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RESEARCH UPDATE

A KAISER PERMANENTE
NORTHERN CALIFORNIA
QUARTERLY NEWSLETTER
PRODUCED BY THE
DIVISION OF RESEARCH

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Research at Kaiser Permanente: Real Benefits for the Effort

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Division of Research



Before moving to the Kaiser Permanente Division of Research (DOR) in January 2001, I spent the prior 11 years in academic medicine. One might think that my decision to join DOR would have engendered a sense of disbelief among my colleagues at the thought of leaving academia for a “research shop” at the local HMO. In fact, my announcement was greeted with knowing nods and expressions of support: responses that speak to the rapidly growing reputation of the Division. At major academic centers and at prestigious institutions such as the National Institutes of Health, the value and quality of the work being performed at DOR is taking its rightful place among those of the very best research organizations in the country. The fact that DOR exists at all, however, is not an obvious necessity for a large HMO. Let’s face it, the primary mission of Kaiser is to deliver high-quality, cost-effective medical care to its members. Carrying out research within the organization is not essential for achieving these goals, and could even be viewed as a distraction from its fundamental objectives. There are, however, cogent reasons why the work at DOR should be seen as a crucial element in creating an exceptional medical enterprise.

First, as DOR’s achievements gain increasing recognition by academic and other research institutions, the reputation of the Kaiser organization is greatly enhanced. Being viewed as a partner in furthering the nation’s health care research agenda places Kaiser in a leadership role along with the established academic research centers and distinguishes Kaiser as a distinctively progressive institution. The relationships between academia and DOR serve a useful purpose; fostering these associations in ways that are mutually beneficial for both Kaiser and academia is a delicate process that requires care and perspective. In this respect, it would generally be very useful for Kaiser clinicians to avail themselves of DOR’s expertise when contemplating research associations with our academic colleagues.

Second, there is the simple pride that any health care organization can take in helping build the knowledge base that defines the elements of evidence-based medicine. As the paradigm of quality clinical practice shifts away from “because we’ve always done it like this,” the opportunity to help define optimal medical practice is one to which a responsible medical institution would naturally be drawn. There are many research questions that can be

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INTRODUCTION

RECENT PUBLICATIONS

Publications by researchers in the Northern California region during the months of December 2000 through February 2001 are presented below. Section I provides citations and brief descriptions of lead-authored publications; section II provides co-authored publications. If you have recently published a paper and would like it to be included in an issue of Research Update, please send a Lotus Notes to Lyn Wender, or call 510.450.2205 (tie-line 8.481.2205). If you would like a copy of one of the articles, contact your local library or call the DOR Library at 510.450.2182 (tie-line 8.481.2182).

I. Lead-Authored Publications

Armstrong MA,* Lieberman L, Carpenter DM, Gonzales VM, Usatin MS, Newman L, Escobar GJ. EARLY START: AN OBSTETRIC CLINIC-BASED, PERINATAL SUBSTANCE ABUSE INTERVENTION PROGRAM. *Quality Management in Health Care* 2001;9:6-15. **Funding Source: Kaiser Foundation Research Institute. (*Division of Research: 510.450.2226)**

Maternal substance abuse is a serious problem with significant adverse effects to mothers, fetuses, and children. The Early Start Program provides pregnant women in a managed care organization with screening and early identification of substance abuse problems, early intervention, ongoing counseling, and case management by a licensed clinical social worker located in the prenatal clinic, where she is an integral part of the prenatal team. Described in this article are the development of the Early Start Program, its administrative history, and how it has interfaced with clinicians and administrators. Also highlighted are two important program characteristics: the partnership with a perinatal health services research unit and the degree to which the program could be "exported" to other managed care settings.

