
412-359-8602

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Study Suggests Preseason Shoulder Strength May Determine Injury Severity for Baseball Pitchers

Athletic injuries can derail any player's ability to compete, but for a baseball pitcher his shoulder strength and control is critical.

Keystone, CO (Vocus) July 10, 2009 -- Athletic injuries can derail any player's ability to compete, but for a baseball pitcher his shoulder strength and control is critical. A new study to be presented at the American Orthopaedic Society for Sports Medicine's (AOSSM) Annual Meeting in Keystone, Colorado, suggests that testing a pitcher's shoulder strength through a series of exercises during the preseason may help create a focused strength training program to prevent serious injury during the season.

"The ability to identify pitchers at risk for injury could be extremely valuable to a professional baseball organization. Our study examined the predictive value of preseason strength measurements as they relate to in-season throwing injuries," said Ian Byram MD, lead author and fourth year orthopaedic surgery resident at Vanderbilt Medical Center, Nashville, TN

The study measured the preseason shoulder strength for all pitchers in a professional baseball organization over a five-year period (2001-2005). Over the course of the five-year period, 144 major and minor league baseball pitchers were analyzed using a specific protocol by a single athletic trainer. Prone internal rotation (IR), prone external rotation (PER), seated external rotation (SER) and supraspinatus (SS) strength were tested during spring training prior to each season. The players were then followed throughout the season for incidence of throwing related injury.

The study illustrated a significant association between PER, SER and SS strength with throwing related injuries requiring surgery. There was also some evidence for an association between the ratio of PER/IR strength and the incidence of injury.

"The shoulder and elbow are subjected to significant stresses during the pitching motion, placing them at risk for injury. By demonstrating an association between shoulder weakness and throwing related injuries, we hope that future injuries might be prevented by focusing strength training programs on those areas that are weakest," said Byram.

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For more information, please contact AOSSM Director of Communications, Lisa Weisenberger, at 847/292-4900 or e-mail her at lisa (at) aossm (dot) org. Additional information and press releases can be viewed in the

newsroom on AOSSM's Web site at www.sportsmed.org.

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Contact Information
Lisa Weisenberger
American Orthopaedic Society for Sports Medicine
http://www.sportsmed.org
847-292-4900

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News Image

Shoulder Surgery Doesn't Prevent Return to Sports, According to New Study

Study shows athletes and weekend warriors can keep playing after shoulder joint replacement

Keystone, CO (Vocus) July 10, 2009 -- Replacing a joint in any part of the body often leads to a long recovery process and the possibility of not being able to return to a sport or activity. However, a new study presented at the American Orthopaedic Society for Sports Medicine's (AOSSM) Annual Meeting in Keystone, Colorado, (July 9-12) presents findings that even an older individual who receives a total shoulder joint replacement can return to full participation within approximately six months of surgery.

"In our study, approximately 94 percent of the patients who have a total shoulder arthroplasty or joint replacement, were able to return to sports and 85 percent were able to return to the type-specific sport they were involved in before the surgery," said lead author, Gregory N. Drake, DO, shoulder and elbow fellow, Fondren Orthopaedic Group, Texas Orthopaedics Hospital.

The study analyzed a database of all unconstrained total shoulder arthroplasties performed between July 1, 2004 and September 30, 2007 by a single surgeon. A questionnaire was sent to 304 patients with 165 responding. Eighty-seven of the respondents regularly participated in sports prior to surgery. The average age of the patients was 68.5 with an age range from 47-93. Patients were followed for a minimum of one year.

Researchers noted that activity modification until the six month point in the rehabilitation protected the shoulder against any consequence of sport, such as a deceleration injury when a golf club hits the ground or a fall during a tennis match. Contact sports after joint replacement surgeries are generally discouraged for the rest of an individual's life, no matter their age.

"Eighty-eight percent of the individuals in our study returned to their activity levels for periods greater than 30 minutes per session with the same type of intensity. It also appears that the most likely reason for returning to the same level of participation is dependent on the motivation of the individual. Athletics can be a great motivator for surgery and an even greater one for patients to stick to a rehabilitation schedule," said Drake.

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Lisa Weisenberger
American Orthopaedic Society for Sports Medicine
http://www.sportsmed.org
847-292-4900

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News Image

Blood vessel bends and branches put the brakes on statins

First evidence that biomechanical forces may affect drug's action.

(PRWeb UK) July 9, 2009 -- New British Heart Foundation (BHF) research[1] revealed today suggests for the first time that the way blood flows through our arteries may boost an antioxidant effect of statin medicines. The discovery at Imperial College London is the first evidence of biomechanical forces affecting the action of a commonly-used drug, and could point the way towards new targets to improve artery health throughout the body.

Statins lower harmful LDL cholesterol - in 2008 nearly 50 million statin prescriptions were written for people at high risk of heart attack in England[2], where they are estimated to save nearly 10,000 lives each year[3]. The drugs are also thought to have other heart-protective actions, which may include their ability to produce anti-oxidants in the cells of our arteries by boosting levels of the enzyme 'heme oxygenase-1' (HO-1).

Researchers in Cardiovascular Sciences at Imperial College London investigated the anti-oxidant potency of statins in different parts of the circulation by measuring the amount of HO-1 in 'endothelial' cells that line arteries.

Dr Justin Mason, Dr Faisal Ali and colleagues discovered that - in human tissue culture and in mice - the increase in HO-1 induced by the statin was significantly higher in cells exposed to fast and regular blood flow, compared to those cells exposed to sluggish or disrupted blood flow.

Dr Mason, who led the team from the National Heart and Lung Institute, Imperial College London at Hammersmith Hospital, said: "Arteries don't clog up in a uniform way. Bends and branches of blood vessels - where blood flow is disrupted and can be sluggish - are much more prone to fatty plaques building-up and blocking the artery. What we've shown is that those regions of the arteries most likely to become diseased are the same regions that may not be benefiting maximally from statin treatment - a double whammy."

"We now hope to use these findings to identify a way to get the most out of statins, or to find other ways to switch on protective mechanisms in vulnerable areas of arteries."

Research suggests that the cells lining our arteries can sense 'shear stress' exerted by blood flowing past them, and that this affects their ability to keep the artery healthy. Straighter sections of arteries, with no branches, tend to have faster blood flow and are more protected from build-up of fatty plaques.

Professor Peter Weissberg, Medical Director of the BHF said "This research demonstrates how the physical forces inside blood vessels may influence the local action of drugs such as statins. The findings open avenues of investigation that could lead to greater health benefits of statins' being realised.

"Previous research has revealed that endothelial cells produce protective biological signals in parts of the artery where blood flow is fast and uniform and that this is lost in areas where blood flow is disrupted or non uniform, leading to build up of dangerous fatty deposits. This study shows that differing forces of blood flow may also cause the endothelial cells to be less responsive to a potentially protective antioxidant effect of statins.

"Research teams at Imperial - involving biologists and fluid engineers - are now taking these findings forward to discover how best to restore disease-protection and drug-responsiveness in vulnerable parts of the circulation. Imperial College London is well placed to undertake such research having recently become a BHF Centre of Research Excellence - a scheme through which we support innovative multidisciplinary approaches to the fight against heart disease."

The research is published today in the Journal of Biological Chemistry.

For more information please call the BHF press office on 020 7554 0164 or 07764 290 381 (out of office hours) or email newsdesk (at) bhf.org.uk

Notes to editors
(1) Induction of the cytoprotective enzyme heme oxygenase-1 by statins is enhanced in vascular endothelium exposed to laminar shear stress and impaired by disturbed flow.
Ali F, Zakkar M, Karu K, Lidington EA, Hamdulay SS, Boyle JJ, Zloh M, Bauer A, Haskard DO, Evans PC, Mason JC. J. Biol. Chem., Jul 2009; 284: 18882-18892; doi:10.1074/jbc.M109.009886

(2) NHS Information Centre. Prescription Cost Analysis 2008
http://www.ic.nhs.uk/webfiles/publications/PCA%202008/PCA%202008v2.pdf
NB. The number of prescriptions is not the same as the number of people taking statins. The Department of Health website says that around 2.3 million people are receiving statins in the UK
http://www.dh.gov.uk/en/Healthcare/Coronaryheartdisease/Statins/index.htm

(3) National Service Frameworks: Coronary heart disease ten years on - improving heart care. Roger Boyle (2007)

- The British Heart Foundation (BHF) is the nation's heart charity, dedicated to saving lives through pioneering research, patient care, campaigning for change and by providing vital information. But we urgently need help. We rely on donations of time and money to continue our life-saving work. Because together we can beat heart disease. - For more information visit bhf.org.uk/pressoffice

- About Imperial College London: Consistently rated amongst the world's best universities, Imperial College London is a science-based institution with a reputation for excellence in teaching and research that attracts 13,000 students and 6,000 staff of the highest international quality. Innovative research at the College explores the interface between science, medicine, engineering and business, delivering practical solutions that improve quality of life and the environment - underpinned by a dynamic enterprise culture. Since its foundation in 1907, Imperial's contributions to society have included the discovery of penicillin, the development of holography and the foundations of fibre optics. This commitment to the application of research for the benefit of all continues today, with current focuses including interdisciplinary collaborations to improve health in the UK and globally, tackle climate change and develop clean and sustainable sources of energy. Website: www.imperial.ac.uk

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Contact Information
BHF News Desk
British Heart Foundation
http://www.bhf.org.uk/living_with_a_heart_condition/treatment/statins.aspx
020 7554 0164

Online Web 2.0 Version
You can read the online version of this press release here.

The North American Thrombosis Forum (NATF) Will Host Timely Discussion on Follow-on Biologics

The North American Thrombosis Forum expresses concerns about issues of patient safety as they are related to current Congressional and Senatorial Bills related to generic biological therapies and health care reform. Agents in the category of Low Molecular Weight Heparins are in a unique category and require special consideration and guidelines when discussing and establishing such Bills.

Boston, MA (PRWEB) July 10, 2009 -- The North American Thrombosis Forum (NATF) is convening a meeting among healthcare professionals, policy makers, and industry representatives to discuss recently proposed United States legislation and its effects on patient safety. Two competing bills at issue are the "Promoting Innovation and Access to Life-Saving Medicine Act," introduced in both the House and the Senate by Representative Henry Waxman (D-CA) and Senator Charles Schumer (D-NY), respectively, and the "Pathways for Biosimilars Act," introduced in the House by Representative Anna Eshoo (D-CA). These bills deal with guidelines for approval of biogenerics, or follow-on biologics, which include the low molecular weight heparin drug class, used to treat thrombosis and related diseases. Biogenerics, or follow-on biologics are the generic equivalents to name brand medications.

NATF is spearheading the discussion based on NATF's Official Statement and out of concern that such legislation could result in abbreviated pre-approval testing. Executive Director Ilene Sussman, PhD, has previously stated that "the rushed approval of generic biological products sounds promising for increasing availability and decreasing the cost of such biologics as heparin," but in reality such legislation "may have a net negative effect on public health outcomes in the United States," particularly for high risk patients.

The discussion will be held in Boston at the Fairmont Copley Plaza Hotel (138 St. James Street, Boston, MA) on Saturday, July 11 from 12 PM to 5 PM. Topics for discussion include current issues and statements surrounding biosimilars and follow-on biologics; heparin contaminants and quality issues surrounding unfractionated heparin; and the European perspective on biosimilars and follow-on biologics. The discussion will also include several question and answer sessions.

For an event itinerary and to register to attend the discussion, contact Ilene Sussman at 617-525-8326 or visit natfonline.org.

About the North American Thrombosis Forum, NATF is a multi-disciplinary organization founded with the objective of improving patient care through the advancement of thrombosis education. The goal of NATF is to focus on unmet needs and issues related to thrombosis and cardiovascular diseases such as deep vein thrombosis, pulmonary embolism, myocardial infarction, peripheral arterial occlusive disease, and stroke. NATF's five areas of major focus are 1) basic translational research, 2) clinical research, especially diagnosis and therapy, 3) prevention and education, 4) public policy, and 5) advocacy.

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Contact Information
Ilene Sussman
North American Thrombosis Forum
http://www.NATFonline.org
617-525-8326

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You can read the online version of this press release here.

Link Between Migraines and Reduced Breast Cancer Risk Confirmed in Follow-Up Study

Migraines associated with reduced breast cancer risk. Risk did not differ based on a woman's age. Migraine triggers irrelevant.

Philadelphia, PA (Vocus) July 9, 2009 -- The relationship between migraine headaches in women and a significant reduction in breast cancer risk has been confirmed in a follow-up study to landmark research published last year. Results of this new study showed a 26 percent reduced risk of breast cancer among premenopausal and postmenopausal women with a clinical diagnosis of migraines.

The study appears in the July issue of Cancer Epidemiology, Biomarkers & Prevention, a journal of the American Association for Cancer Research. Christopher I. Li, M.D., Ph.D., led the first-of-its-kind study linking migraines with breast cancer risk reduction, which was published in the same journal last November. Li is a breast-cancer epidemiologist and associate member of the Fred Hutchinson Cancer Research Center's Public Health Sciences Division, in Seattle.

This time, Li and colleagues found that the risk reduction remained statistically similar regardless of a woman's menopausal status, her age at migraine diagnosis, use of prescription migraine medications or whether she avoided known migraine "triggers" such as alcohol consumption, smoking and taking hormone replacement. These triggers are also well-established breast cancer risk factors.

Some key differences between this study and the initial one in which Li and colleagues discovered the link include:

- The sample size was more than four times larger this time – more than 4,500 cases and controls versus about 1,000 each in the first study – and was more diverse geographically, drawing women from five metropolitan areas instead of only one. "From an epidemiological perspective, having a larger and more diverse study in its underlying population helps in replicating the finding," said Li.

- The age range of women studied was wider this time, 34 to 64 years of age versus 55 to 74 years of age. "We were able to look at whether this association was seen among both premenopausal and postmenopausal women," he said. "In breast cancer this is relevant because there are certain risk factors that are different between older and younger women. We saw the same reduction in breast cancer risk associated with a migraine history regardless of age."

- Researchers were able to ascertain whether women in the study had lifestyle behaviors that are known migraine triggers – alcohol consumption, smoking and taking hormone replacement therapy. They posited that perhaps women who had migraines drank and smoked less and didn't take hormone replacements. "In this study we looked at women who never drank, never smoked and who also didn't use hormones and found the same association within each of those groups, suggesting that the association between migraine and reduced breast cancer risk may be independent of those other factors and may stand alone as a protective factor," said Li.

What remains unknown is why migraines are associated with lower breast cancer risk.

“We know that migraines are definitely related to hormones and that’s why we started looking at this in the first place,” said Li. “We have different ideas about what may be going on but it’s unclear exactly what the biological mechanisms are.”

In the meantime, research on migraines and breast cancer continues. Li and colleagues are conducting a follow-up investigation among the women in the first study to determine the types, timing, intensity and severity of their migraines in hopes that the data may elicit additional clues.

Joanne F. Dorgan, Ph.D., M.P.H., an epidemiologist at Fox Chase Cancer Center in Philadelphia, said that non-steroidal anti-inflammatory drugs are frequently used to treat migraine and these drugs have been associated with lower breast cancer risk in some studies. Additional research is needed to clarify the effect of non-steroidal anti-inflammatory drugs use on the observed association between migraines and breast cancer.

“Estrogen and progesterone are neurosteroids, and investigations into neuroendocrine pathways in relationship to breast cancer risk might also prove to be fruitful,” said Dorgan, who is also an editorial board member of Cancer Epidemiology, Biomarkers & Prevention.

Subscribe to the Cancer Epidemiology, Biomarkers & Prevention
RSS feed.

The mission of the American Association for Cancer Research is to prevent and cure cancer. Founded in 1907, AACR is the world’s oldest and largest professional organization dedicated to advancing cancer research. The membership includes more than 28,000 basic, translational and clinical researchers; health care professionals; and cancer survivors and advocates in the United States and nearly 90 other countries. The AACR marshals the full spectrum of expertise from the cancer community to accelerate progress in the prevention, diagnosis and treatment of cancer through high-quality scientific and educational programs. It funds innovative, meritorious research grants. The AACR Annual Meeting attracts more than 17,000 participants who share the latest discoveries and developments in the field. Special conferences throughout the year present novel data across a wide variety of topics in cancer research, treatment and patient care. The AACR publishes six major peer-reviewed journals: Cancer Research; Clinical Cancer Research; Molecular Cancer Therapeutics; Molecular Cancer Research; Cancer Epidemiology, Biomarkers & Prevention; and Cancer Prevention Research. The AACR also publishes CR, a magazine for cancer survivors and their families, patient advocates, physicians and scientists. CR provides a forum for sharing essential, evidence-based information and perspectives on progress in cancer research, survivorship and advocacy.