Black S,* Lieu TA, Ray GT, Capra A, Shinefield HR. ASSESSING COSTS AND COST EFFECTIVENESS OF PNEUMOCOCCAL DISEASE AND VACCINATION WITHIN KAISER PERMANENTE. *Vaccine* 2000;19 (suppl 1):S83-S86. **Funding Source: Not available. (*Division of Research: 510.450.2251)**

This study reviewed the costs of pneumococcal disease and the cost-effectiveness of pneumococcal conjugate vaccination conducted in association with the Kaiser Permanente Pneumococcal Conjugate Efficacy Trial. Results showed that for each birth cohort of 3.8 million infants, routine pneumococcal conjugate vaccination program for healthy infants would prevent more than 12000 (78% of potential

meningitis and bacteremia cases, 53000 (69% of potential) pneumonia cases, and 1 million (8% of potential) otitis media episodes. Before accounting for vaccine costs, the vaccination program would reduce the costs of pneumococcal disease by \$342 million in medical and \$415 million in work-loss and other costs.

Coppolino M,* Ackerson L. DO SURROGATE DECISION MAKERS PROVIDE ACCURATE CONSENT FOR INTENSIVE CARE RESEARCH? *Chest* 2001;119:603-12. **Funding Source: Not available. (*San Francisco: 415.202.3175)**

This cross-sectional study sought to determine if surrogate decision makers provide accurate consent for intensive care research. Overall surrogate positive predictive value for the low-risk study was 84.0% and for the high-risk study was 79.7%. Predictors of accurate consent were not consistent across the two studies. Surrogate decision makers for critical-care research resulted in false-positive consent rates of 16 to 20.3%. Further assessment and evaluation of the practice of surrogate consent for intensive care research is recommended.

Croen LA,* Todoroff K, Shaw GM. MATERNAL EXPOSURE TO NITRATE FROM DRINKING WATER AND DIET AND RISK FOR NEURAL TUBE DEFECTS. *Am J Epidemiol* 2001;153:325-31. **Funding Source: California Birth Defects Monitoring Program. (*Division of Research: 510.450.2158)**

This population-based case-control study investigated the association between maternal periconceptional exposure to nitrate from drinking water and diet and risk for neural tube defects (NTDs). Information about residential history, consumption of tap water at home, and dietary intake during the periconceptual period was collected from over 1,000 women during in-person interviews conducted approximately 5 months after delivery. Dietary nitrate was not associated

(Lead-Authored Publications continued)

with NTD risk. Women whose drinking water contained nitrate at levels below the drinking water standard had an increased risk for anencephaly, but only when the water source was groundwater. No increased risk was seen at comparable nitrate levels from mixed water sources. This observation indicates that something other than nitrate may account for these findings.

Dray TG.* PERITONSILLAR ABSCESS. In: Lyng DC, Weiss BD, eds. *20 Common Surgical Problems and Procedures in Primary Care*. New York: McGraw-Hill; 2001: chap 7. **Funding Source: None.** (*Santa Clara: 408.236.4547)

One of 20 chapters in a new book aimed at familiarizing primary care physicians with common surgical problems and their management, some of which can be performed by primary care providers. The typical history and exam for this infection are reviewed, as are the keys to diagnosis. Excellent diagrams. The procedure is described in detail.

Dray TG.* NASAL BLEEDING AND FRACTURES. In: Lyng DC, Weiss BD, eds. *20 Common Surgical Problems and Procedures in Primary Care*. New York: McGraw-Hill; 2001: chap 8. **Funding Source: None.** (*Santa Clara: 408.236.4547)

As above, another of 20 chapters in this new book. The nasal anatomy is reviewed. The keys to diagnosing nasal fractures and deciding when a reduction procedure is necessary are covered. The differences between “anterior” and “posterior” epistaxis are emphasized and the different management techniques are covered in detail.

Dray TG.* PAIN IN THE EAR, MIDFACE, AND AERODIGESTIVE TRACT. In: Loeser E, ed. *Bonica's Management of Pain*. 3rd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2001:chap 52. **Funding Source: None.** (*Santa Clara: 408.236.4547)

An updated version to this chapter in a well-known book for providers in the pain field. Describes nearly every condition that might cause pain in the ear, midface, or upper aerodigestive tract regions. Also discusses the newest forms of management for these disorders.

Forgy AP,* Ewing TL, Flaningam J. TWO PARANEOPLASTIC SYNDROMES IN A PATIENT WITH OVARIAN CANCER: NEPHROTIC SYNDROME AND PARANEOPLASTIC CEREBELLAR DEGENERATION. *Gynecol Oncol* 2001;80:96-8. **Funding Source: None.** (*Mountain View: 650.903.2169)

This case report discusses the first published report of paraneoplastic

cerebellar degeneration and nephrotic syndrome occurring in a single patient. The patient presented with the nephrotic syndrome and was subsequently diagnosed with ovarian cancer. She later developed cerebellar degeneration.

Forkner-Dunn DJ.* COMMENTARY: TO ERR IS HUMAN – BUT NOT IN HEALTH CARE. *Am J Med Qual* 2000;15:263-6. **Funding Source: None.** (*Oakland: 510.267.2822)

Despite high levels of competence and dedication among health care professionals, human error causes many deaths each year. Unlike other industries, however, the health care industry treats mistakes as personal failures of the clinician instead of system-related issues. To assist patients, their families, and clinicians, healing institutions should improve error-prevention systems, while embracing a more accepting view of human fallibility.

Friedman GD,* Tekawa IS. ASSOCIATION OF BASAL CELL SKIN CANCERS WITH OTHER CANCERS (UNITED STATES). *Cancer Causes Control* 2000;11:891-7. **Funding Source: National Cancer Institute.** (*Division of Research: 510.450.2394)

Using Oakland surgical pathology records, identified were 3164 persons with basal cell skin cancer (BCSC) who also had received multiphasic health checkups and compared them with 15,730 other multiphasic examinees matched for age, sex, race, residence area and length of membership. In up to 24 years of follow-up BCSC patients experienced modest but statistically significant increases in the incidence of all cancers and of melanoma, with gender-specific increases in a few other sites. It was concluded that periodic skin examinations appear well justified after removal of BCSC to detect new skin cancers including melanoma. Given the relatively weak, unexplained associations of BCSC with internal cancers, the costs vs. benefits of extra efforts to detect the latter still need to be determined.

Gunderson EP,* Abrams B, Selvin S. THE RELATIVE IMPORTANCE OF GESTATIONAL GAIN AND MATERNAL CHARACTERISTICS ASSOCIATED WITH THE RISK OF BECOMING OVERWEIGHT AFTER PREGNANCY. *Int J Obes Relat Metab Disord* 2000;24:1660-8. **Funding Sources: California Dietetic Association, Zelmer Grant, 1995-1996; Dowdle Endowment and Grossman Medical Research Funds; National Institutes of Health HD27347-05; Committee On Research, University of California, Berkeley.** (*Division of Research: 510.450.2193)

(Lead-Authored Publications continued)

An unintended side effect of pregnancy may be an increased risk of becoming overweight among young women. Among 1128 women who were not overweight before pregnancy (BMI < 26 kg/m²), 72 (6.4%) became overweight after the index pregnancy. The risk of becoming overweight was increased 2.5 to 3 times for each of the following characteristics: age 24-30 versus above 30 years, high gestational gain versus low or adequate gains, short interval from menarche to first ever birth (< 8 years), and young age at menarche (< 12 years). Whites were 4.5 times more likely to become overweight than Asians, but African-Americans and Hispanics did not appear to differ from whites. These findings suggest that young age at menarche, maternal age and short time from menarche to first ever birth may be as important as high gestational weight gain in determining the risk of becoming overweight after pregnancy.

Habel LA.* EPIDEMIOLOGY OF DUCTAL CARCINOMA IN SITU. *Semin Breast Dis* 2000;3:187-99. **Funding Source:** *National Cancer Institute.* (*Division of Research: 510.450.2328)

This review paper describes and summarizes the current scientific literature on the epidemiology of ductal carcinoma in situ (DCIS). In addition to the descriptive epidemiology (person, place, and time), the article summarizes the results of the few studies that have examined risk factors for DCIS. Also summarized are the changes in and factors associated with treatment, and available data on prognosis and mortality. The issue of Seminars in Breast Disease in which this article appears is focused on DCIS and also includes articles on pathologic classification schemes and management.