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Contact Information
Tara Yates
American Association for Cancer Reearch
http://www.aacr.org
267-646-0558

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Two Reproductive Factors are Important Predictors of Death from Ovarian Cancer

• Greater number of lifetime ovulations linked to higher risk of death • Earlier age of menarche increases risk of death

Philadelphia, PA (Vocus) July 8, 2009 -- Researchers from the Centers for Disease Control and Prevention (CDC) found that survival among women with ovarian cancer is influenced by age of menarche and total number of lifetime ovulatory cycles.

This finding suggests that hormonal activity over the course of a woman's lifetime may influence the prognosis after an ovarian cancer diagnosis. Results of this study are published in Cancer Epidemiology, Biomarkers & Prevention, a journal of the American Association for Cancer Research.

Results of previous studies indicated that fewer lifetime ovulatory cycles, higher parity, oral contraceptive use, hysterectomy and tubal ligation are associated with decreased risk of developing this form of cancer, according to the researchers. However, little is known about the influence of these factors on a patient's survival after a diagnosis of ovarian cancer.

Cheryl L. Robbins, Ph.D., an epidemiologist at the CDC, and colleagues sought to explore whether these reproductive factors influence ovarian cancer survival.

"Ovarian cancer is the fifth leading cause of cancer mortality in women. It accounts for more deaths than any other gynecologic cancer," said Robbins, also a researcher on the study. "Although we have relatively good knowledge about the influence of reproductive factors on the risk of developing ovarian cancer, knowledge is rather limited regarding the reproductive factors that may influence survival after diagnosis with this serious disease."

Robbins and colleagues conducted a longitudinal analysis of 410 women, aged 20 to 54 years. All participants were previously enrolled in the 1980-1982 Cancer and Steroid Hormone (CASH) study as incident ovarian cancer cases.

After a follow-up of about 17 years, 221 women died; findings showed that overall 15-year survival among the study population was 48 percent. Lifetime ovulatory cycle and age at menarche were two factors that played a key role in predicting death from ovarian cancer.

Women with the most lifetime ovulatory cycles had poorer survival compared with those who had fewer lifetime ovulatory cycles. Robbins explained that the number of lifetime ovulatory cycles a woman has is affected by her use of oral contraceptives, pregnancy and breastfeeding, all of which temporarily cause ovulation to cease and reduces the total number of cycles.

Furthermore, the researchers determined that those with the youngest age at menarche also had poorer survival. After diagnosis of ovarian cancer, participants whose menarche began before age 12 were more likely to die compared with those whose menarche began at age 14 or older.

"We now have evidence that higher numbers of lifetime ovulatory cycles may play a role in the development of ovarian cancer as well as the risk of death after being diagnosed with the disease," Robbins concluded.

This study points to some important future directions of research for better understanding the influence of reproductive factors on ovarian cancer survival.

Mary B. Daly, M.D., Ph.D., director of the Personalized Cancer Risk Assessment Program at the Fox Chase Cancer Center in Philadelphia, said these results raise the question "can the amount and/or duration of reproductive hormones to which women are exposed affect the aggressiveness of ovarian cancer and/or its resistance to treatment, and if so, by what mechanism?"

"The significance of this paper is in suggesting new research directions, not in any immediate treatment changes," said Daly, who is also an editorial board member for Cancer Epidemiology, Biomarkers & Prevention. "The next steps would be to study this association in a prospective study, then to characterize molecular and genetic profiles of ovarian tumors and compare these profiles among different levels of exposure to reproductive hormones."

There is a need for additional studies to examine reproductive factors in other populations, specifically among older women and those of various ethnicities, according to Robbins. Additionally, she suggested that studies examining the biologic properties of ovarian tumors among women with high lifetime ovulatory cycles may help to explain the relationship between number of ovulatory cycles and mortality.

Additional Resources:

Subscribe to the Cancer, Epidemiology, Biomarkers & Prevention RSS feed
Learn more about ovarian cancer through a profile of Gilda Radner from CR Magazine, the AACR's publication for patients, survivors and scientists.

The mission of the American Association for Cancer Research is to prevent and cure cancer. Founded in 1907, AACR is the world's oldest and largest professional organization dedicated to advancing cancer research. The membership includes more than 28,000 basic, translational and clinical researchers; health care professionals; and cancer survivors and advocates in the United States and nearly 90 other countries. The AACR marshals the full spectrum of expertise from the cancer community to accelerate progress in the prevention, diagnosis and treatment of cancer through high-quality scientific and educational programs. It funds innovative, meritorious research grants. The AACR Annual Meeting attracts more than 17,000 participants who share the latest discoveries and developments in the field. Special conferences throughout the year present novel data across a wide variety of topics in cancer research, treatment and patient care. The AACR publishes six major peer-reviewed journals: Cancer Research; Clinical Cancer Research; Molecular Cancer Therapeutics; Molecular Cancer Research; Cancer Epidemiology, Biomarkers & Prevention; and Cancer Prevention Research. The AACR

also publishes CR, a magazine for cancer survivors and their families, patient advocates, physicians and scientists. CR provides a forum for sharing essential, evidence-based information and perspectives on progress in cancer research, survivorship and advocacy.

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Contact Information
Tara Yates
American Association for Cancer Reearch
http://www.aacr.org
267-646-0558

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Innovation Journalism Takes Polio to the Headlines

UNICEF & Ministry of Health holds the first National Health Media Awards to acknowledge media's leading role in achieving success in national health campaigns.

Islamabad, PK (PRWEB) July 9, 2009 -- UNICEF Pakistan in joint collaboration with the Ministry of Health, Government of Pakistan held the first National Health Media Awards to applaud those media initiatives, which have strongly supported the health campaigns launched nationwide. The applauded media initiatives have not only promoted the campaigns but also resulted in remarkable outreach and tangible outcome.

Mr. Amir Jahangir, Chief Executive Officer of SAMAA TV received a special award for Innovations in Health Journalism. Mr. Jahangir is known for being a media person carrying out health related initiatives to improve the overall health indicators situation in Pakistan; the special award was presented for his contribution and efforts towards the eradication of polio across Pakistan.

SAMAA TV, in joint collaboration with, UNICEF Pakistan and the Ministry of Health was the first media channel in Pakistan to establish a Polio Control Cell aimed at acting as an information bridge between the citizens and the polio control authorities. The cell, first of its kind provided instant information on the initiative to callers in the length and breadth of the country besides performing the vital task of identifying missed areas and children. Since its establishment in October 2008, more than 35,000 children have been ensured the vaccination against the polio virus, who otherwise would have been included as the missed targets during the campaigns.

Speaking on the occasion Federal Minister for Health Mir Aijaz Hussain Jakhrani said "The government is committed to protecting the children of Pakistan from the scourge of polio. We need to reach out to every eligible child, which itself is a huge task and can only be accomplished with the collaboration of all stakeholders including the media". Mr. Jakhrani applauded the media for playing a proactive role in waging a war against disease and disability. He especially hailed SAMAA TV efforts for leading from the front in this initiative.

The Polio Control Cell has also received high acknowledgement at the international forums, where Mr. Bill Gates, Co-chair and Trustee of the Bill and Melinda Gates foundation and the Director General World Health Organization, Dr. M. Chan has applauded the SAMAA model as "THE PAKISTAN MODEL" and called it a role model to be replicated in other epidemic developing countries. The model has also been commended at the Stanford University as one of the prime Innovation Journalism case studies for Public-Private Partnership initiative for media and healthcare delivery mechanisms at the 6th Innovation Journalism Conference held in May 2009.

Speaking on the occasion Mr. Amir Jahangir, said that "this award gives a great sense of achievement, however our achievement lies more in the fact that we were among the key players in ensuring a healthier Pakistan. No doubt that given the popularity, coverage and effectiveness of SAMAA News, our support in bringing innovation to the health delivery mechanisms in Pakistan, however, this is just the beginning, we need to continue the same commitment and finish what we set out to achieve - a polio free future for our coming generations."

According to WHO, Afghanistan, India, Nigeria and Pakistan, which together accounted for 1,514 polio cases in

2008, or 91 per cent of all cases. The number of polio cases reported annually has decreased by more than 99 per cent - from 350,000 in 1988 to 1,660 cases in 2008. Pakistan has 118 polio cases during 2008, which is an increase of more than 86 cases since 2007.

Speaking at the award ceremony, Mr. Jahangir urged all the stakeholders to come forward and jointly work for a better and healthier Pakistan. Mr. Jahangir dedicated the Award to the entire SAMAA TV team for making the campaign a success.

Mr. Jahangir also emphasized that Pakistan needs to focus more on improving its Health indicators. Pakistan ranks 116th out of the 134 economies on the Global Competitiveness Index of the World Economic Forum. "The World Economic Forum at Davos ranks the competitiveness of more than 134 nations globally on an annual basis.

In April 2009, the VINNOVA-Stanford Research Center of Innovation Journalism honored Mr. Amir Jahangir as the Program Advisor to the Research Center on Global Media Development and Journalism. Mr. Jahangir has also played a crucial role in improving health reporting from Pakistan in this regard as well.

SAMAA TV is one of Pakistan's leading private satellite television channels, which takes pride in its fair, factual and independent news coverage through its on-the-hour bulletins, breaking stories, incisive political analysis and current affairs programs. The channel has also made a niche for itself through its programs on women and youth issues besides infotainment and sports. SAMAA TV, launched in December 2007 has network of district correspondents and five (5) bureaus across Pakistan along with international stringers in the Middle East, Europe and North America.

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Contact Information
JAHANGIR AMIR
SAMAA TV
http://www.naymz.com/search/amir/jahangir/1526711
+923008555161

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Stem Cells' "Suspended" State Preserved by Key Step, Scientists Report

Scientists have identified a gene that is essential for embryonic stem cells to maintain their all-purpose, pluripotent state. Exploiting the finding may lead to a greater understanding of how cells acquire their specialized states and provide a strategy to efficiently reprogram mature cells back into the pluripotent state, an elusive step in stem cell research but one crucial to a range of potential clinical treatments.

(Vocus) July 8, 2009 -- Scientists have identified a gene that is essential for embryonic stem cells to maintain their all-purpose, pluripotent state. Exploiting the finding may lead to a greater understanding of how cells acquire their specialized states and provide a strategy to efficiently reprogram mature cells back into the pluripotent state, an elusive step in stem cell research but one crucial to a range of potential clinical treatments.

The research was led by University of California, San Francisco scientists. It is being reported Wednesday, July 8, 2009, in the advanced online edition of the journal "Nature," and will be published in the journal's print edition at the end of July.

Embryonic stem cells are suspended in an "open" state, uniquely poised to become any one of many types of specialized cells, as genetic instructions dictate. Directing the specialization of embryonic stem cells to cells needed by patients is an area of enormous promise in stem cell research. Reversing the natural process -- converting specialized cells back into the all-purpose stem cell stage - is another great promise of stem cell research.

Reprogramming specialized cells from Parkinson's patients, for example, would allow scientists to study the mechanisms that cause neurons in the brain to develop the disease. It also could lead to treatments by directing the restored stem cells to produce healthy neurons to introduce into patients.

The new research, conducted on mouse embryo cells, revealed that a gene known as Chd1 loosens the packaging that normally protects DNA in the cell nucleus. This step, known as chromatin remodeling, allows the cell's protein-making machinery to gain access to the DNA and transform progenitor cells into specialized cells and tissue, such as neurons, muscle and bone.

A number of genes are known to trigger chromatin remodeling, allowing small sections of DNA to become accessible in order to make specific proteins. Chd1 is the first gene found to regulate a "global" loosening of the DNA in embryonic stem cells, the scientists report. The global condition sets the stage for turning on many different genes to make a broad range of specialized cells.

"Embryonic stem cells are characterized by this open state, but, up to now, we didn't know the mechanisms that maintain this state, or even if it is necessary for the full stem cell potential," said Alexandre Gaspar-Maia, lead author of the paper.

"We found that Chd1 is critical for both, and for allowing an efficient reprogramming. Chd1 is important for allowing the normal differentiation process, and it is essential for playing the 'differentiation tape' backwards -

bringing differentiated cells back to pluripotency."

Gaspar-Maia is a graduate student (from the PhD Program in Experimental Biology and Biomedicine, at the University of Coimbra, Portugal) in the lab of senior author Miguel Ramalho-Santos, PhD, of the Eli and Edythe Broad Center of Regeneration Medicine and Stem Cell Research at UCSF.

The scientists discovered the pivotal role of Chd1 by using the powerful technique of RNA interference, or RNAi, to screen this gene and 40 other candidate genes. (RNAi is a naturally occurring process in which small RNAs bind to other RNAs to increase or decrease their activity.) In this case, the scientists used the technique to silence Chd1. When they did so, embryonic stem cells could not make the full range of specialized cells.

In a laboratory test used to simulate normal cell specialization, the scientists detected no differentiation of cardiac muscle, and also no formation of a tissue known as primitive endoderm, which is essential for the embryo to survive and develop.

Chd1 also was shown by the research team to be necessary for the reprogramming of specialized cells back to the pluripotent stem cell state. The team plans to study chromatin remodeling in still more detail to clarify what other molecules work in concert with the Chd1 gene to direct the process. This would aid efforts to increase the efficiency and safety of reprogramming cells. This research may also shed light on how cells transition from one type to another, a process that happens normally during embryonic development and goes astray in cancer.

"We now know that Chd1 is essential, and, so far, appears unique in its global effect, but we expect that there are major players yet to be discovered," said senior author Ramalho-Santos, UCSF assistant professor of obstetrics, gynecology and reproductive sciences, and pathology.

"If we can understand how Chd1 works, that will also tell us more about how the cells regulate their precise specialization during development, and turn on their pluripotency program during reprogramming."

The scientists conclude that embryonic stem cells exist in a dynamic state, poised between the open condition that may assure the cell's full potential, and the more constrained state that allows only certain kinds of cells to progress. Chd1, they say, is central to maintaining the open, pluripotent stem cell state.

Other co-authors on the paper from UCSF are Fanny Polesso, research assistant in the Ramalho-Santos lab; Michael McManus, PhD, assistant professor in the UCSF Diabetes Center and Amy Heidershbach, at the time a research assistant in the McManus lab and now a UCSF graduate student.

This work was the result of an international collaboration between several young laboratories. Additional co-authors are graduate student Adi Alajem and Eran Meshorer, PhD, assistant professor of genetics, both at Hebrew University of Jerusalem; Kathrin Plath, PhD, assistant professor; Rupa Sridharan., PhD, postdoctoral fellow, and Michael Mason, graduate student, all of the Eli and Ely Broad Center of Regenerative Medicine and Stem Cell Research at UCLA; João Ramalho-Santos, PhD, assistant professor at the Center for Neuroscience and Cell Biology at the University of Coimbra, Portugal.

The research is supported, in part, by the National Institutes of Health Director's New Innovator Award, the California Institute for Regenerative Medicine and the Juvenile Diabetes Foundation.

UCSF, www.ucsf.edu, is a leading university dedicated to promoting health worldwide through advanced biomedical research, graduate-level education in the life sciences and health professions, and excellence in patient care.

Corinna Kaarlela, News Director
Source: Jennifer O'Brien (415) 476-2557
Web: www.ucsf.edu

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Contact Information
Jennifer O’Brien
University of California San Francisco
http://www.ucsf.edu
415- 476-2557

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'Comparative Effectiveness' Research Addresses Options for Treating Prostate Cancer

Dr. Randolph Says Bioidentical Testosterone Can Promote Prostate Health

Jacksonville, Fla. (Vocus) July 8, 2009 -- On June 30th, the Institute of Medicine released a list of 100 priorities it recommends for "comparative effectiveness" research. Among the 100 different questions posed, high on the list was this question regarding what should be regarded as the treatment-of-choice for prostate cancer: "What's best for early stage prostate cancer - various surgeries, different types of radiation, or so- called watchful waiting?"

C.W. Randolph, Jr. ,M.D., R.Ph, board certified physician and nationally-recognized expert in the field of hormone health is a proponent of a more preventative approach.

"There is a common misconception that lower testosterone levels mean a lower risk of prostate cancer. Men hardly ever develop prostate cancer when they are young and their testosterone levels are at a lifetime peak. On the contrary, as men age and their body's production of testosterone increasingly declines, they are at a much greater risk of developing this life-altering disease," says Randolph. "In my practice, I restore a man's optimum testosterone levels with bioidentical testosterone and almost always see an improvement in prostate health."

Randolph's medical opinion has been validated by such respected medical researchers as Abraham Morgentaler, M.D., Associate Clinical Professor of Urology at Harvard University Medical School. And recent articles published in the New England Journal of Medicine and the Journal of the National Cancer Institute substantiate how restoring healthy testosterone levels can help to protect the prostate.

Dr. Randolph contends: "More and more physicians are coming around to recognize that bioidentical testosterone therapy can benefit the prostate but it will probably take years for the traditional medical community at-large to alter their established, misguided beliefs. That is why in our latest book In the Mood Again we not only speak to how bioidentical testosterone can re-charge an aging man's sex life, we also share the medical evidence of its positive prostate health effects. Rather than sort through the options for prostate cancer treatment, I challenge more medical scientists and physicians to read our book and, also, examine the clinical evidence linking high testosterone with better long-term prostate health. Almost always, restoring optimum hormone levels is a huge step in preventative medicine and I can assure you that your male patients will thank you for it."