Khapchik V,* O'Donnell RJ, Glick JM. ARTHROSCOPICALLY ASSISTED EXCISION OF OSTEIOD OSTEOMA INVOLVING THE HIP. *Arthroscopy* 2001;17:56-61. **Funding Source:** *None.* (*Santa Clara: 408.236.6460)

Two cases of arthroscopically assisted excision of osteoid osteoma involving the femoral neck and acetabulum are presented. This technique allows for percutaneous excision of this benign bone lesion in those rare circumstances when it occurs in an intra-articular location. The approach enables direct visualization of the tumor as well as histologic confirmation. There was minimal morbidity, excellent relief of symptoms, and rapid functional restoration.

Mannor G.* UNUSUAL ORBITAL INFECTIONS. *Curr Opin Ophthalmol* 2000;11:357-60. **Funding Source:** *None.* (*San Rafael: 415.444.2038)

This article reviews rare and challenging infections of the eye socket,

orbit. Management options such as antibiotics, antifungals, antivirals, antiprotozoals, immunotherapy and surgical drainage are highlighted.

Parthasarathy S,* Weisner C, Hu T-W, Moore C. ASSOCIATION OF OUTPATIENT ALCOHOL AND DRUG TREATMENT WITH HEALTH CARE UTILIZATION AND COST: REVISITING THE OFFSET HYPOTHESIS. *J Stud Alcohol* 2001;62:89-97. **Funding Sources:** *National Institute on Alcohol Abuse and Alcoholism R37AA10359; National Institute on Drug Abuse RO1DA08728.* (*Division of Research: 510.450.2085)

This study examines the hypothesis that treatment reduces medical utilization and costs of patients with substance use problems. Adult patients (N=1011) entering the outpatient chemical dependency recovery program at Kaiser Sacramento (over a two year period) were recruited into the study. Utilization and cost comparison for 18 months pre- and 18 months post-intake period showed that inpatient, ER and total medical costs declined by 35%, 39%, and 26%, respectively. The change in medical cost was not significantly different by gender, but was significantly different across the various age groups.

Pearl RM.* THE HEALTH CARE CRISIS: IMPACT ON SURGERY FROM A CHIEF EXECUTIVE OFFICER'S PERSPECTIVE. *Arch Surg* 2001;136:147-50. **Funding Source:** *Not available.* (*Regional: 510.987.3141)

Kaiser Permanente, in conjunction with the surrounding academic institutions, trains 64 surgical residents annually in Northern California. The author (Executive Director and Chief Executive Officer of the Permanente Medical Group) believes that resident training allows Kaiser to attract outstanding clinicians, train the physicians of the future, and improve the clinical care of its patients. The multispecialty nature of our medical group and our size allows us to work collaboratively, offer evidence-based approaches, preserve professional independence, and implement innovative programs to increase quality and service.

Salber PR,* McCaw B. BARRIERS TO SCREENING FOR INTIMATE PARTNER VIOLENCE. TIME TO REFRAME THE QUESTION. *Am J Prev Med* 2000;19:2768. **Funding Source:** *None.* (*Oakland: 510.271.6464)

An editorial regarding the Am J Prev Med article that identified barriers to improving the health care response to domestic violence. Salber and McCaw suggest that the wrong questions are being asked and that it is time to reframe the question from "what are the barriers"

(Lead-Authored Publications continued)

to “what would it take to get providers to respond?” The program developed by Dr. McCaw at Kaiser Permanente Richmond is used as an example of how to get improvements by taking the latter approach.

Schmittiel J,* Grumbach K, Selby JV, Quesenberry CP. EFFECT OF PHYSICIAN AND PATIENT GENDER CONCORDANCE ON PATIENT SATISFACTION AND PREVENTIVE CARE PRACTICES. *J Gen Intern Med* 2000;15:761-9. **Funding Source:** Agency for Health Care Quality. (*Division of Research: 510.450.2106)

This study examined a random sample of adult Kaiser Permanente patients with primary care physicians to look at the relationship between patient/physician sex concordance and patient satisfaction. The study found that female patients who chose female physicians were significantly less satisfied on four out of five satisfaction measures. Preventive care and health promotion practices were comparable across patient/physician sex dyads. Lower satisfaction of female patients choosing female physicians may have been due to increased expectations for female physicians by female patients, and difficulty female physicians may have in fulfilling these expectations.

Schoen EJ,* Limata C, Black SB. UNSUCCESSFUL VOLUNTARY PRENATAL TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS INFECTION. *Pediatr Infect Dis J* 2001;20:79-81. **Funding Source:** Kaiser Foundation Research Institute. (*Oakland: 510.596.6585)

Within the Kaiser Permanente system of Northern California, testing for HIV during prenatal visits was encouraged. During a 5-year period the percentage of women agreeing to HIV testing increased from 50% to 76%. Eighty-three HIV-positive pregnancies occurred in 63 women. Only 17 (20%) of the 83 pregnancies were identified by the voluntary testing program.

Vinson DR,* Drotts DL. DIPHENHYDRAMINE FOR THE PREVENTION OF AKATHISIA INDUCED BY PROCHLORPERAZINE: A RANDOMIZED, CONTROLLED TRIAL. *Ann Emerg Med* 2001;37:125-31. **Funding Source:** Madigan Army Medical Center, Tacoma, WA. (*Roseville: 916.973.6901, ext 1613)

The utility of intravenous prochlorperazine as an antiemetic agent and abortive therapy for headache may be limited by the frequent occurrence of akathisia, the distressing effects of which have been shown to disrupt patient care. This randomized, double-blind, placebo-controlled trial enrolled a convenience sample of 100 adult emergency department patients who received 10 mg intravenous prochlorperazine for the treatment of nausea/vomiting or headache. Adjuvant diphen-

hydramine (50 mg) was shown to reduce the incidence of akathisia induced by prochlorperazine by 60%, but was associated with an increase in sedation.

Vinson DR.* NEXUS CERVICAL SPINE CRITERIA. *Ann Emerg Med* 2001;37:237-8. **Funding Source:** The Permanente Medical Group, Department of Emergency Medicine, Sacramento and Roseville. (*Roseville: 916.973.6901, ext 1613)

Hoffman and colleagues demonstrated that blunt-trauma patients have a very low probability of injury to the cervical spine if they meet all five of their previously derived clinical criteria (N Engl J Med 2000;343:94-9). To make the five NEXUS criteria easier to use in clinical practice and easier to transmit to colleagues and residents, the author devised the following acronym (NSAID): Neurological examination: any focal deficit? Spine examination: any tenderness at the posterior midline of the cervical spine? Alertness: any alteration? Intoxication: any evidence? Distracting injury: any painful injury that might distract the patient from the pain of a cervical-spine injury? If a patient with blunt trauma is clinically stable and all five questions of the NSAID acronym can be answered in the negative, then the patient is considered to have an extremely low probability of cervical-spine injury. Under the right clinical circumstances, such a patient may be safely spared radiographic evaluation.

Vinson DR,* Migala AF, Quesenberry CP, Jr. SLOW INFUSION FOR THE REDUCTION OF AKATHISIA INDUCED BY PROCHLORPERAZINE: A RANDOMIZED CONTROLLED TRIAL. *J Emerg Med* 2001;20:113-19. **Funding Source:** Madigan Army Medical Center, Tacoma, WA. (*Roseville: 916.973.6901, ext 1613)

Preliminary studies suggest that slowing the rate of prochlorperazine infusion may decrease the incidence of akathisia. One hundred sixty randomized adult emergency department patients received either a 2-minute infusion of prochlorperazine (10 mg) followed by a 15-minute infusion of saline or a 2-minute infusion of saline followed by a 15-minute infusion of prochlorperazine. Slowing the rate of PCZ infusion failed to decrease the incidence of akathisia at one hour.

Wild TW,* Hybarger CP. TRIPLE-FLAP TECHNIQUE FOR RECONSTRUCTION OF LARGE NASAL DEFECTS. *Arch Facial Plast Surg* 2001;3:17-21. **Funding Source:** None. (*Vallejo: 707.651.2685)

This paper describes a new technique used to close large nasal defects secondary to tumor extirpation. In selected patients, this flap is a possible alternative to the forehead flap.