Media Contact:
Melissa Ross
Dalton Agency
(904) 993-1896

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Contact Information
Melissa Ross
Natural Hormone Institute
http://www.hormonewell.com/
904-993-1896

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Refurbished and Used Industrial Parts Washers Grow in Popularity

Rebuilt and Used Industrial Parts Washers are growing in popularity. These parts washers are cost effective and quick solutions for companies that need to upgrade their existing washing equipment in this difficult economic climate.

(Vocus) July 8, 2009 -- Midbrook, a Jackson, MI based manufacturer of industrial parts washing systems, medical decontamination systems, and water bottling systems has seen an influx of orders for rebuilt and used equipment. Midbrook is capable of refurbishing and modifying almost any piece of industrial, medical, or water bottling cleaning equipment.

As the economic climate begins to improve, manufacturers find themselves hustling to get new programs up and running. These companies cannot afford to wait through the lead time of a brand new piece of industrial cleaning equipment, and sometimes are not in the financial position to purchase brand new. Midbrook recognizes these constraints and works with companies to find them used, or rebuilt, industrial washers that can handle the necessary application.

Rebuilding a washer can be done much quicker than building a new part washer, and for less cost. If the industrial parts washer is shipped to the Midbrook facility, it can be upgraded and returned to the customer in a very reasonable amount of time.

"A brand new industrial parts washer is built from the ground up to meet your application, but that takes longer and can cost more," said Business Development Director James Crowley. "A rebuild, of your own or one of our used units, can be completed in a shorter time frame."

Midbrook can rebuild a parts washer that a company already owns, no matter who the original manufacturer is, or they can help you select from the used industrial part washers already on the Midbrook floor.

"We are always looking to bring in quality used industrial parts washers," said Crowley. "After purchase, we evaluate them with our crews and set up a plan for rebuilding. When we find an appropriate customer, we can quickly make the necessary changes to the washer that the customer will require for their application."

Rebuilding an existing parts washer is appropriate in a number of circumstances. Midbrook worked with an automotive supplier that had recently received an order for a new part. The company was to begin production on the new part as quickly as possible. The new was similar in size and weight to their previous part; however, it had a different configuration.

"Budget and time were a concern for the supplier," said Crowley. "We decided to rebuild the part washer they used for the original design – we replaced the fixtures on the machine, the spray manifold configuration, and the blow-off stage, and everything else was unchanged."

As an added benefit, the customer was able to stay significantly under-budget by rebuilding the old part washer. They were able to spend the extra money on various upgrades to the part washer that significantly increased the

efficiency and performance of the unit.

“Rebuilds of industrial parts washers are a highly efficient way to increase productivity without breaking your budget,” says Crowley. “We expect to see many more part washer rebuilds come through our facility in the coming months.”

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Contact Information
Aaron Dexter
Midbrook Cleaning Systems
http://www.midbrook.com
(517) 787-3481

Online Web 2.0 Version
You can read the online version of this press release here.

eMindful and gBehavior Create Healthier Workers with Online, Experiential Health Education and Tracking Technology

eMindful.com, a leading source of online health and wellness information and education, is teaming up with gBehavior.com, an incentive-based behavior management firm, to create a software and behavior change package that gives employers a significant advantage in achieving healthy behavior change within their organization. Tracking and rewarding employees' healthy behaviors helps employers cut down on healthcare spending and builds a healthier workforce.

Vero Beach, FL (PRWEB) July 8, 2009 -- eMindful.com, a leading source of online health and wellness information and education, is teaming up with gBehavior.com, an incentive-based behavior management firm, to create a software and behavior change package that gives employers a significant advantage in achieving healthy behavior change within their organization. Tracking and rewarding employees' healthy behaviors helps employers cut down on healthcare spending and builds a healthier workforce. eMindful's new comprehensive Integrated Weight Management system will be offered, live, in the eMindful virtual classroom bringing together a number of experiential courses promoting healthy behaviors around self-care, diet, and exercise. Employees receive incentives for achieving health related goals which directly impact health care costs for employers.

"The recent news that obesity rates are increasing across the nation heightens the need for cost-effective investment in wellness programs. We understand that employers are feeling increasing concern for the health of their workforce. By combining eMindful's expertise in educating people to make the healthy lifestyle changes they desire with the custom designed behavior modification strategies and software available through gBehavior, we are providing leading edge tools for employers who want to enhance the success of their wellness programs," says Kelley McCabe Ruff, founder and CEO of eMindful.com. "Companies who use this service will only pay for the successful completion of healthy lifestyle choices that they have identified as priorities for their workforce - and the greater portion of the cost of the program goes towards rewarding employees' success."

Companies will work with representatives of eMindful and gBehavior to identify a list of changes that will improve their employees' health. They then assign points to each of these health priorities.

"We have found that tailored behavior modification strategies combined with rewards for success improves employer health and wellness programs by driving compliance and participation. An example is a reduction in non-emergency room visits immediately upon implementing the gBehavior system," says Don Doster, gBehavior founder and CEO.

Using software developed by gBehavior, the employer will be able to track employees' successful completion of identified goals as well as their earned points, which can be exchanged for online shopping credits.

"Healthy changes could include participating in the online stress management and dietitian-lead mindful eating courses available at eMindful as well as getting timely health screenings, completing smoking cessation programs, or participating in health-related biking or fun runs," says Ruff.

The partnership has the potential to be a cost-saving enhancement for companies and individuals, she notes. In

the past four decades, annual healthcare spending has increased from $75 billion to over $2 trillion. Obesity-related medical procedures, such as joint replacements, diabetes management, and dialysis, increase annual Medicare costs by up to $6,000 compared to healthcare costs for people who are not obese, demonstrating the fiscal value of prevention efforts, says Ruff.

eMindful (www.emindful.com) is the leading Internet source for comprehensive health and wellness services. Courses include mindful eating, stress management, forgiveness, yoga, and qigong. eMindful's online courses offer cost-effective and convenient access to our internationally acclaimed team of experts with whom you may see, hear, and interact, live in eMindful's virtual classroom, while still in the comfort of your home, at the office, or anywhere you can have a broadband Internet connection.

gBehavior (www.gbehavior.com) pioneered the development of incentive programs based on customized behavioral reinforcement strategies that help companies in all industries improve organization and individual performance. Unlike traditional incentive companies that get paid for selling products, gBehavior gets paid for program results. The methodology of change that gBehavior created has helped companies alter corporate cultures and employee behaviors in positive ways by motivating employee populations to perform at higher and healthier levels, resulting in significantly reduced healthcare costs.

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Contact Information
Kelley McCabe
eMindful Inc.
http://www.emindful.com
772-569-4540

Online Web 2.0 Version
You can read the online version of this press release here.

Kessler Foundation Research Center Awarded More Than Two Million Dollars in Grants

Kessler Foundation on the Cutting Edge of Research for People with Disabilities

West Orange, NJ (PRWEB) July 8, 2009 -- Kessler Foundation announced that it was awarded seven grants totaling $2,049,100 during the first half of 2009. The grants were awarded by federal and state agencies, major universities and other health organizations to support research that improves quality of life for individuals with multiple sclerosis, spinal cord injury, traumatic brain injury, stroke and other disabling conditions.

"Kessler Foundation Research Center continues to be recognized as a national leader in the area of disability research," stated Rodger DeRose, President and CEO of Kessler Foundation. "Continuing to be awarded grants from these organizations in support of our research is proof of that."

Grants were awarded by the National Institutes of Health (NIH), National Institute on Neurological Disorders and Stroke (NINDS), National Institute on Disability and Rehabilitation Research (NIDRR), New Jersey State Commission on Brain Injury Research, University of Medicine and Dentistry of New Jersey (UMDNJ), the University of Pennsylvania, Select Medical Corporation, and CENT (Center for Experimental Neurorehabilitation Training).

"These grants enable us to advance our understanding of how the brain is affected by stroke, brain injury and neurodegenerative diseases like MS and Huntington's disease, while providing young investigators with advanced training in neurocognitive research," noted John DeLuca, PhD, vice president for research at Kessler Foundation Research Center. "Patients with these devastating disorders will benefit from the improvements that will be achieved in neuropsychological rehabilitation."

Grants Awarded
• NIH/NINDS awarded James Sumowski, PhD, a grant for a multiple sclerosis project to examine how intellectual enhancement can protect the brain from developing impaired cognition, and motor and emotional skills. Dr. Sumowski is a research scientist in the Neuropsychology & Neuroscience Laboratory.
• NIDRR awarded Nancy Chiaravalloti, PhD, a training grant to enable post-doctoral fellows to obtain advanced training in neurocognitive rehabilitation research, which will enable them to conduct independent clinical research. Dr. Chiaravalloti is the director of the Neuropsychology & Neuroscience Laboratory.
• The University of Pennsylvania and CENT provided grant funding to Glenn Wylie, DPhil, for a pilot study to improve visualization of the brain using functional MRI. This study will advance the investigation of spatial neglect, a disabling disorder of visual processing that occurs after stroke. Dr. Wylie is a research scientist in the Neuropsychology & Neuroscience Laboratory.
• The New Jersey Commission on Brain Injury Research awarded Dr. Wylie a grant to examine changes in functional brain activation in individuals recovering from traumatic brain injury. Understanding of how TBI alters brain function will not only aid in the development of better strategies to rehabilitate people with brain injury, but will contribute to research in MS, Parkinson's disease, stroke and other neurological conditions.
• NIH/NINDS awarded Dr. Noelle Carlozzi, a grant to study health-related quality of life in patients with Huntington's disease, a devastating neurodegenerative disease manifested by progressive motor, cognitive and

psychiatric symptoms. Dr. Carlozzi is an outcomes research scientist in the Outcomes & Assessment Research Laboratory.
• University of Medicine and Dentistry of New Jersey (UMDNJ) awarded a grant to support Dr. Carlozzi's pilot study, which will establish a core outcome measure for clinical trials aimed at prolonging healthy living for people with Huntington's disease.
• Select Medical awarded Cristin McKenna, MD, a grant to study the risk of falls during rehabilitation and long-term care though innovative, targeted cognitive assessment. Minimizing falls and their complications will contribute to optimal physical rehabilitation and recovery. Dr. McKenna conducts research in the Stroke Rehabilitation Research Laboratory.

About Kessler Foundation
Kessler Foundation is in the forefront of research in the areas of traumatic brain injury, spinal cord injury, neuropsychology, neuroscience, multiple sclerosis, movement analysis, outcomes research and rehabilitation engineering. Kessler Foundation Research Center, which has 7 specialized laboratories, also has model systems for brain and spinal injury Northern New Jersey SCI System and Northern New Jersey TBI System, which are funded by major grants from the National Institute on Disability and Rehabilitation Research. While there are 14 model SCI systems and 14 TBI model systems in the U.S., Kessler Foundation is one of only seven centers in the country to have dual model systems. In 2008, Kessler Foundation researchers published more than 60 articles in medical and scientific journals and presented their research findings at national and international meetings.

Kessler Foundation also supports programs that promote the employment of people with disabilities through its Program Center's "Transition to Work" Signature and Community Employment Grants. The Foundation's Special Initiative Grants also support educational programs like 'ThinkFirst', an injury prevention program aimed at children and teens. Kessler Foundation has a full-time staff of 90 individuals, divided between two locations in West Orange, New Jersey.

Visit us at KesslerFoundation.org

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Contact Information
Julia Ehrenfeld
Kessler Foundation
http://www.kesslerfoundation.org
212-805-8030

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You can read the online version of this press release here.

Ziosoft Receives FDA Clearance for its MR Cardiac Function Analysis Application

Cardiac MR module expands the clinical value of the Ziostation® Thin-Client Advanced Visualization System

Redwood City, CA (PRWEB) July 8, 2009 -- Ziosoft®, Inc., http://www.ziosoftinc.com a leader in advanced visualization and analysis software for medical imaging, today announced that it has received 510(k) clearance from the United States Food and Drug Administration (FDA) to market its magnetic resonance (MR) cardiac function analysis application for use with the Ziostation® thin-client system.

The MR cardiac function analysis application is used by physicians to evaluate the structures and function of the heart in the initial screening and subsequent management of coronary disease patients. Ziosoft's MR cardiac function application provides physicians with the unique capability to extract left ventricle myocardial contours from Ziosoft's automatic interpolation algorithm to obtain highly accurate results.

In addition to the standard functional assessment calculations such as ejection fraction, peak filling rate (PFR) and peak ejection rate (PER), automatic calculation of myocardial mass is also generated with the Ziosoft application. The software provides the capability to automatically produce "bull's eye" representations as well as a time volume graph to aid in the patient evaluation. Ziosoft's application has the ability to display different sequences in one view, allowing clinicians to scroll between sequences and positions simultaneously. This exclusive feature provides an intuitive method of displaying patient information for more proficient image interpretation. The MR cardiac function application can be accessed throughout the enterprise on the Ziostation thin-client system to provide physicians with improved efficiency and real-time collaboration when assessing results from an MR study.

MR has advanced over the years to provide outstanding image quality while maintaining a non-ionizing means of image acquisition. "Ziosoft is proud to offer a cardiac MR functional module which provides physicians with another option for assessing cardiac function, "said Mark Koeniguer, Ziosoft's chief operating officer. "This latest application offers significant enhancements to our cardiac offering and provides physicians with state of the art tools to improve patient outcomes."

About Ziosoft Inc.
Ziosoft, Inc. is a recognized leader in networked advanced visualization and analysis software to benefit physicians, patients, and healthcare specialists. Founded in 1998, Ziosoft is a leading independent advanced visualization company with over 1800 installed systems in over 800 sites worldwide. Ziosoft is dedicated to providing intelligent and intuitive clinical tools across the enterprise. Ziosoft is a privately held company with locations in Redwood City, CA, Brussels, Belgium, and Tokyo, Japan. For more information, please visit http://www.ziosoftinc.com.

Ziosoft and Ziostation are registered trademarks of Ziosoft Inc.

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Contact Information
Betsy Davis
Ziosoft
http://www.ziosoftinc.com
650 413-1374

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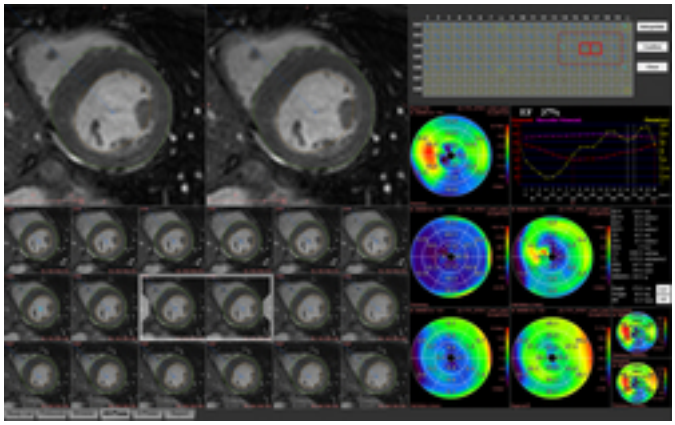
You can read the online version of this press release here.

News Image



Parents of Children with Disabilities Find Sources for Funding Mobility Products

PowerPumber.com announces nationwide funding resources for its mobility products for children with developmental disabilities such as autism, spina bifida, cerebral palsy and other developmental, sensory and learning disorders.

Oregon City, OR (PRWEB) July 7, 2009 -- Columbia-Inland Corporation (CIC) today announced the latest results of its research to find sources across all 50 states that fund mobility products for children with developmental disabilities. These resources are listed on the company's Website at http://www.powerpumper.com.

"All children love to move around," said Mark Shih, M.D., medical director at Columbia-Inland Corporation. "Mobility products like the Power Pumper have been proven helpful for children with autism, spina bifida, cerebral palsy and other developmental, sensory and learning disorders, because they provide these children the fun of movement as well as therapy."

The company also recently hired facilitators to cover all 50 states and work with parents, therapists and hospitals seeking funding to buy Power Pumper as a therapeutic device. Some of the larger states, like California, have more than one facilitator. Facilitators for each territory are ready to help parents, therapists and hospitals looking for a therapeutic mobility product develop their applications.

"Families supporting children with developmental disabilities need choices for mobility just as much as for their other children," said Craig Kiser, M.D. and board chair at Columbia-Inland Corporation. "Finding sources for funding mobility products are scarce and we've put them all in one place to help them."

Parents, therapists or hospitals seeking funding can go to funding tab to find their state and review the funding sources available. Or they can call 1-888-215-7867 (in Oregon, 1-503-657-6676) to ask how to connect with a facilitator.

"Now that we have resources for assisting with funding for all 50 states, we're working to connect families with funding resources," said Dr. Kiser. "It's a time-consuming process, but we're doing it to help children with disabilities and their families."

About Columbia-Inland Corporation

Since 1996, the privately held Columbia-Inland Corporation has designed, produced and marketed quality recreational and rehabilitation mobility devices that improve people's lives. The Power Pumper is popular with therapists, educators and parents because it improves the lives of people and children with disabilities. Children with developmental disabilities simply like it because it's a fun ride. The therapeutic success of the Power Pumper has strengthened the company's dedication to provide other innovative mobility products delivering the same high standards and producing similar results. The Power Pumper is being used by a number of hospitals and clinics such as Legacy Emanuel Children's Hospital Pediatric Development and Rehabilitation Portland, Oregon; All

Children's Hospital St. Petersburg, Florida, and Johns Hopkins Kennedy Krieger Institute, Baltimore, Maryland.

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Contact Information
Bob Morse
Columbia-Inland Corporation
http://www.powerpumper.com
435-674-7950

Online Web 2.0 Version
You can read the online version of this press release here.

New Study Shows Daily Sex Can Increase Sperm Count

New research reported at this week's meeting of the European Society of Human Reproduction found that men with a history of fertility problems can improve their sperm count by having sex every day. According to Genie James, M.M.Sc., Executive Director of The Natural Hormone Institute, "Environmental hormones are a very real culprit sabotaging both a man's sex life and his sperm count."

Jacksonville, Fla. (Vocus) July 6, 2009 -- New research reported at this week's meeting of the European Society of Human Reproduction found that men with a history of fertility problems can improve their sperm count by having sex every day. The problem is that recent surveys show that a startling number of Americans are NOT having sex: 40 million live in no-sex, low-sex relationships and 43 percent of men report some form of sexual inadequacy. Think that statistics refer to men past their prime? Think again. This downhill trend in sexual desire, performance and pleasure is increasingly occurring in younger 20-something and 30-something men. According to Genie James, M.M.Sc., Executive Director of The Natural Hormone Institute, "Environmental hormones are a very real culprit sabotaging both a man's sex life and his sperm count."

"Environmental estrogens, or xenoestrogens, are prolific in our everyday lives," says James. "They can be found in certain pesticides, herbicides, fungicides, plastics, fuels, car exhausts, dry cleaning chemicals, industrial waste, meat from livestock fed estrogenic drugs to fatten them up, lawn care solutions and hair products. Even that "healthy" bottle of water you carry around can leach xenoestrogens from the plastic into the water depositing them into your system upon drinking. Multiple research studies in this country and Europe show a link between xenoestrogens, particularly estrogenic steroids used to fatten livestock, as the culprit contributing to increased incidence of testicular cancer, decreased sperm counts, volume of sperm ejaculated, unhealthy sperm and reproductive abnormalities.

So what's a guy to do who is concerned about his sperm count or wants a baby but for some reason doesn't want to have sex? First and foremost, James advises having your hormone levels tested by a knowledgeable physician who is expert in diagnosing hormone level deficiencies. Low testosterone levels (the hormone of desire and pleasure) can be safely treated with bioidentical testosterone replacement. "In addition to boosting a lagging libido, recent medical research released by Harvard Medical School indicate that keeping testosterone levels at a healthy-high level can reduce a man's risk of prostate cancer," says James. "Simultaneously, clean up your diet. Choose organic meats and poultry when at all possible and do all that you can to eliminate lurking xenohormones from your environment."

James' upcoming new book, "In the Mood Again," (Simon & Schuster, January 2010), will explain how natural hormone balancing, diet and lifestyle changes can help adults of both sexes regain lost libido. The winning formula: Stronger libido = More Sex = Higher Sperm Count = More Babies!

Media Contact:
Melissa Ross

Dalton Agency
(904) 993-1896

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Contact Information
Melissa Ross
http://www.geniejames.com
904-993-1896

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Powerful New Online Resource Simplifies Clinical Trial Compliance

Thompson's New CTCOMPLY.com is the one-stop source to quickly and confidently stay on top of key compliance issues

Washington, D.C. (PRWEB) July 7, 2009 -- Now it's easier than ever for clinical trial professionals to stay on top of key compliance issues and streamline their operation, thanks to CTCOMPLY.com-- the revolutionary new instant-answer interactive Web site from Thompson Publishing Group and AHC Media.

CT COMPLY puts Thompson's best-selling CT manuals, powerful databases, up-to-the-minute news and analysis, and other powerful research tools in one convenient online source.

From keeping up with the latest compliance issues and sorting out the evolving conflict of interest guidelines, to data management, adverse effects, and preparing for an FDA inspection -- CT COMPLY provides critical action-oriented information and regulatory guidance on every conceivable clinical trial issue.

Armed with this vast store of up-to-date guidance and Thompson's easy to use search tools, CT managers can help ensure 100% compliance with changing state and federal regulations, ensure subject protection and meet privacy requirements, and avoid costly errors that could lead to fines, loss of funding or disapproval of data.

What's more, CT COMPLY offers industry best practices to help train clinical trial staff and streamline the clinical trial process.

"CT professionals have been asking for this for years," says J.W. Schomisch, senior managing editor at Thompson, and editor of the widely acclaimed Guide to Good Clinical Practice. "Now, with just a few quick clicks of a mouse, CT managers can find up-to-date advice to stay in full compliance plus powerful advice to help save time and money and smoothly speed their trials."

"The huge benefit of the online format is that we're able to keep the information continuously up-to-date," says Schomisch. "That way, clinical trial professionals will always have the latest news, analysis and practical guidance at their fingertips. We've made it all very intuitive and easy to use with several ways to find what you're looking for. "

11 Up-to-Date,
Problem-Solving Tools
in One Handy Source

CT COMPLY, available on a subscription basis from Thompson Publishing, offers a wealth of practical tools, including …

• Complete, searchable online access to two industry-standard reference books -- Thompson's acclaimed Guide to Good Clinical Practice and AHC's Standard Operating Procedure for the IRB, a $2,000 value.

• Three quick-search databases, including FDA warning letters that show what clinical trial violations are being actively pursued … the exclusive OHRP Determination letters database that shows exactly how to correct areas

that may be out of compliance … and CT laws and regulations of all 50 states to help stay on top of state-specific requirements.
• Breaking news and analysis, updated daily -- an instant heads-up on federal and state regulatory changes … congressional action … court cases … guidance documents … federal regulatory actions … and the latest "research on research" -- all tailored specifically to the clinical research enterprise.
• A CT Compliance Calendar featuring key FDA, NIH, OHRP and other regulatory deadlines plus audio conferences, industry forums, and more.
• An industry poll of clinical trial professionals, offering an inside look at what others are thinking industry-wide.
• Personal assistance: Subscribers may jot the CT COMPLY editor a question and receive the personalized answer they're looking for by return e-mail.
• Practical tools that simplify compliance, including sample checklists to conduct quality assurance audits … handy FDA forms … industry guidance documents and information sheets … and more to make compliance easier than ever.
• Weekly e-zines featuring up-to-the-minute changes in clinical compliance law.

Clinical trial professionals interested in a free demo of CT COMPLY are asked to call 1-800-695-7835. A free copy of Recent Trends in Financial Conflict of Interest Disclosure will be given to all who try the demo.

Thompson Publishing Group has for nearly 40 years provided authoritative, timely and practical analysis and guidance in different media to a wide variety of professional disciplines. Thompson's national network of authors and in-house experts provide step-by-step help in tracking and complying with the dynamic regulatory mandates facing professionals in such areas as human resources, benefits, pensions and grants, education, FDA, environment and energy, health care, and state and local government.

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Contact Information
Krista Fisher
Thompson Publishing Group
http://www.ctcomply.com
202-739-9548

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American Orthopaedic Society for Sports Medicine (AOSSM) Presents Prestigious Research Awards at Annual Meeting

In order to recognize and encourage cutting-edge research in key areas of orthopaedic sports medicine, the American Orthopaedic Society for Sports Medicine (AOSSM) will present eight research awards and two grants during its Annual Meeting, July 9-12th in Keystone, Colorado.

Keystone, CO (Vocus) July 6, 2006 -- In order to recognize and encourage cutting-edge research in key areas of orthopaedic sports medicine, the American Orthopaedic Society for Sports Medicine (AOSSM) will present eight research awards and two grants during its Annual Meeting, July 9-12th in Keystone, Colorado. As a leader in orthopaedic sports medicine, AOSSM annually provides more than $150,000 to research initiatives and projects around the country. Highlights of this year's award recipients include:

2009 Young Investigators Grant
The Young Investigator Grant (YIG) is specifically designed to support young researchers who have not received prior funding. Dr. Brian Feeley of the University of California at San Francisco received this year's $40,000 grant for his work with computer assisted navigation to evaluate different pediatric ACL reconstruction techniques using a custom pivot shift apparatus to evaluate the rotational stability of the reconstruction techniques.

2009 Sandy Kirkley Clinical Research Outcome Grant
The Kirkley Grant provides start-up supplemental funding for an outcome research project or pilot study in the amount of $20,000. This year's winner, Dr. Joseph Hart of the University of Virginia, will investigate mechanisms that underlie quadriceps strength gains in ACL-reconstructed patients exhibiting persistent quadriceps weakness and inhibition.

Aircast Award for Basic Science
Voted by the AOSSM's Fellowship Committee, this year's recipients are David Kovacevic, MD, Asheesh Bedi, MD, Alice J. Fox, MSc, Xenghua Deng, MD, Russell F. Warren, MD, Scott A. Rodeo, MD for their paper "The Effect of TGF-B3 on Tendon-to-Bone Healing in a Rotator Cuff Repair Model." The authors found that augmentation with the human gene TGF-B3, during a rotator cuff repair improves the strength of the repair more than surgical repair alone. Awardees receive a monetary compensation of $1,500.

Aircast Award for Clinical Science
"Anterior Cruciate Ligament Rupture in Patients with Significant Growth Remaining: What is the Risk to the Meniscus and Cartilage when Treatment is Delayed?" authored by J. Todd R. Lawrence, MD, PhD, Nina Agrawal, BA, and Theodore J. Ganley, MD quantified the risks of delaying anterior cruciate ligament (ACL) reconstruction in pediatric patients and found that patients who delayed surgical reconstruction for more than 12 weeks experienced increased risk for irreparable tears and injuries, in addition to the already present ACL injury. Voted on by the AOSSM's Fellowship Committee, awardees receive $1,500.

Cabuad Memorial Award

Given to the best paper researching hard or soft tissue biology, this year's recipients are Braden C. Fleming, PhD, Kurt P. Spindler, MD, Matthew Palmer, BS, Elise Magarian, BS, and Martha M. Murray, MD, for their paper "Collagen-platelet composites improve the biomechanical properties of healing ACL grafts in a porcine model." The paper studied how the application of a collagen-platelet composite to an anterior cruciate ligament graft at the time of surgery was more successful in decreasing knee movement and increasing the structural strength of the graft after 15 weeks of healing compared with a traditional graft. This award is selected by the AOSSM Awards Subcommittee with awardees receiving $500.

Excellence in Research Award

Benjamin R. Coobs, MD, Coen A. Wijdicks, MSc, Bryan M. Armitage, MD, Stanislav I. Spiridonov, BS, Benjamin D. Westerhaus, Steiner Johansen MD, Lars Engebretsen, MD, PhD, and Robert F. LaPrade, MD, PhD, are the recipients of this award for the best paper submitted in any category with a primary author under the age of 40. Their paper, "An In Vitro Analysis of an Anatomic Medial Knee Reconstruction," found that an anatomic medial knee reconstruction restores near-normal stability and ligament load distribution in patients with chronic or severe acute medial knee injuries, such as a ligament tear of the knee. This award is selected by the AOSSM Awards Subcommittee with principal investigators receiving $1,000 and $1,500 for the sponsoring institution.

O'Donoghue Award.

This award is given to Thomas J. Gill, MD, Samuel K. Van de Velde, MD, David W. Wing, MD, and Luke S. Oh, MD, Guoan Li, PhD for their paper "Tibofemoral and patellofemoral kinematics following reconstruction of an isolated posterior cruciate ligament injury: In vivo analysis during physiologic loading." The paper was voted the best overall research paper based on clinical research or human in vivo research. The authors explored how abnormal movement of the shin bone and decreased knee rotation and tilt may play a part in the development of cartilage degeneration after a posterior cruciate ligament injury reconstruction. This award is selected by the AOSSM Awards Subcommittee with awardees receiving $2,500.

The NCAA Research Award

This award is given to the best paper submitted that pertains to the health, safety, and well-being of collegiate student-athletes, Julie Gilchrist, MD, Bert R. Mandelbaum, MD, Heidi Melancon, MPH, George W. Ryan, PhD, Holly J. Silvers, MPT, Letha Y. Griffin, MD, PhD, Diane S. Watanabe, MA, ATC, Randall W. Dick, MS, and Jiri Dvorak, MD are this year's recipients for their paper "A Randomized Controlled Trial to Prevent Noncontact Anterior Cruciate Ligament Injury in Female Collegiate Soccer Players." The paper found that the risk of potentially devastating tears to an important knee ligament may be reduced in female college soccer players by an alternative warm-up program that focuses on stretching, strengthening, and improving balance and movements This award is selected by the AOSSM Awards Subcommittee with awardees receiving $500.

Hughston Award

The paper "Characterized Chondrocyte Implantation Results in Better Structure Repair when Treating Symptomatic Cartilage Defects of the Knee in a Randomized Controlled Trial Versus Microfracture," authored by B.F. Saris MD, PhD, Johan Vanlauwe, MD, and their associates, is awarded for being the most outstanding paper published in the American Journal of Sports Medicine in 2008. During the course of their research, Saris et al found that structural regeneration with a cell therapy proved more successful than traditional microfracture surgery repair. The winning paper is chosen by a panel of AJSM editors and reviewers and receives $5,000.

AJSM Systematic Review Award

This award for the best systematic review paper, in the American Journal of Sports Medicine will be presented to Britt Elin Øiestad, PT, MS, Lars Engebretsen, MD, PhD, Kjersti Storheim, PT, PhD, and May Arna Risberg, PT, PhD for their paper "Knee osteoarthritis after anterior cruciate ligament injury - A systematic review." In this paper, the authors reviewed published studies and concluded that the prevalence of knee osteoarthritis after anterior cruciate ligament reconstruction is lower than once thought, thus adding more fuel to the conversation regarding the relationship between ACL reconstruction and knee osteoarthritis. The winning paper is chosen by a panel of AJSM editors and receives $5,000.

The American Orthopaedic Society for Sports Medicine (AOSSM) is a world leader in sports medicine education, research, communication and fellowship, and includes national and international orthopaedic sports medicine leaders. The Society works closely with many other sports medicine specialists, including athletic trainers, physical therapists, family physicians, and others to improve the identification, prevention, treatment, and rehabilitation of sports injuries.

For more information, please contact AOSSM Director of Communications, Lisa Weisenberger, at 847/292-4900 or e-mail her at lisa (at) aossm (dot) org. Additional information and press releases can be viewed in the newsroom on AOSSM's Web site at www.sportsmed.org.

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Contact Information
Lisa Weisenberger
American Orthopaedic Society for Sports Medicine
http://www.sportsmed.org
847-292-4900

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News Image

MRI Accurately Depicts Deep Endometriosis

Using magnetic resonance imaging (MRI), radiologists may be able to diagnose deep endometriosis and accurately locate lesions prior to surgery, according to a new study published in the online edition of Radiology.

Oak Brook, Ill. (Vocus) July 7, 2009 -- Using magnetic resonance imaging (MRI), radiologists may be able to diagnose deep endometriosis and accurately locate lesions prior to surgery, according to a new study published in the online edition of Radiology.

"Pelvic MRI at 3 Tesla is a noninvasive technique that allows a complete examination of the pelvis," said the study's lead author, Nathalie Hottat, M.D., from the Department of Radiology at Erasme Hospital and the Université Libre de Bruxelles in Brussels, Belgium. "It accurately depicts all locations of deep endometriosis."

Endometriosis is a chronic and painful disease that results when uterine tissue, called endometrium, grows outside the uterus. Endometrium can attach to other organs, such as the ovaries, fallopian tubes, bowels and bladder. Endometriosis is one of the most common health problems affecting women. According to the U.S. Department of Health and Human Services, approximately

5 million American women have endometriosis. Symptoms include chronic pelvic pain, lower back pain, painful sexual intercourse, painful menstrual cramps, fatigue and infertility.

There are two types of endometriosis: superficial and subperitoneal (deep). Deep endometriosis infiltrates areas of the cervix, vagina and/or the colon, and, less frequently, the bladder and ureter. Superficial endometriosis can be treated with laparoscopy, but deep endometriosis sometimes requires complete surgical excision of the lesions.

It is important that the diagnosis and staging of the disease distinguish between the two types in order to guide the surgeon to schedule the most appropriate procedure. Therefore, the researchers set out to determine the accuracy of 3-T pelvic MRI in diagnosing the presence of deep endometriosis and to evaluate colon wall involvement.