II. Co-Authored Publications

Groeneveld PW, Lieu TA, Fendrick AM, Hurley LB,* Ackerson LM, Levin TR, Allison JE. QUALITY OF LIFE MEASUREMENT CLARIFIES THE COST-EFFECTIVENESS OF HELICOBACTER PYLORI ERADICATION IN PEPTIC ULCER DISEASE AND UNINVESTIGATED DYSPEPSIA. *Am J Gastroenterol* 2001;96:338-47. (*Division of Research: 510.450.2152)

Johnston SC, Gress DR, Browner WS, Sidney S.* SHORT-TERM PROGNOSIS AFTER EMERGENCY DEPARTMENT DIAGNOSIS OF TIA. *JAMA* 2000;284:2901-6. (*Division of Research: 510.450.2108)

Kiefe CI, Williams OD, Weissman NW, Schreiner PJ, Sidney S,* Wallace DD. CHANGES IN US HEALTH CARE ACCESS IN THE 90S: RACE AND INCOME DIFFERENCES FROM THE CARDIA STUDY. CORONARY ARTERY RISK DEVELOPMENT IN YOUNG ADULTS. *Ethn Dis* 2000;10:418-31. (*Division of Research: 510.450.2108)

Newacheck P, Lieu TA, Kalkbrenner AE, Chi FW,* Ray GT, Cohen JW, Weinick RM. A COMPARISON OF HEALTH CARE EXPERIENCES FOR MEDICAID AND COMMERCIALLY ENROLLED CHILDREN IN A LARGE NONPROFIT HMO. *Ambulatory Pediatrics* 2001;1:28-35. (*Division of Research: 510.450.2215)

Richardson DK, Corcoran JD, Escobar GJ,* Lee SK. SNAP-II AND SNAPPE-II: SIMPLIFIED NEWBORN ILLNESS SEVERITY AND MORTALITY RISK SCORES. *J Pediatr* 2001;138:92-100. (*Division of Research: 510.450.2128)

Shaw GM, Todoroff K, Carmichael SL, Schaffer DM,* Selvin S. LOWERED WEIGHT GAIN DURING PREGNANCY AND RISK OF NEURAL TUBE DEFECTS AMONG OFFSPRING. *Int J Epidemiol* 2001;30:60-5. (*Division of Research: 510.450.2225)

Slattery ML, Potter JD, Curtin K, Edwards S, Ma K-N, Anderson K, Schaffer D,* Samowitz WS. ESTROGENS REDUCE AND WITHDRAWAL OF ESTROGENS INCREASE RISK OF MICROSATELLITE INSTABILITY-POSITIVE COLON CANCER. *Cancer Res* 2001;61:126-30. (*Division of Research: 510.450.2225)

Terdiman JP, Gum Jr JR, Conrad PG, Miller GA, Weinberg V, Crawley SC, Levin TR,* Reeves C, Schmitt A, Hepburn M, Sleisenger MH, Kim YS. EFFICIENT DETECTION OF HEREDITARY NONPOLYPOSIIS COLORECTAL CANCER GENE CARRIERS BY SCREENING FOR TUMOR MICRO-SATELLITE INSTABILITY BEFORE GERMLINE GENETIC TESTING. *Gastroenterology* 2001;120:21-30. (*Division of Research: 510.450.2240)

Recently Funded Projects

UNRESTRICTED EDUCATIONAL GRANT: ALZHEIMER'S

Principal Investigator: **Allan L Bernstein, MD**

Funding Agent: **Novartis Pharmaceutical Corporation**

This project is designed to support a teaching program directed at primary care providers and nurses in systematic evaluation and treatment of dementing illnesses.

A RANDOMIZED, DOUBLE-BLIND, DOUBLE-DUMMY, PLACEBO-CONTROLLED, MULTICENTER STUDY ASSESSING THE EFFECTS OF NORETHINDRONE ACETATE AND ETHINYL ESTRADIOL IN THE IMPROVEMENT OF MODERATE TO SEVERE AGE-RELATED SKIN CHANGES IN POSTMENOPAUSAL WOMEN (376-418-18)

Principal Investigator: **Kerry Blacker, MD**

Funding Agent: **Parke-Davis Pharmaceuticals**

Title defines study.