The researchers studied 41 women, age 20 - 46, with suspected endometriosis. MRI was performed prior to surgery. MRI accurately diagnosed 26 of 27 cases of deep endometriosis. In addition, MR images accurately depicted specific locations of deep endometrial lesions.

"The 3-T MRI results also demonstrated a high negative predictive value of 93.3 percent," Dr. Hottat said, "meaning that MRI findings accurately ruled out deep endometriosis in patients with superficial endometriosis, allowing the surgeon to perform the less invasive laparoscopic procedure."

Colon wall involvement was present in 32 percent of patients with deep endometriosis. MRI was effective at distinguishing different layers of the affected colon wall and accurately depicted the degree of colon wall invasion.

"Endometriosis: Contribution of 3.0-T Pelvic MR Imaging in Preoperative Assessment--Initial Results." Collaborating with Dr. Hottat were Caroline Larrousse, M.D., Vincent Anaf, M.D., Ph.D., Jean-Christophe Noël, M.D., Ph.D., Celso Matos, M.D., Julie Absil, Ph.D., and Thierry Metens, Ph.D.

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RSNA is an association of more than 43,000 radiologists, radiation oncologists, medical physicists and related scientists committed to excellence in patient care through education and research. (RSNA.org)

For patient-friendly information on MRI, visit RadiologyInfo.org.

AT A GLANCE

- Using 3-Tesla (3-T) MRI, radiologists can diagnose and stage deep endometriosis for surgery.
- Deep endometriosis may infiltrate the cervix, vagina, colon, bladder or ureter.
- Over 5 million American women have endometriosis. Symptoms may include chronic pelvic pain and infertility.

Contact:

RSNA Media Relations
1-630-590-7762

Linda Brooks
1-630-590-7738

Maureen Morley
1-630-590-7754

# # #

Contact Information
Linda Brooks
Radiological Society of North America
http://www.rsna.org
1-630-590-7738

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Burnham Institute for Medical Research and Magellan BioScience Group, Inc. Announce Drug Discovery Collaboration

Magellan BioScience Group, Inc. (Magellan), a pioneer in innovative drug development from marine sources, and investigators at the Burnham Institute for Medical Research at Lake Nona (Burnham) announced today that they will begin a multidisciplinary drug discovery collaboration to identify novel marine microbial compounds that have potential as tools for biological research and ultimately the discovery of new medicines.

Tampa and Orlando, FL (Vocus) July 7, 2009 -- Magellan BioScience Group, Inc. (Magellan), a pioneer in innovative drug development from marine sources, and investigators at the Burnham Institute for Medical Research at Lake Nona (Burnham) announced today that they will begin a multidisciplinary drug discovery collaboration to identify novel marine microbial compounds that have potential as tools for biological research and ultimately the discovery of new medicines.

This collaboration will bring together Magellan's unique collection of marine-derived microorganisms and their natural product chemistry expertise with Burnham's ultra-high throughput small molecule screening technologies that were recently established at the Lake Nona, Florida campus. The Burnham-Magellan team will utilize Burnham's state-of-the-art robotic screening system to run bioassays and characterize lead candidates from the collection. The Burnham team of Medicinal Chemists will then optimize novel compounds to afford potential biological probes and preclinical drug candidates. The groups' combined expertise in sophisticated chemistry approaches and access to advanced screening technologies, will accelerate early discovery and drug development efforts.

"We are excited to initiate this discovery collaboration with Burnham," said Dr. Todd R. Daviau, CEO of Magellan. "Burnham's scientific and technological approach coupled with their highly-qualified and industry-experienced research teams constitutes a significant opportunity for the discovery and development of new pharmaceutical candidates."

Burnham's ultra-high throughput screening resource resides within the Conrad Prebys Center for Chemical Genomics and is one of four NIH sponsored comprehensive screening and probe development centers in the United States. The fully-integrated automated system combines robotic screening with high-content image analysis, hit-to-probe chemistry, exploratory pharmacology expertise, and informatics, provides a technology platform that is virtually unprecedented in the not-for-profit research world.

"The Burnham-Magellan collaboration will involve some of the first assays to be processed through our new small molecule screening center at Lake Nona. This is a powerful partnership that will advance both science and regional development and is representative of the collaborations that were envisioned by Burnham as we established an east coast campus in Florida," said Dr. Gregory Roth, associate professor and director of medicinal chemistry and pharmacology at Burnham.

About Magellan:

Magellan BioScience Group, Inc., based in Tampa, Fla., is a privately held innovative biotechnology company focused on the discovery of novel classes of therapeutic candidates. Magellan is using its integrated platform technologies to isolate and identify new biologically active compounds. The company believes that its library of marine microbes will be the next source of drug discovery for the pharmaceutical industry. Magellan aims to develop and optimize drug candidates to treat cancer, infectious diseases, and inflammation. For additional information, please refer to the company's web site at Magellan BioScience Group, Inc..

About Burnham Institute for Medical Research:
Burnham Institute for Medical Research is dedicated to revealing the fundamental molecular causes of disease and devising the innovative therapies of tomorrow. Burnham, with operations in California and Florida, is one of the fastest-growing research institutes in the country. The Institute ranks among the top-four institutions nationally for NIH grant funding and among the top-25 organizations worldwide for its research impact. Burnham utilizes a unique, collaborative approach to medical research and has established major research programs in cancer, neurodegeneration, diabetes, infectious and inflammatory and childhood diseases. The Institute is known for its world-class capabilities in stem cell research and drug discovery technologies. Burnham is a nonprofit, public benefit corporation. For more information, please visit Burnham Institute for Medical Research at Lake Nona.

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Contact Information
Todd R. Daviau, PhD
Magellan BioScience Group, Inc.
http://www.magellanbioscience.com
(727)-865-1300

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News Image

Snoring Isn't Sexy, LLC Launches Discussion Forum for the Public

Snoring Isn't Sexy, LLC, the web's fastest growing source of information on dentistry's responsibility in the recognition and management of snoring and sleep apnea, announces the launch of an open discussion forum for both the public and doctors.

(PRWEB) July 6, 2009 -- Snoring Isn't Sexy, LLC, the web's fastest growing source of information on dentistry's responsibility in the recognition and management of snoring and sleep apnea, announces the launch of an open discussion forum for both the public and doctors.

It has been estimated that in the United States alone 20 million men, women and children suffer from obstructive sleep apnea. Millions more snore. Of these 20 million, only about 10% have been diagnosed despite the fact that the average life span of an untreated sleep apneic is years less than those without sleep apnea. Snoring and sleep apnea have been related to heart disease, heart attacks, high blood pressure, stroke, diabetes, obesity, depression and erectile dysfunction as well as vehicular accidental injury and death. The increased medical costs of those with untreated sleep apnea are estimated to be in the billions a year.

"Unfortunately many physicians and patients are unaware that dentists play a role in the management of sleep apnea. Developing this forum will give all of us at Snoring Isn't Sexy the opportunity to engage the public directly in a conversation about how we, as dentists, can help those who snore and have sleep apnea," said Dr. Barsh. " We feel this is a natural progression from a static web site into one that is interactive."

While nasal CPAP is still the primary treatment for sleep apnea, recent research has proven that oral appliance therapy, in the hands of a specially educated dentist and with the appropriate case selection, can be as effective as CPAP. Oral appliance therapy for snoring and sleep apnea has been approved for use in mild to moderate sleep apnea when a patient is unable or unwilling to utilize a CPAP device.

About Snoring Isn't Sexy, LLC

Snoring Isn't Sexy, LLC was founded in 2008 by Laurence I. Barsh, DMD, a dentist who has been involved with sleep medicine since 1992 and who now devotes full time to educating the public about dentistry's role and responsibility in the recognition and management of snoring and sleep apnea. Dr. Barsh and the dentists associated with Snoring Isn't Sexy, LLC feel strongly that management of sleep-breathing disorders is a shared responsibility of both the medical and dental professions.

Snoring Isn't Sexy, LLC consists of independently owned and operated affiliated offices. Visit http://www.SnoringIsntSexy.com for a directory of all participating dentists.

Contact:
Laurence I. Barsh, DMD
888.203.0488

# # #

Contact Information
Laurence I. Barsh, DMD
Snoring Isn't Sexy, LLC
http://www.snoringisntsexy.com/forum/forums.cfm?conferenceid=3B9A6CEB-3048-6512-7C30EF956B6F18
888-203-0488

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Merrimack Pharmaceuticals Initiates Enrollment in a Phase 1/2 Study of MM-111, a Bispecific Antibody to ErbB2/3

Merrimack Pharmaceuticals' second of five oncology pipeline candidates, MM-111, a bispecific antibody, has entered clinical development. Preclinical studies have demonstrated that the bispecific approach shows antitumor activity in a wide range of tumor types. The current Phase 1/2 study will evaluate the human safety and pharmacokinetics (PK) of MM-111. MM-111 is the first bispecific antibody bindng two different receptors on the same cell to enter clinical development.

Cambridge, MA (PRWEB) July 3, 2009 -- Merrimack Pharmaceuticals, Inc. announced today that the first patient has received an initial dose in a Phase 1/2 clinical study of the Company's second oncology pipeline candidate, MM-111, a bispecific antibody fusion protein designed to target cancer cells that are characterized by overexpression or amplification of ErbB2 (also known as HER2). MM-111 is the first bispecific antibody binding two different receptors on the same cell to enter clinical development.

"MM-111 is a novel biologic with a unique approach to treating ErbB2 amplification in tumors," said Ulrik B. Nielsen, PhD, Senior Vice President and Chief Scientific Officer at Merrimack. "We used a systems biology approach, integrating computational modeling, experimentation and protein engineering to optimize this therapeutic to address the complex signaling dynamics between ErbB2 and ErbB3 and to exquisitely target cancer cells."

MM-111 has two antibody arms; a targeting arm that binds to ErbB2 with high affinity and a therapeutic arm that binds to ErbB3 (also known as HER3). Both ErbB2 and ErbB3 are members of the ErbB family of receptors, a complex molecular network whose activation is commonly linked with cancer. In 2003, Merrimack researchers identified ErbB3 as a highly sensitive node in the ErbB signaling network and also found it played a dominant role in activation of the PI3 kinase pathway - a pathway believed to be used by cancer cells to sustain survival. The importance of ErbB3 in cancer progression is now widely appreciated. Preclinical data demonstrating the impact of MM-111 in multiple cancer models were presented at the annual meeting of the American Association for Cancer Research in April.

The current Phase 1/2 study will evaluate the human safety and pharmacokinetics (PK) of MM-111. The Phase 1 portion of the study is enrolling patients with tumors that overexpress ErbB2 while the Phase 2 portion of the study will be restricted to ErbB2 overexpressing (HER2+) breast cancer patients. The first dose was administered at South Texas Accelerated Research Therapeutics (START) where enrollment is currently underway. Fox Chase Cancer Center is expected to participate in the trial this July.

"MM-111 has the potential to help patients who are resistant to currently approved ErbB2 therapies," said William J. Slichenmyer, MD, Senior Vice President and Chief Medical Officer at Merrimack. "Preclinical studies of MM-111 have demonstrated that the bispecific approach shows antitumor activity in a wide range of tumor types and we are hopeful this will translate into patient benefit. START and Fox Chase are outstanding cancer

research centers and we are excited to be working with leading clinical investigators at both institutions."

Merrimack has developed a broad intellectual property position around its oncology therapeutic portfolio, including its bispecific antibody technology and MM-111. This portfolio includes U.S. and international patent filings relating to compositions of matter and methods of use as well as licensed patents and pending patent applications, trade secrets and proprietary know-how.

About Merrimack
Merrimack Pharmaceuticals, Inc. is a biotechnology company focused on the discovery and development of novel treatments for cancer and autoimmune disease. Its first two oncology pipeline candidates, MM-121 and MM-111, are currently in Phase 1 clinical development. The Company's proprietary Network Biology discovery platform, developed with the help of leading scientists from MIT and Harvard, enables the high-throughput profiling of protein networks as a basis for improved validation, lead identification and speed in the development of innovative, effective and well tolerated therapeutics. MM-121 and MM-111 are investigational drugs and have not been approved by the U.S. Food and Drug Administration or any international regulatory agency. Merrimack is a privately-held company based in Cambridge, Massachusetts.

Contact:
Kathleen Petrozzelli, Corporate Communications, 617-441-1043, kpetrozzelli(at)merrimackpharma.com
http://www.merrimackpharma.com

Betsy Stevenson, RaymondStevenson Healthcare, 860-984-1424, betsy(at)raymondstevenson.com

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Contact Information

Betsy Stevenson
RaymondStevenson Healthcare Communications
http://www.raymondstevenson.com
8609841424

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News Image

International Collaboration led by Dr. Pablo V. Gejman,Researcher At NorthShore University HealthSystem's Research Institute, Finds Genetic Association of Schizophrenia to Chromosome 6p Variant

The July 1, 2009 advance online edition of the journal Nature includes three companion papers describing the results of genome-wide association studies (GWAS) of schizophrenia. Schizophrenia is an elusive and severe psychiatric disorder that affects up to 70 million people worldwide. The causes of schizophrenia remain largely unknown and there is no cure, though for some individuals the current treatments work well. There are multiple factors that increase the risk for schizophrenia, of which genetic factors are the most prominent, though not precisely identified yet. This highlights the need for a better understanding of the pathways leading to schizophrenia to enable development of better treatments.

Evanston, IL (Vocus) July 1, 2009 -- The July 1, 2009 advance online edition of the journal Nature includes three companion papers describing the results of genome-wide association studies (GWAS) of schizophrenia. Schizophrenia is an elusive and severe psychiatric disorder that affects up to 70 million people worldwide. The causes of schizophrenia remain largely unknown and there is no cure, though for some individuals the current treatments work well. There are multiple factors that increase the risk for schizophrenia, of which genetic factors are the most prominent, though not precisely identified yet. This highlights the need for a better understanding of the pathways leading to schizophrenia to enable development of better treatments.

Dr. Pablo Gejman, Director of the NorthShore University HealthSystem (NorthShore) Center for Psychiatric Genetics, led one of these three international collaborations, the Molecular Genetics of Schizophrenia (MGS). The MGS publication is entitled "Common variants on chromosome 6p22.1 are associated with schizophrenia.

Each study analyzed several thousand individuals with hundreds of thousands genetic markers distributed along the human genome, conducted the statistical analysis of their sample, and then shared data of their top results for a meta-analysis. The three samples combined comprised over 8,000 schizophrenia cases and over 19,000 control samples of European ancestry. "The combined analysis of the three datasets highlighted a region in chromosome 6p22.1 that is associated with schizophrenia," said Dr. Gejman.

The 6p22.1 region includes a histone gene cluster (protein "spools" around which DNA wraps and affect the degree to which genes are turned on and off) and multiple immunity-related genes, suggesting a variety of possible pathophysiological mechanisms in schizophrenia, from abnormal transcriptional regulation to autoimmunity and maternal infections.
Dr. Gejman said, "These studies show that there are common variants increasing risk for schizophrenia, albeit representing small individual effects, and suggest that even larger samples may succeed in uncovering additional variants of pathophysiological importance, further illuminating the mechanisms of this devastating illness."

Dr. Alan R. Sanders, a collaborator at NorthShore, states, "Schizophrenia is largely a genetic disease, though a complex one, and people who have close family members with schizophrenia are somewhat more likely to get

this chronic, debilitating brain disorder. It usually begins in adolescence or early adulthood, and is characterized by hallucinations, delusions, disorganized thinking and behavior, and loss of interest and initiative. Chronic impairment in social functioning remains the more prevalent disease course, even with treatment." Dr. Sanders further noted that, "Unlike the European ancestry only samples of the companion papers, the MGS sample also includes an African American (AA) subsample comprised by over 2,200 individuals. The AA GWAS results supported previously reported schizophrenia associations for the genes, ERBB4 on chromosome 2q34 and its ligand, neuregulin (NRG1 on chromosome 8p12).

The NorthShore team expects to continue to generate knowledge aimed at this goal of better therapeutics, such as more specific and effective medications with fewer side effects.
The studies were led, respectively, by Drs. Pablo V. Gejman of NorthShore University HealthSystem (MGS, the Molecular Genetics of Schizophrenia collaboration), Pamela Sklar of the Broad Institute (ISC, the International Schizophrenia Consortium), and Kari Stefansson of deCODE Genetics (SGENE, the Schizophrenia Gene consortium).

The MGS study was supported by the National Institute of Mental Health (multiple grants), the Paul Michael Donovan Charitable Foundation, NorthShore University HealthSystem the National Alliance for Research on Schizophrenia and Depression, the Genetic Association Information Network (GAIN, and the National Center for Research Resources

About NorthShore University HealthSystem
Located in Chicago's northern suburbs, NorthShore University HealthSystem (formerly Evanston Northwestern Healthcare) is an academic health system affiliated with the University of Chicago's Pritzker School of Medicine. Our integrated delivery system includes Evanston (founded in 1891), Glenbrook, Highland Park, and Skokie Hospitals as well as the NorthShore Medical Group, Research Institute, and Foundation. NorthShore has annual revenues of $1.5 billion and a staff of more than 8,000. The fully integrated health system has significant capabilities in a wide spectrum of clinical programs, including cancer, heart, orthopedics, high-risk maternity, and pediatrics. NorthShore is a national leader in the implementation of innovative technologies, including electronic medical records.

CONTACT:
Rikki Ragland
Director, Public Relations
(847) 570-3144
rragland @ northshore.org

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Contact Information
Rikki Ragland
Northshore University Health System
http://www.northshore.org
847- 570-3144

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iCardiac Selected by Top 10 Pharmaceutical Company

Executes Master Services Agreement Covering Highly Automated QT(sm) and Dynamic QTbtb(sm) Solutions

Rochester, New York (PRWEB) July 2, 2009 -- iCardiac Technologies, Inc., a leader in advanced cardiac safety biomarker development and automated QT analysis, announced that it has executed a master services agreement with a top 10 pharmaceutical company covering both iCardiac's Highly Automated QT as well as Dynamic QTbtb solutions for Phase I and Thorough QT (TQT) studies.

"We are enthusiastic about our continued progress in delivering the next generation of advanced methods for evaluating pharmaceutical cardiac safety," said Sasha Latypova, Executive Vice President. "Our technology and service solution is meeting a critical need for pharmaceutical developers to both increase precision of early clinical cardiac safety studies as well as minimize the current unacceptably high rate of false-positive QTc findings which can lead to unnecessary termination of promising new medicines in development."

About iCardiac Technologies

iCardiac Technologies, Inc. is a technologically differentiated cardiac core lab providing expert scientific consultation, end-to-end project management, statistical analysis and the industry's most sophisticated FDA-accepted cardiac safety assessment methodologies. iCardiac's analysis service provides drug developers with more precise and cost-effective methods for QT interval measurement, including Highly Automated QT, which has been validated by pharmaceutical companies and accepted by the FDA as equivalent to the manual evaluation of ECGs in Thorough QT studies. In addition, iCardiac provides Beyond QT, a suite of advanced ECG-based cardiac safety markers that have been accepted as secondary end-points by the regulators, and deliver a more accurate assessment of the cardiac safety profile of drugs in development. iCardiac's COMPAS technology has been used for over a decade in cardiac clinical trials conducted for and by leading large and medium sized pharmaceutical, biotechnology, and medical device companies. For more information, visit: www.icardiac.com.

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Contact Information
Sasha Latypova
iCardiac Technologies, Inc.
http://www.icardiac.com
585-295-7610

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Stemedica Discovers Significant Breakthrough in the Use of Stem Cells and Stem Cell Factors for the Treatment of Retinal Degeneration

Stemedica Cell Technologies, Inc., a leader in the manufacturing and development of clinical grade allogeneic adult stem cell technology, has discovered a significant breakthrough in the use of human stem cells and stem cell factors for the potential treatment of degenerations of the retina and retinal pigmented epithelium.

San Diego, CA (PRWEB) July 1, 2009 -- Stemedica Cell Technologies, Inc., ("Stemedica"),a leader in the manufacturing and development of clinical grade allogeneic adult stem cell technology, has discovered a significant breakthrough in the use of human stem cells and stem cell factors for the potential treatment of degenerations of the retina and retinal pigmented epithelium. Retinal degenerations include diseases such as Retinitis Pigmentosa, which are hereditary conditions in which abnormalities of the retinal pigmented epithelium (RPE) within the eye lead to progressive vision loss. According to one of the study's Principle Investigators, Dr. Paul Tornambe, "The results from this pre-clinical experiment are exciting. It allows researchers and clinicians to push the envelope in the quest to use stem cells to modulate diseases like Retinitis Pigmentosa." There is currently no medical treatment that can completely cure Retinitis Pigmentosa - an eye disease that affects approximately 1,500,000 people on a worldwide basis each year.

An international consortium of prominent researchers and clinicians were assembled by Stemedica to fully explore the application of its proprietary lines of stem cells and stem cell factors for treatment of Retinal Degeneration in a pre-clinical environment. Their discoveries provide great promise for treating this disease at a clinical level. "We knew the team assembled had the experience and expertise to fully explore how stem cells and stem cell factors might be applied in the possible treatment of Retinal Degeneration that may apply to Retinitis Pigmentosa in the future", said Nikolai Tankovich, MD, PhD, Stemedica's President and Chief Medical Officer. "While there have been similar results achieved with our stem cells and factors in the experimental treatment of neurological diseases, we did not expect that these efforts would provide the kind of breakthrough results that have been achieved in our ophthalmological study."

The study team was comprised of Edwin Boldrey, MD, a Retina and Vitreous Specialist from Northern California and Charter Member of American Society of Retina Specialists and by Paul Tornambe, MD, of Retinal Consultants in San Diego, California. Dr. Tornambe is a past President of the American Society of Retina Specialists. Other members of the study team included Khristo Takhchidi, MD, PhD; Director General, Natalia Gavrilova, MD, PhD, Professor; and, Olga Komova, MD from the famous Fyodorov Eye Microsurgery Institute in Moscow, Russia. Supporting the principle investigators were Alexander Revischin, PhD, and Irina Saburina, MD, PhD from the Russian Academy of Sciences and by Alexei Lukashev, PhD, of Stemedica's Research Lab in San Diego, California.

Dr. Tornambe identified several observations that resulted from the group's efforts, "There were two very encouraging findings: RPE stem cells injected into the suprachoroidal space prevented the animal's RPE cell's degeneration as well as preventing degeneration of the overlying photoreceptors proven by very objective ERG

testing and histopathology. Secondarily, and even more interesting, is that the fellow contra lateral eye also showed a beneficial effect. This crossover effect suggest this treatment stimulated upregulation of other factors, yet unknown, which decreased the rate of degeneration in the fellow eye. Degeneration of RPE cells occur in many other human retinal diseases such as age related macular degeneration. It is very important to temper initial enthusiasm with the test of time, however, this study strongly suggests, at least in this animal model, that certain kinds of stem cells and factors can modify a disease process."

The 18 month pre-clinical study was implemented at the Fyodorov Eye Institute using Stemedica's proprietary multiple cell technology. Three different types of human stem cells (hSC) were used in the study - retinal pigment epithelium (RPE), neural (NSC) and cilliary body (CB) - all obtained from human donor tissue. Various cells were injected into rats with hereditary pigmented degradation of retina. One eye of each participating rat served the treatment eye and the other eye served as the control eye. Healthy non-dystrophic and non-treated (normally dystrophic) animals were also used as independent control groups. Electroretinography (ERG) and immunohistochemical (ICH) analysis was performed on both eyes. "What is very impressive is the immune privileged feature of all three kinds of human stem cells (RPE, CB, NSC) in xenotransplantation. This immune privilege amplifies the significant promise of allogeneic donor stem cells in the treatment of retinal degenerative diseases", stated Dr. Edwin Boldrey.

The research team compared the efficacy of each of the three cell types. A summary of the results yielded the following observations and discoveries:

1. The study showed a statistically significant gain (77%) in the treated eye (with RPE cells) over the control eye of the same animal. However, both the treated eye and the control eye were approximately 10 times more active (response to ERG) compared to non-treated (normally dystrophic) control animal.

2. The RPE and NSC cells were effective in preserving the thickness of the outer nuclei layer of the retina.

3. A contra lateral effect was observed between the test and control eyes. As a result, both eyes exhibited significant improvement. It is believed that the positive outcome in the control eye was achieved through the systemic release of cytokines; growth and other important factors; peptides; and, molecules from stem cells transplanted into the treated eye. This phenomenon is referred to by Stemedica as "The Factor Release Effect" and branded by the company as StemedicaFRE™. These factors, circulating in the blood flow, effect and mobilize endogenous stem cells. Stemedica believes improvement in the contra lateral eye is a 'Factor Release Effect' rather than a Sympathetic Ophthalmic effect which is very rare. Stemedica discovered the presence of these endogenous RPE stem cells in adult retinas several years ago. This original research demonstrated that these RPE stem cells acquired embryonic markers (Nanog and Oct-4) in adult humans.

"Stemedica has filed a number of patent applications to secure the rights for these discoveries - the use of our stem cells and their factors in the treatment of a variety of neurodegenerative diseases and conditions. Based upon the results from the work of this luminary group, we have focused our legal protection and Intellectual Property efforts to include the treatment of Retinitis Pigmentosa and ways to prevent its development and progression", said Timothy Brown, MS, JD, Director of Stemedica's Intellectual Property Department.

The results from the study will be presented at the Retina Congress in New York, September 30, 2009. The Retina Congress is a worldwide gathering of the most established and accomplished retina doctors in the world. The Congress is sponsored by the American Society of Retina Specialists, the Retina Society and the Macular Society and represents over 2,000 retina and eye specialists from 54 countries.

"The discovery of the effect of stem cell factors supports our other clinical evidence substantiating how stem cells and stem cell factors can be isolated and used for the treatment of complex medical conditions. Clinical studies in countries outside of the United States have already demonstrated the efficacy of Stemedica's stem cells and their factors in the experimental study treatment of diabetic retinopathy and other conditions. Based upon this breakthrough discovery and validation of our previous evidence, Stemedica has begun negotiations with a select number of potential strategic partners. Our goal is to rapidly advance our findings into a comprehensive clinical application", said Maynard A. Howe, PhD, CEO and Vice Chairman of Stemedica.

Edwin Boldrey, MD
Dr. Edwin Boldrey is currently a Clinical Associate Professor of Ophthalmology at Stanford University and is President of Northern California Retina Vitreous Associates. He is a graduate of Northwestern University Medical School in Chicago and completed a Vitreo-Retinal Fellowship at Barnes Hospital, Washington University, St. Louis. He is the recipient of honors and awards from the American Academy of Ophthalmology, the Heed Ophthalmic Foundation and the Department of Ophthalmology, University of California, San Francisco. He was the Executive Secretary-Treasurer of the Western Retina Study Club, and is a Fellow of the American College of Surgeons. He is a member of Ophthalmological Organizations including: American Academy of Ophthalmology, The American Society of Retina Specialists, The Retina Society and The California Association of Ophthalmology. He is the author of more than 30 peer reviewed publications and has presented 114 papers and courses.

Paul Tornambe, MD
Dr. Paul Tornambe is former President of the American Society of Retina Specialists and presently sits on the Board. He has been a member of over a dozen Ophthalmology and Professional Medical Societies including Fellow - American College of Surgeons, American Academy of Ophthalmology, and California Medical Association. He has participated as Chief of Surgery and Chief of Staff at Pomerado Hospital and participated on the Board of Scripps Health Physicians and actively operated at both Scripps La Jolla and Pomerado Hospitals. He completed his Retina Fellowship training at Barnes Hospital, Washington University, St Louis. He is the recipient of numerous awards from the American Academy of Ophthalmology; American Society of Retina Specialists and was named among 'The Best Doctors in America, 2000-2003' along with 'Best Doctors in San Diego, 2002-2005'. He was recognized by the American Academy of Ophthalmology on their Centennial as a physician who made a major contribution in the field of Retina over the last 100 years for his work with gas bubbles to repair retinal detachments. Tornambe is the author of over 40 major peer reviewed scientific publications.

Khristo P. Takhchidi, MD, PhD
Khristo P. Takhchidi, is the Director General of the S.N. Fyodorov Federal Institution 'Eye Microsurgery Complex', Professor and the Chairman of Ocular Diseases of the Moscow State Medical University. He received his MD degree in 1976 at Sverdlovsk State Medical University. In 1987 he was appointed the Director of the Ural

Branch of the Intersectional Research and Technology Complex 'Eye Microsurgery'. The IRTC Ural Branch was built and put into operation under his direct leadership. As the Chief of the Clinic, over 260,000 operations were performed and approximately 800,000 patients received diagnostic - consulting service. In 2001 Takhchidi was appointed the Director General of the S.N. Fyodorov Federal Institution 'Eye Microsurgery Complex'. He is an author of over 250 scientific publications, has been the Chair of Ophthalmology Society of Russia since 2005 and was appointed the Chief Expert for ophthalmology of the Russian Federal Inspection for Public Health and Social Development in 2006. Takhchidi is the Fellow of numerous International Ophthalmic societies and a recipient of many prestigious and honorable national and international awards.

The Fyodorov Center for Eye Microsurgery
The S.N. Fyodorov Federal State Institution "Eye Microsurgery Center" is the leading clinical and research ophthalmological center in Russia with over 4,000 researchers and medical doctors. The Center, along with its 11 affiliated branches including Clinics in Russia's largest cities, treat 700,000 patients annually, performing 50% of the highly technological ophthalmic surgeries and over 30% of all ophthalmic aid in Russia.

About Stemedica Cell Technologies, Inc.
Stemedica Cell Technologies Inc. (www.stemedica.com) is a specialty biopharmaceutical company that is committed to the development and manufacture of clinical grade allogeneic stem cells for use by approved research institutions and hospitals for pre-clinical and clinical studies. Within the United States, the Company is currently developing regulatory pathways for stroke, traumatic brain injury and wound repair. Outside the United States, Stemedica provides its adult stem cells to hospitals and research centers that are conducting studies under protocols approved by the appropriate regulatory agencies. These studies are focused on the treatment of neurodegenerative disease, sight restoration and wound repair. Stemedica is based in San Diego, California.

Media Contact for Stemedica: Dave McGuigan - dmcguigan at stemedica.com.

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Contact Information
Dave McGuigan
Stemedica Cell Technologies Inc
http://www.stemedica.com
858 685 0910

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Metabolic Factors May Play a Role in Risk for Breast Cancer

• Weight, diet and exercise affects chance of postmenopausal breast cancer • Blood glucose, triglycerides, blood pressure levels significantly increased risk

Philadelphia, PA (Vocus) June 30, 2009 -- Physiological changes associated with the metabolic syndrome may play a role in the risk of postmenopausal breast cancer, according to study results published in Cancer Epidemiology, Biomarkers & Prevention, a journal of the American Association for Cancer Research.

The metabolic syndrome, or insulin resistance syndrome, consists of a constellation of factors including abdominal obesity, high blood glucose levels, impaired glucose tolerance, abnormal lipid levels and high blood pressure.

Affecting roughly 47 million Americans, the metabolic syndrome is also associated with poor diet and lack of physical activity. It can also increase the risk for diabetes and heart disease.

The metabolic syndrome is characterized by elevated insulin levels, and in recent years scientists have proposed that insulin may contribute directly or indirectly to the development of breast cancer. Researchers suspect that the metabolic syndrome could influence the risk for breast cancer by affecting interrelated hormones, such as insulin, estrogen, cytokines and growth factors.

“This study suggests that having the metabolic syndrome itself or some of its components may increase a woman’s risk of postmenopausal breast cancer. However, much more work is needed to understand the role of these metabolic factors and their interplay with better established breast cancer risk factors, such as reproductive and hormonal factors,” said researcher Geoffrey C. Kabat, Ph.D., senior epidemiologist in the department of epidemiology and population health at Albert Einstein College of Medicine, New York.

Studies to date have evaluated individual components of the metabolic syndrome and breast cancer, with inconsistent results, according to Kabat. For the first time, Kabat and colleagues assessed whether women who met the criteria of having the metabolic syndrome were at greater risk for postmenopausal breast cancer.

In this longitudinal study, the researchers used existing data from the Women’s Health Initiative — a large, national study designed to assess major causes of chronic disease in women. Participants included postmenopausal women aged 50 to 79 years at enrollment who had repeated measurements of components of metabolic syndrome over an eight-year period. These included blood levels of glucose, HDL-cholesterol and triglycerides, as well as waist girth and blood pressure.

Results showed a modest positive association of having the metabolic syndrome as a whole, according to Kabat. Of the 4,888 women with baseline measurements who did not have diabetes, 165 incident cases of breast cancer were diagnosed during the follow-up period. Presence of the metabolic syndrome at baseline was not associated with breast cancer risk.

However, in analyses that made use of the repeated measurements, “women who had the metabolic syndrome during the three to five years prior to breast cancer diagnosis had roughly a doubling of risk,” he said.

Findings also showed significant associations with elevated blood glucose levels, triglycerides and diastolic blood pressure. For diastolic blood pressure, the result was stronger, with more than a two-fold increased risk (relative risk = 2.4). Generally, for both triglycerides and glucose the relative risk was about 1.7 for all breast cancer.

“We know a great deal about breast cancer, but we can’t identify who is likely to get it. The effect of different variables associated with increased glucose and insulin levels needs to be evaluated further in larger studies,” Kabat said. “We need to deepen our understanding of these different interrelated behaviors and physiological factors to see how they affect breast cancer.”

Tim Byers, M.D., M.P.H., associate dean of the Colorado School of Public Health and interim director of the University of Colorado Cancer Center, believes these findings are important because the results show possible mechanisms that might explain the observation that increased weight is a risk factor for postmenopausal breast cancer.