LONGITUDINAL MATERNAL HEALTH AND ADVERSE BIRTH OUTCOMES

Principal Investigator (Kaiser Permanente)*: **Gabriel Escobar, MD**

Funding Agent: **National Institute of Child Health and Human Development**

This project will study women's health during pregnancy and its relationship to adverse maternal and neonatal outcomes.

CHORIOAMNIONITIS AND RISK OF CEREBRAL PALSY IN INFANTS ≥ 2000 GRAMS

Principal Investigator (Kaiser Permanente)*: **Gabriel Escobar, MD**

Funding Agent: **United Cerebral Palsy Foundation**

This case-control study will evaluate whether a link exists between maternal intra-partum infection and cerebral palsy in babies ≥ 2000 grams at birth.

A COMPASSIONATE USE STUDY OF OXALIPLATIN FOR PREVIOUSLY TREATED COLORECTAL CANCER PATIENTS (SANOFI-LTS 7072A)

Principal Investigator: **Louis Fehrenbacher, MD**

Funding Agent: **Sanofi Research**

Title defines study.

(Recently Funded Projects continued)

A PHASE III, MULTICENTER, RANDOMIZED, ACTIVE-CONTROLLED CLINICAL TRIAL TO EVALUATE THE EFFICACY AND SAFETY OF RHUMAB VEGF (BEVACIZUMAB) IN COMBINATION WITH STANDARD CHEMOTHERAPY IN SUBJECTS WITH METASTATIC COLORECTAL CANCER (AVF2107G)

Principal Investigator: **Louis Fehrenbacher, MD**

Funding Agent: **Genentech, Inc.**

Title defines study.

A RANDOMIZED, OPEN LABEL TWO ARM TRIAL TO COMPARE THE SAFETY AND ANTIVIRAL EFFICACY OF GW433908/RITONAVIR QD TO NELFINAVIR BID WHEN USED IN COMBINATION WITH ABACAVIR AND LAMIVUDINE BID FOR 48 WEEKS IN ANTIRETROVIRAL THERAPY NAIVE HIV-1 INFECTED SUBJECTS (GLAXO APV 30002)

Principal Investigator: **Jason Flamm, MD**

Funding Agent: **Glaxo Smith Kline**

Title defines study.

CLINICAL AND GENETIC PREDICTORS OF MYOCARDIAL INFARCTION IN CORONARY DISEASE

Principal Investigator (Kaiser Permanente)*: **Alan Go, MD**

Funding Agent: **Reynolds Foundation**

This case-control study (1000 cases of myocardial infarction as first presentation of coronary disease, 1000 "controls" of stable angina) aims to improve the care of patients with atherosclerotic heart disease through the identification of clinical and genetic determinants of acute myocardial infarction among patients with clinically manifest coronary artery disease.

PATIENT-CLINICIAN FACTORS INFLUENCING RACIAL/ETHNIC VARIATION IN THE TREATMENT OF CORONARY DISEASE

Principal Investigator (Kaiser Permanente)*: **Alan Go, MD**

Funding Agent: **Agency for Healthcare Research and Quality**

This study will address how patient-related knowledge, perceptions, and attitudes about cardiovascular disease, its therapies, and the medical care system as well as issues surrounding effective patient-clinician communication and trust affect the care and clinical outcomes in patients with acute coronary syndromes or new onset angina pectoris.

CENTERS FOR EDUCATION AND RESEARCH THERAPEUTICS (CERT)

Principal Investigator (Kaiser Permanente)*: **Alan Go, MD**

Funding Agent: **National Institutes of Health.**

Nine HMO members of the HMO Research Network will form a Center for Education and Research in Therapeutics (CERT) to

develop and use infrastructure that support a wide range of collaborative population-based investigations and activities relevant to more effective, safe use of pharmacologic and other therapeutics.

ASYMMETRIC DIMETHYL-ARGININE (ADMA), CORONARY RISK FACTORS AND SUBCLINICAL DISEASE IN YOUNG ADULTS

Principal Investigator (Kaiser Permanente)*: **Carlos Iribarren, MD, PhD**

Funding Agent: **American Heart Association**

This study will examine the distribution of level and change in a novel marker of endothelial function, asymmetric dimethyl-arginine, and its relation to coronary risk factors and subclinical coronary artery disease among young adults enrolled in the CARDIA Study.

GENETIC EPIDEMIOLOGY OF ATHEROSCLEROTIC HEART DISEASE: ADVANCED STRATEGIES FOR PREVENTION AND THERAPY

Principal Investigator (Kaiser Permanente)*: **Carlos Iribarren, MD, PhD**

Funding Agent: **Reynolds Foundation**

The objective of the Kaiser-Stanford Reynolds Center is to discover new insights for the etiology, prevention, diagnosis, and treatment of cardiovascular disease (CVD) through the application of the newest techniques for discovering genes potentially involved in the pathophysiology of CVD.

HEPATOCELLULAR CARCINOMA: A CROSS-SECTIONAL STUDY OF ATTRIBUTABLE CAUSE

Principal Investigator (Kaiser Permanente)*: **Michele Manos, PhD**

Funding Agent: **National Cancer Institute**

This population-based study will determine the relative importance of specific risk factors such as HCV, HBV, and alcoholic liver disease in liver cancer.

AIRWAY SECRETION CLEARANCE IN CYSTIC FIBROSIS

Principal Investigator: **Gregory Shay, MD**

Funding Agent: **Cystic Fibrosis Foundation**

Title defines study.

CASE-CROSSOVER ANALYSIS OF AMBIENT AIR POLLUTION AND CARDIOPULMONARY HOSPITALIZATIONS OF KAISER MEMBERS IN THE SACRAMENTO AND FRESNO METROPOLITAN AREAS

Principal Investigator: **Stephen Van Den Eeden, PhD**

Funding Agent: **American Lung Association**

This study will estimate the risk of an asthma hospitalization associated with exposure to air pollution in the Sacramento and Fresno areas using a case-crossover approach.

(A. Avins, continued from page 1)

answered best at large health care groups such as Kaiser; assuming a responsibility for addressing these issues is an opportunity for not only “doing the right thing,” but for enhancing the organization’s own self-image.

Third, we should not underestimate the impact that Kaiser’s commitment to research has on our patients. The Harvard Pilgrim Health Plan (another HMO with a strong research mission) recently surveyed its own members about their views of the organization’s role in the conduct of research. Fully 94% agreed with the statement, “[The] HMO should actively participate in research,” and 80% thought that “Research should be more visible to members” (*J Gen Intern Med* 2000;15:492-5). If our members are similar to the respondents in this survey, Kaiser’s reputation among its own members may be enhanced by increasing the opportunities for membership participation in research and by creating greater awareness of the important research contributions made by DOR, other Kaiser entities, and research-oriented clinicians.

The potential for addressing health care issues of importance to our members and the public is enormous here at DOR, with a

corresponding benefit to Kaiser’s reputation both inside and external to the organization. I am personally excited by the possibilities and challenges of contributing to this effort, one in which every stakeholder has so much to gain.

(Recently Funded Projects continued)

NEURODEVELOPMENTAL EFFECTS OF ANTIEPILEPTIC DRUGS

Principal Investigator (Kaiser Permanente)*: **Stephen Van Den Eeden, PhD**

Funding Agent: **National Institutes Neurological Disorders and Stroke**

This study will evaluate the neurobehavioral sequelae of in utero exposure to anti-epileptic drugs by following a cohort of newborns with such exposure at 15 centers nationwide.

ECONOMIC VALUE HOSPITALIZATIONS ASSOCIATED WITH PARTICULAR AND OZONE AIR POLLUTION

Principal Investigator (Kaiser Permanente)*: **Stephen Van Den Eeden, PhD**

Funding Agent: **Air Resources Board**

This study is designed to estimate the economic costs of health outcomes associated with exposure to air pollution.

**(Kaiser Permanente) indicates a subcontract to the Division of Research and that the investigator is the principal investigator for the Kaiser Permanente portion of the study.*



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