“We have assumed that the relationship between weight and breast cancer risk is due to increased circulating estrogens among postmenopausal women who are overweight or obese,” he said. “An alternative explanation is explored here: that some other aspect of the metabolic syndrome might be involved, such as growth-stimulating effects of insulin, or insulin-like growth factors.”

Based on the results of this study, Byers stated that researchers now need to look more closely at dynamic changes in insulin over time, in factors tied to inflammation, and in the specific ways in which estrogen metabolism is tied to features of the metabolic syndrome.

“Though estrogens are produced in adipose tissues, just how these are metabolized in various subgroups of women needs better study,” he said. “In addition, the hyper-inflammatory state of obesity and the metabolic syndrome need to be better described relative to cancer risk.”

Additional Resources:

Subscribe to the Cancer Epidemiology, Biomarkers and Prevention RSS feed

Learn More about diet and breast cancer through an article from CR Magazine, the AACR's publication for patients, survivors and scientists.

The mission of the American Association for Cancer Research is to prevent and cure cancer. Founded in 1907, AACR is the world’s oldest and largest professional organization dedicated to advancing cancer research. The membership includes more than 28,000 basic, translational and clinical researchers; health care professionals; and cancer survivors and advocates in the United States and nearly 90 other countries. The AACR marshals the full

spectrum of expertise from the cancer community to accelerate progress in the prevention, diagnosis and treatment of cancer through high-quality scientific and educational programs. It funds innovative, meritorious research grants. The AACR Annual Meeting attracts more than 17,000 participants who share the latest discoveries and developments in the field. Special conferences throughout the year present novel data across a wide variety of topics in cancer research, treatment and patient care. The AACR publishes six major peer-reviewed journals: Cancer Research; Clinical Cancer Research; Molecular Cancer Therapeutics; Molecular Cancer Research; Cancer Epidemiology, Biomarkers & Prevention; and Cancer Prevention Research. The AACR also publishes CR, a magazine for cancer survivors and their families, patient advocates, physicians and scientists. CR provides a forum for sharing essential, evidence-based information and perspectives on progress in cancer research, survivorship and advocacy.

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Contact Information
Tara Yates
American Association for Cancer Reearch
http://www.aacr.org
267-646-0558

Online Web 2.0 Version
You can read the online version of this press release here.

Possible Benefit from Online Genetic Testing in Lung Cancer

• People open to using online genetic tests • Study suggests genetic testing may be beneficial, but many questions remain • Smokers likely to take steps toward quitting after using genetic test

Philadelphia, PA (Vocus) June 30, 2009 -- As scientists continue to decode the human genome and the information becomes publicly available, private companies that offer online genetic testing are multiplying. Scientists at the National Institutes of Health were concerned that perhaps these tests posed a risk.

They evaluated responses to an online test among smokers who did or did not have a common genetic variant associated with risk for lung cancer. The results, published in a recent issue of Cancer Epidemiology, Biomarkers & Prevention, a journal of the American Association for Cancer Research, raise a new set of questions, but also allay some of the early concerns.

"Up until now we have had a clear model for genetic testing. You see a professional genetics counselor, undergo a battery of tests and that professional helps you interpret your results," said Saskia Sanderson, Ph.D., a postdoctoral fellow in the Department of Genetics and Genomic Sciences at Mount Sinai School of Medicine, who completed the study while working at the Social and Behavioral Research Branch of the National Human Genome Research Institute of the NIH.

"That model is coming under increasing pressure as more and more genetic information is generated, and as a greater number of genetic tests become available on the internet," said Sanderson. "What we found was encouraging in that people who got these online genetic results recalled them correctly, and no one regretted having taken the test; though it is important to remember that this was a small group of select smokers and that others may respond differently."

Patients at higher risk genetically displayed short-term signs of decreased confidence that quitting smoking could reduce their risk of lung cancer, but scientists did note that all of those who took the test chose to receive at least one of several offered known smoking cessation aids.

"Genetic information is complex, and there is a risk that providing unfiltered information will result in heightened worry and misinterpretation of results," said Jamie Ostroff, Ph.D., chief of behavioral science services at Memorial Sloan-Kettering Cancer Center and an editorial board member of Cancer Epidemiology, Biomarkers & Prevention. "This pilot study found no harm in undergoing these tests and underscores the importance of conducting future research as to how to best educate smokers about gene-environment risks."

Scientists are reluctant to endorse the tests based on this one study, because the sample was limited to 44 individuals who were biologically related to people with lung cancer and who smoked. The online test assessed the presence or absence of the GSTM1 gene, the absence of which has been associated with a slightly increased lung cancer risk.

Exactly half of the smokers were missing GSTM1, thus presenting as higher risk and the other half had GSTM1 present. All the GSTM1 missing individuals correctly identified themselves as “higher risk.” Of the GSTM1 present group, 55 percent accurately labeled themselves as “lower risk” while 41 percent interpreted their result as “average risk.”

These patterns of accurate interpretation remained at six months, suggesting that these individuals retained the information.

Overall, the individuals taking this test found the results to be believable, trustworthy, easy to understand, relevant and important. At follow-up, no one regretted taking the test.

After taking the test, all of the smokers selected some sort of smoking cessation help with no difference between the higher risk or lower risk groups. Scientists agreed that regardless of the genetic test result, quitting smoking is the single most important step a smoker can take in preventing lung cancer and that a larger comparison study would be needed to determine if knowledge of genetic risk encourages an individual to quit smoking.

Additional Resources:

Subscribe to the Cancer, Epidemiology, Biomarkers & Prevention RSS feed

Learn More about genetic testing and and lung cancer through an article from CR Magazine, the AACR's publication for patients, survivors and scientists.

The mission of the American Association for Cancer Research is to prevent and cure cancer. Founded in 1907, AACR is the world’s oldest and largest professional organization dedicated to advancing cancer research. The membership includes more than 28,000 basic, translational and clinical researchers; health care professionals; and cancer survivors and advocates in the United States and nearly 90 other countries. The AACR marshals the full spectrum of expertise from the cancer community to accelerate progress in the prevention, diagnosis and treatment of cancer through high-quality scientific and educational programs. It funds innovative, meritorious research grants. The AACR Annual Meeting attracts more than 17,000 participants who share the latest discoveries and developments in the field. Special conferences throughout the year present novel data across a wide variety of topics in cancer research, treatment and patient care. The AACR publishes six major peer-reviewed journals: Cancer Research; Clinical Cancer Research; Molecular Cancer Therapeutics; Molecular Cancer Research; Cancer Epidemiology, Biomarkers & Prevention; and Cancer Prevention Research. The AACR also publishes CR, a magazine for cancer survivors and their families, patient advocates, physicians and scientists. CR provides a forum for sharing essential, evidence-based information and perspectives on progress in cancer research, survivorship and advocacy.

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Contact Information
Tara Yates
American Association for Cancer Reearch
http://www.aacr.org
267-646-0558

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Faced with Recession, Hospitals Innovate to Reduce Equipment Costs

U.S. Healthcare Facilities Reduce Equipment Purchase Costs with New Business Model from Texas Firm MEMdata

College Station, TX (PRWEB) July 1, 2009 -- As lawmakers and the Obama administration debate how to pay for national health reform, U.S. hospitals are not waiting for the outcome to reform their bottom lines. Many hospital executives are enacting comprehensive expense reviews and cost reduction measures to ensure they are prepared for the new economy.

Texas based MEMdata, a performance-based equipment procurement firm that claims to reduce hospital equipment costs by as much as 18%, today announced that new hospital client signings were on a significant upswing.

"We are experiencing a dramatic increase in the number of hospitals seeking to reduce the cost of new equipment," said MEMdata CEO Bob Yancy. "While the nation struggles with the issue of healthcare costs, it's gratifying to play an increasingly pivotal role in the cost reduction process."

According to MEMdata, hospitals spend approximately $35 billion annually to purchase new medical technologies and other equipment necessary to care for patients and operate facilities. Before MEMdata, traditional procurement methods involved buying equipment through a commodities contracting process managed by hospital Group Purchasing Organizations, or GPOs. In contrast, MEMdata uses a competitive bidding process utilizing an electronic platform. The process is called electronic Request For Proposal, or eRFP, which MEMdata claims reduces equipment purchase prices dramatically.

"Whether through GPOs or government procurement contracts, the old method of contracting was designed for repeat scheduled purchases of supplies and consummables, as opposed to capital equipment," says Yancy. "Capital equipment investments are unique and happen sporadically, and require a unique approach to ensure competitive pricing for our hospitals."

To achieve best-in-class pricing for it's hospital clients, MEMdata's equipment purchase process calls for increased focus on transacting, rather than contracting. Yancy explains. "Consumers wouldn't sign a five year contract with a local car dealership which establishes prices and limits the brand they can buy, yet that is what has been happening in healthcare for years. This limits hospital access to discounts that occur as a result of competition, new technology, special promotions, and economic downturns like the one we're in now."

MEMdata's eRFP electronic bidding process yields millions of dollars in savings for hospitals each year for assets ranging from CT scanners and MRI machines to commercial kitchen equipment for hospital cafeterias. In June of 2009 for just one New Jersey hospital client, the process achieved $43,218 in cost reduction on the purchase of anesthesia machines and over $280,715 in savings on the purchase of a CT scanner, both of which were originally contract prices.

Despite the difference in approach, MEMdata's process seamlessly integrates with any hospital GPO, and the

company supports hospital GPO memberships, if the client prefers, by ensuring equipment is purchased on GPO contract but at prices dramatically lower than the published GPO contract prices.

"Group purchasing has perhaps played a valuable role with supplies and consummables for years, but equipment is a different story," says Yancy. "The contracting method maybe does a good job for supplies, but relative to equipment purchases our hospitals need the best pricing they can get. Our future depends on it."

MEMdata is based in College Station, Texas and provides best-in-class pricing on hospital equipment for over 500 medical facilities nationally. MEMdata services are performance-based, with MEMdata's fees guaranteed to be offset by savings achieved. For more information see www.memdata.com, or contact Corporate Communications Director LeeAnna Butler by calling 979.695.1950 x109.

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Contact Information
LeeAnna Butler
MEMdata
http://www.memdata.com
979.695.1950

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You can read the online version of this press release here.

Orthopedic Surgeon Dr. Marc W. Hungerford, a Leading Expert in Field of Avascular Necrosis, Now at Baltimore's Mercy Medical Center

Dr. Hungerford is one of the few surgeons in the Maryland specially trained to perform the latest minimally invasive single as well as double hip replacement procedures.

(Vocus) June 29, 2009 -- Noted orthopedic surgeon Marc W. Hungerford, M.D. has joined Mercy Medical Center as the 135-year-old downtown hospital's Medical Director of Joint Replacement and Reconstruction, Dr. Thomas Whitten, Chief of Orthopedics at Mercy, has announced.

Dr. Hungerford joins The Orthopedic Specialty Hospital at Mercy after serving as Chair of the Johns Hopkins Division of Orthopedic Surgery at Good Samaritan Hospital.

Dr. Hungerford is one of the few surgeons in the Maryland specially trained to perform the latest minimally invasive single as well as double hip replacement procedures. His specialties include:

- Hip, knee, & shoulder arthroscopy
- Pelvic osteotomy
- Joint replacement
- Minimally invasive joint replacement
- Joint replacement revision
- Treatment of avascular necrosis

A painful disease, avascular necrosis can deteriorate a person's bones and destroy joints, but there are warning signs and ways fix the problem.

"Avascular necrosis is a condition where the bone loses circulation and the area of the bone that loses circulation actually dies," Dr. Hungerford said. "It causes unrelenting pain 24 hours a day. The symptoms generally are a toothache pain -- a chronic, nagging pain as opposed to a sharp pain -- and it's generally located in the groin," he added.

According to Dr. Hungerford, certain bones are more susceptible to avascular necrosis. The femur or ball-and-socket joint of the hip are the most common sites for this disease, followed by the knee, the shoulder and the ankle.

"In this country, the most common causes for this condition are excessive use of alcohol and steroids, and people who have to take steroid medication for various reasons," he said. The treatment for avascular necrosis is often core decompression in the early stages to relieve the pressure in the bone.

Dr. Hungerford noted that people who have groin pain for a long period of time should check with their doctor to rule out any possibility of avascular necrosis.

Dr. Hungerford earned his medical degree at the Vanderbilt School of Medicine. He completed his 4-year orthopedic residence at Johns Hopkins University. He is a member of many medical professional societies including the American Academy of Orthopaedic Surgeons, the American Association of Hip and Knee Surgeons, the National Osteonecrosis Foundation, the Maryland Orthopedic Association and the Southern Orthopedic Association.

Dr. Hungerford has numerous clinical lectures, book chapters and presentations to his credit.

Founded by the Sisters of Mercy, Mercy Medical Center is a 135-year-old, university-affiliated hospital located at 301 St. Paul Place in downtown Baltimore. Mercy is home to the nationally acclaimed Weinberg Center for Women's Health and Medicine under the direction of renowned gynecologic oncologist, Dr. Neil B. Rosenshein. Mercy is scheduled to open the new $400+ million, 18-story, Mary Catherine Bunting Center, a state-of-the-art inpatient medical facility, in 2011.

For more information on Dr. Hungerford, The Orthopedic Specialty Hospital at Mercy, and Mercy Medical Center, visit www.mdmercy.com or call 1-800-M.D.-Mercy.

CONTACT:
Dan Collins
410-332-9714

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Contact Information
Dan Collins
Mercy Medical Center
http://www.mdmercy.com
410-332-9714

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Rotator Cuff Treatment Provides Immediate Tendonitis Relief

A minimally invasive procedure to treat tendonitis in the rotator cuff of the shoulder provides immediate symptom relief to the patient, according to a study published in the July issue of Radiology.

Oak Brook, Ill. (Vocus) June 30, 2009 -- A minimally invasive procedure to treat tendonitis in the rotator cuff of the shoulder provides immediate symptom relief to the patient, according to a study published in the July issue of Radiology. The study found that ultrasound-guided nonsurgical therapy significantly reduces pain from calcific tendonitis of the rotator cuff and restores lasting mobility after treatment.

"With this treatment, we were able to establish a single inexpensive and effective treatment for calcific tendonitis of the rotator cuff. This has never happened before," said co-author Luca M. Sconfienza, M.D., from the Unit of Radiology, IRCCS Policlinico San Donato, University of Milan School of Medicine in Milan, Italy. "Symptoms improved in patients treated with our procedure compared to non-treated patients."

Calcific tendonitis is a condition that causes the formation of small calcium deposits within the tendons of the rotator cuff in the shoulder. It is most common in adults in their 40s. In most cases, the deposits become painful and can restrict mobility of the shoulder. In minor cases, physical therapy or anti-inflammatory medications may be sufficient to address the problem until the calcifications break apart spontaneously. In severe cases, patients may require shockwave treatment or open surgery to remove the calcium. Open surgery requires a hospital stay and rehabilitation and, on rare occasions, may result in major complications, such as tendon rupture.

"This treatment could completely replace other treatments that are affected by several limitations and complications," Dr. Sconfienza said.

Ultrasound-guided percutaneous (through the skin) therapy represents an effective and inexpensive alternative to surgery that is less stressful for the patient. For the 20-minute procedure, the shoulder is anesthetized and, with ultrasound guidance, a radiologist injects a saline solution into the rotator cuff to wash the area and break up the calcium. A second needle is used to aspirate, or withdraw, the calcium residue. Recovery time is about an hour.

"People with calcific tendonitis should know that with a simple, one-time ultrasound-guided procedure, they could recover completely from the terrible pain constantly affecting their shoulder," Dr. Sconfienza said.

For the study, Dr. Sconfienza, senior author Giovanni Serafini, M.D., from the radiology unit at Santa Corona Hospital in Pietra Ligure, Italy, and colleagues used ultrasound-guided percutaneous therapy to treat 235 shoulders in 133 women and 86 men (mean age 42) with calcific tendonitis. An additional 68 patients (31 men and 37 women) did not receive treatment and acted as a control group. All of the patients had shoulder pain that was unresponsive to previous medical treatment. Follow-up was conducted after 1 month, 3 months, 1 year, 5 years and 10 years.

The results showed that treated patients exhibited a considerable reduction in pain and significant improvement to mobility of the affected limb after 1 month, 3 months and 1 year compared to non-treated patients. Five and 10

years after the procedure, the condition of non-treated patients had improved to the point that reported outcomes were similar to those of the treated group.
While few institutions currently offer this therapy, Dr. Sconfienza says that, theoretically, the procedure could be performed in any hospital or clinic that has ultrasound equipment with a superficial probe.

"There are millions of people in the world affected by calcific tendonitis," Dr. Sconfienza said. "This treatment can provide quick and inexpensive relief for all of them."

"Rotator Cuff Calcific Tendonitis: Short-term and 10-year Outcomes after Two-Needle US-guided Percutaneous Treatment: Nonrandomized Controlled Trial." Collaborating with Drs. Serafini and Sconfienza were Francesca Lacelli, M.D., Enzo Silvestri, M.D., Alberto Aliprandi, M.D., and Francesco Sardanelli, M.D.

Radiology is edited by Herbert Y. Kressel, M.D., Harvard Medical School, Boston, Mass., and owned and published by the Radiological Society of North America, Inc. (http://radiology.rsnajnls.org/)

RSNA is an association of more than 43,000 radiologists, radiation oncologists, medical physicists and related scientists committed to excellence in patient care through education and research. (www.RSNA.org)

For patient-friendly information on ultrasound and interventional radiology procedures, visit www.RadiologyInfo.org.

AT A GLANCE
- A large-scale study found that minimally invasive, ultrasound-guided percutaneous therapy effectively treats tendonitis caused by calcium deposits in the shoulder.
- The therapy takes about 20 minutes, is inexpensive and resulted in a considerable reduction in symptoms in a majority of patients in the study.
- Calcific tendonitis typically affects middle-aged adults and can cause pain and a reduction in shoulder mobility.

Contact: RSNA Media Relations: 1-630-590-7762
Maureen Morley
1-630-590-7754

Linda Brooks
1-630-590-7738

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Contact Information
Linda Brooks
RSNA
http://www.rsna.org
630-590-7762

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James R. Andrews, Renowned Orthopaedic Surgeon, Installed as AOSSM President

Internationally recognized, orthopaedic surgeon, James R. Andrews, MD, will be installed as the 38th president of the American Orthopaedic Society for Sports Medicine (AOSSM) on Saturday, July 11, 2008, during the Society's Annual Meeting in Keystone, Colorado (July 9th-12th).

Keystone, CO (Vocus) June 30, 2009 -- Internationally recognized, orthopaedic surgeon, James R. Andrews, MD, will be installed as the 38th president of the American Orthopaedic Society for Sports Medicine (AOSSM) on Saturday, July 11, 2008, during the Society's Annual Meeting in Keystone, Colorado (July 9th-12th).

Dr. Andrews is a founding member of the renowned Andrews Sports Medicine and Orthopaedic Center located at St. Vincent's Hospital in Birmingham, Alabama and a founder and chairman of the American Sports Medicine Institute (ASMI), a non-profit organization dedicated to injury prevention, education and research in orthopaedics and sports medicine. He is also a founder and medical director of the Andrews Institute in Gulf Breeze, Florida.

Some of Dr. Andrews' other significant accomplishments include mentoring more than 250 orthopaedic/sports medicine fellows and more than 45 primary care sports medicine fellows. He is perhaps best known for his skills as an orthopaedic surgeon, as well as his scientific and clinical research in knee, shoulder and elbow injury prevention and treatment having authored more than 250 papers and presented on every continent.

He has served on multiple AOSSM committees, including the Board of Directors, Council of Delegates and Medical Board of Trustees. He has also been faculty and moderator for numerous AOSSM Annual Meetings and courses.

Dr. Andrews graduated from Louisiana State University (LSU) in 1963. He completed LSU School of Medicine in 1967 and completed his orthopaedic residency at Tulane Medical School in 1972. He had surgical fellowships in sports medicine at the University of Virginia, School of Medicine in 1972 with Dr. Frank McCue, III and at the University of Lyon, Lyon, France in 1972 with the late professor Albert Trillat, MD, who is known as the Father of European Knee Surgery.

He is Clinical Professor of Orthopaedic Surgery at the University of Alabama School of Medicine, the University of Virginia, School of Medicine, the University of Kentucky Medical Center, and the University of South Carolina Medical School. He has been awarded a Doctor of Law degree from Livingston University and Doctor of Science degrees from Troy University and Louisiana State University.

Dr. Andrews currently serves as Medical Director for Intercollegiate Sports at Auburn University; Senior Orthopaedic Consultant at the University of Alabama; and orthopaedic consultant for the athletic teams at Troy University, University of West Alabama, Tuskegee University and Grambling University. Dr. Andrews serves on the Medical and Safety Advisory Committee of USA Baseball and on the Board of Little League Baseball, Inc.

Dr. Andrews is a senior consultant for the Washington Redskins; Medical Director for the Tampa Bay Rays; and team physician for the Birmingham Barons, (Double A Professional Baseball Team, of the Chicago White Sox.) Dr. Andrews is also the Medical Director of the Ladies Professional Golf Association.

Dr. Andrews has garnered numerous other sports awards during his lifetime, including induction into the Alabama and Louisiana State Sports Hall of Fames and the LSU Alumni Hall of Distinction. In 2008, he received the LSU Cox Communication Academic Center for Student-Athletes Distinguished Alumnus of the Year Award. Dr. Andrews was also presented the 2009 Distinguished American Award by the Auburn Chapter of the National Football Foundation and the College Hall of Fame.

A native of Homer, Louisiana Dr. Andrews has called Birmingham home since 1986. He and his wife Jenelle have six children and four grandchildren.

The American Orthopaedic Society for Sports Medicine (AOSSM) is a world leader in sports medicine education, research, communication and fellowship, and includes national and international orthopaedic sports medicine leaders. The Society works closely with many other sports medicine specialists, including athletic trainers, physical therapists, family physicians, and others to improve the identification, prevention, treatment, and rehabilitation of sports injuries. For more information contact Lisa Weisenberger at lisa (at) aossm (dot) org or 847-292-4900. You can also visit the AOSSM Web site at www.sportsmed.org.

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Contact Information
Lisa Weisenberger
American Orthopaedic Society
http://www.sportsmed.org
847-292-4900

Online Web 2.0 Version
You can read the online version of this press release here.

News Image

ACL Repair Creator William G. Clancy, Jr., MD Inducted into AOSSM Hall of Fame

William G. Clancy, Jr., MD, creator of the most common technique for anterior cruciate ligament (ACL) reconstruction surgery, will be inducted into the American Orthopaedic Society for Sports Medicine (AOSSM) Hall of Fame during its Annual Meeting in Keystone, Colorado, July 9th-12th.

Keystone, CO (Vocus) June 30, 2009 -- William G. Clancy, Jr., MD, creator of the most common technique for anterior cruciate ligament (ACL) reconstruction surgery, will be inducted into the American Orthopaedic Society for Sports Medicine (AOSSM) Hall of Fame during its Annual Meeting in Keystone, Colorado, July 9th-12th. This prestigious award is given annually to honor those who have made a significant contribution to the world of sports medicine.

Last year, Dr. Clancy became the 35th recipient of AOSSM's Robert E. Leach, MD, Mr. Sports Medicine Award, one of its highest honors. AOSSM has also honored him with the George D. Rovere Excellence in Education Award in 1997. He served as AOSSM President from 1999-2000 and will be the upcoming Godfather of the AOSSM Traveling Fellowship in 2010.

In 1974, Dr. Clancy was recruited by the University of Wisconsin to develop a sports medicine program; the only one of its kind at a major university and a model for future sports medicine programs around the country. While at the University of Wisconsin, he invented and perfected the anterior cruciate ligament (ACL) reconstruction and posterior cruciate ligament reconstruction procedures, which are used by virtually all knee surgeons throughout the world today. The vast majority of NFL, NBA and NHL players requiring surgery for their ACL tears have had the "Clancy Procedure." His most recent work has clearly documented the bony landmarks of the ACL insertions.

Dr Clancy's educational highlights include graduating with honors in 1963, from Manhattan College, where he received the prestigious Jasper Award for academics and athletics and was a gold and bronze medal winner in the Central States Track and Field Championships. Dr. Clancy graduated from Downstate (SUNY) College of Medicine in 1967. He completed his orthopaedic residency in 1972 at Columbia University's St. Luke's Hospital in New York City. For the following two years, he served as a lieutenant commander at the United States Naval Academy, where he was chief of orthopaedic surgery and the head team physician for all the U.S. Naval Academy athletic teams. In 1989 he joined with Dr. James R. Andrews to help develop the American Sports Medicine Institute in Birmingham, AL. He has served as Clinical Professor of Orthopaedic Surgery at the University of Virginia and the University of Alabama-Birmingham. Dr. Clancy currently provides orthopaedic surgery services to patients at the renowned Andrews Sports Medicine and Orthopaedic Center at St. Vincent's Birmingham in Birmingham, Alabama.

Dr. Clancy has also served on editorial boards of numerous sports medicine journals and was the Clinical Symposium Editor of the American Journal of Sports Medicine and has also served on its Board of Trustees. He has also been the Presidential Guest Speaker for a number of sports medicine and orthopedic associations

worldwide including Spain, Argentina, Uruguay and Japan. He has published hundreds of papers in scientific journals around the world.

His other sports medicine accomplishments include service as team orthopaedist for the 1980 gold medal-winning U.S.A. Hockey Team at the 1980 Olympics at Lake Placid and the U.S. Ski Team Nordic at the Olympic Games in 1984 in Sarajevo, Yugoslavia; head team physician for the U.S.A. Hockey Team at the 1994 Olympic Games in Lillehammer, Norway; medical director for the U.S. Ski Nordic Jumping Team from 1976-1989; chief medical officer for U.S.A. Hockey from 1989-1994. Dr. Clancy currently serves as co-medical director for the LPGA Tour and is a Fellowship Director and a member of the Board of Directors of the American Sports Medicine Institute.

Dr. Clancy and his wife, Kathy, live in Birmingham, Alabama. He has three children and three grandchildren

The American Orthopaedic Society for Sports Medicine (AOSSM) is a world leader in sports medicine education, research, communication and fellowship, and includes national and international orthopaedic sports medicine leaders. The Society works closely with many other sports medicine specialists, including athletic trainers, physical therapists, family physicians, and others to improve the identification, prevention, treatment, and rehabilitation of sports injuries.

For more information, please contact either AOSSM Director of Communications Lisa Weisenberger at 847/292-4900, or e-mail her at lisa (at) aossm (dot) org. You can also visit the AOSSM Web site at www.sportsmed.org.

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Contact Information

Lisa Weisenberger
American Orthopaedic Society for Sports Medicine
http://www.sportsmed.org
847-292-4900

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News Image

Teacher and Profession Leader, William A. Grana, MD, MPH, Inducted into Sports Medicine Hall of Fame

Sports medicine leader, and current editor-in-chief of Orthopaedic Knowledge Online, William A. Grana, MD, MPH, will be inducted into the American Orthopaedic Society for Sports Medicine's (AOSSM) Hall of Fame, Friday, July 11th during its Annual Meeting in Keystone, Colorado.

Keystone, CO (Vocus) June 30, 2009 -- Sports medicine leader, and current editor-in-chief of Orthopaedic Knowledge Online, William A. Grana, MD, MPH, will be inducted into the American Orthopaedic Society for Sports Medicine's (AOSSM) Hall of Fame, Friday, July 11th during its Annual Meeting in Keystone, Colorado.

Dr. Grana began his medical studies at Harvard University and completed his residency in orthopaedic surgery at Washington University's Barnes Hospital in St. Louis. He then performed his fellowship in sports medicine under Don O'Donoghue, MD at the University of Oklahoma and began his teaching career. In 2000, he left his clinical professorship and director of sports medicine position with the university to become the head of the orthopaedic surgery department at the University of Arizona in Tucson, Arizona, where he is currently a tenured professor.

In addition to running a private practice, publishing more than 100 scientific papers and three books, Dr. Grana has served as an orthopaedic consultant for the University of Arizona Athletic Department, Oklahoma State University, Oklahoma City University, Texas Rangers, Oklahoma Redhawks, and the Chicago White Sox. He was a physician member of the U.S. Olympic Committee's 1985 Winter World University Games Team in Bulluno and Cortina, Italy, a member of the 1986 Olympic Festival medical staff in Houston, Texas, head physician for the U.S. team at the 1987 Pan American Games in Indianapolis, IN., and the USOC's medical staff for the 1988 Olympics in Seoul, South Korea.

He has served on numerous boards and committees for the AOSSM, the Arthroscopy Association of North America (AANA) and the American Academy of Orthopaedic Surgeons (AAOS). He served as AOSSM president from 2005 to 2006 and has served as a member of the AOSSM Medical Publishing Board of Trustees. During his appointments on other committees and boards he assisted with the development of online educational tools, as well as a certificate in orthopaedic science for graduate students studying physiology and engineering.

Dr. Grana and his wife have two children and three grandchildren.

AOSSM established the Hall of Fame in 2001 to honor members of the orthopaedic sports medicine community who have contributed significantly to the specialty. Nominations are submitted by AOSSM members and reviewed by and selected by the Hall of Fame subcommittee.

The American Orthopaedic Society for Sports Medicine (AOSSM) is a world leader in sports medicine education, research, communication and fellowship, and includes national and international orthopaedic sports medicine leaders. The Society works closely with many other sports medicine specialists, including athletic

trainers, physical therapists, family physicians, and others to improve the identification, prevention, treatment, and rehabilitation of sports injuries.

For more information, please contact AOSSM Director of Communications, Lisa Weisenberger, at 847/292-4900 or e-mail her at lisa (at) aossm (dot) org. Additional information and press releases can be viewed in the newsroom on AOSSM's Web site at www.sportsmed.org.

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Contact Information

Lisa Weisenberger
American Orthopaedic Society for Sports Medicine
http://www.sportsmed.org
847-292-4900

Online Web 2.0 Version

You can read the online version of this press release here.

News Image

Real-Time Control of Wheelchairs with Brain Waves

―A new signal processing technology for brain machine interface (BMI) application― In a press conference in Tokyo today, The BSI-TOYOTA Collaboration Center announced their success in developing a system which utilizes one of the fastest technologies in the world, controlling a wheelchair using brain waves in as little as 125 milliseconds (one millisecond, or ms, is equal to 1/1000 seconds). The press release, link to demonstration video and contact details are copied below.

(PRWeb UK) June 29, 2009 -- Major advantages of the new technology
• Commands for smooth left and right turns and forward motion of the wheelchair are processed every 125 milliseconds by analyzing brain waves using signal processing technology.
• Brain-wave analysis data are displayed on a screen in real time, giving neuro-feedback to the driver for efficient operation.
• This technology is expected to be useful in the field of rehabilitation, and for physical and psychological support of wheelchair drivers.

The BSI-TOYOTA Collaboration Center (BTCC; Hidenori Kimura, Director), has succeeded in developing a system which utilizes one of the fastest technologies in the world, controlling a wheelchair using brain waves in as little as 125 milliseconds (one millisecond, or ms, is equal to 1/1000 seconds).

Recently technological developments in the area of brain machine interface (BMI) have received much attention. Such systems allow elderly or handicapped people to interact with the world through signals from their brains, without having to give voice commands.

BTCC's new system fuses RIKEN's blind signal separation (1) and space-time-frequency filtering (2) technology to allow brain-wave analysis in as little as 125 ms, as compared to several seconds required by conventional methods. Brain-wave analysis results are displayed on a panel so quickly that drivers do not sense any delay. The system has the capacity to adjust itself to the characteristics of each individual driver, and thereby is able to improve the efficiency with which it senses the driver's commands. Thus the driver is able to get the system to learn his/her commands (forward/right/left) quickly and efficiently. The new system has succeeded in having drivers correctly give commands to their wheelchairs. An accuracy rate of 95% was achieved, one of the highest in the world.

Plans are underway to utilize this technology in a wide range of applications centered on medicine and nursing care management. R&D under consideration includes increasing the number of commands given and developing more efficient dry electrodes. So far the research has centered on brain waves related to imaginary hand and foot control. However, through further measurement and analysis it is anticipated that this system may be applied to other types of brain waves generated by various mental states and emotions.

A demonstration video (in Japanese only) is available from this link. (Please note that due to high demand, the download speed may be a bit slow)
http://www.riken.jp/r-world/info/release/press/2009/090629/press_090629.asx

BTCC was established in 2007 by RIKEN, an independent administrative institution (Ryoji Noyori, President), as a collaborative project with Toyota Motor Corporation (Akio Toyoda, President), Toyota Central R&D Labs, Inc. (Takashi Saito, President), and Genesis Research Institute, Inc. (Kiyoshi Nakanishi, Representative Director of Research). Also collaborating in the research were Andrzej Cichocki, Unit Leader, and Kyuwan Choi, Research Scientist, of BTCC's Noninvasive BMI Unit.

(1) Blind signal separation (BSS) is a technology that separates the noise components and useful signal components from brain signals that can be used to control the wheelchair. It utilizes only on-line-recorded EEG signals.

(2) Space-time-frequency filtering is a technology which extracts space and time patterns and frequency oscillation data from EEG electrodes to discriminate significant features and components which are able to reliably control the wheelchair.

For more information, please contact:

Ms. Saeko Okada (PI officer)
Global Relations Office
RIKEN
Tel: +81-48-462-1225 / Fax: +81-48-467-9443
Mail: gro-pr(at)riken.jp

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Contact Information
Magdeline Pokar
ResearchSEA - Asia Research News
http://www.researchsea.com
+44 1954261958

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