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[THURSDAY, JUNE 26, 2008]

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## **Doctor sues LSU System for defamation**

**The Daily Reveille | 06.26.08**

By: J.J. Alcantara

A Bogalusa doctor claims his name and reputation were destroyed by the LSU System.

Dr. Dennis LaRavia, a family physician for 35 years, filed a lawsuit in May against several members of the LSU System including Fred Cerise, System vice president; Kim LeBlanc, chairman of LSU Family Medicine at LSU Health Sciences Center-New Orleans; and Larry Hollier, of LSUHSC-NO.

Others named in the suit are Charles Zewe, System vice president of communication and external affairs; Kurt Scott, LSU Bogalusa Medical Center's hospital administrator; and members of the LSU Board of Supervisors.

The turmoil between LaRavia and the System first began in May 2005. LaRavia was hired at LSUHSC-NO to become its program director with the intention of creating the Rural Family Medicine Residency Program, using LSUBMC as the training site.

The program was given accreditation in September 2007, according to the petition filed by LaRavia. Around the same time, local physicians from Bogalusa, a city in Washington Parish near the Mississippi border, approached LSU asking them to fire LaRavia.

LaRavia said in the petition that the physicians were concerned that the residency program would compete with their own practices, as well as "produce family physicians in the community who would compete directly with them and take away their business."

The petition said LeBlanc fired LaRavia in December 2007 through a letter.

System officials approached the Bogalusa Daily News telling them LaRavia had "engaged in Medicare and Medicaid fraud ... in malfeasance ... in malpractice ... [and is] facing charges with the Texas Medical Board and would lose his medical license," according to the petition.

LaRavia said in the petition that these allegations are false.

The Bogalusa Daily News quoted Cerise on Jan. 23 saying that "LaRavia's behavior put at risk this vital medical training."

LaRavia is suing LSU claiming he was fired for political reasons and then libeled, slandered and defamed.

Zewe said LSU's actions against LaRavia were appropriate.

"LSU will vigorously defend itself against the assertions made in LaRavia's lawsuit," Zewe said. "We will make our arguments in a proper judicial setting."

Members of the Bogalusa community have followed LaRavia's firing with outcries and started a petition to have him reinstated.

The petition, which is available at [petitiononline.com](http://petitiononline.com), had 457 signatures as of Wednesday at 6 p.m.

Brenda Sumrall, one of the signees and a resident of Bush, said LaRavia is an "upstanding human being" and a great doctor.

"It was just awful having them just fire him without a reason and making up all the garbage about him," Sumrall said.

She said she knew LaRavia because they were in the same Mardi Gras krewe and because he had treated her sister- and brother-in-law.

"He's the best thing that ever happened to Bogalusa," Sumrall said. "I was so excited when they came to Bogalusa, and to have him done this way is just horrible."

Chris Workman, another signee and a Bogalusa resident, said LaRavia treated his three-year-old daughter in one office visit after spending countless days working with other doctors.

"He's an outstanding doctor and a great person to have in the community," Workman said. "People are still upset about it ... the residency program is going to suffer because of it."

Workman said he decided to find medical care for his family elsewhere.

"A lot of people are just going to show their displeasure by just not going [to LSUBMC] and let the residency program go by the wasteland," Workman said.

The Daily Reveille was unable to reach Jill Craft, LaRavia's attorney, before press deadline.

The editor of the Bogalusa Daily News was unable to be reached by press deadline.

<http://media.www.lsureveille.com/media/storage/paper868/news/2008/06/26/News/Doctor.Sues.Lsu.System.For.Defamation-3385562.shtml>

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## **LSUHSC inventor awarded patent for new procedure to detect cancer spread Medicexchange.com | 06.26.08**

Eugene A. Woltering, MD, FACS, The James D. Rives Professor of Surgery and Chief of the Sections of Surgical Oncology & Endocrine Surgery at LSU Health Sciences Center New Orleans, has been awarded a US Patent for a one-step method to rapidly identify 'sentinel nodes;' the lymph nodes most likely to contain early metastasis from a primary cancer. Preliminary research indicates that the procedure which consists of injection of a radiolabeled dye around a cancer can identify sentinel nodes that receive lymphatic drainage from the tumor within ten minutes.

Dr. Woltering's patent is based on linking a radioactive iodine molecule to the blue dye commonly used in these sentinel node procedures. One of the major ways to determining the prognosis of a cancer involves determining whether the cancer has metastasized into other areas of the body. As lymphatic fluid flows from the primary tumor, the lymph fluid flows through lymph channels and then into lymph nodes where it often begins to multiply and grow. The first lymph node that is reached by the lymphatic fluid as it drains from the tumor region is called the sentinel lymph node. The sentinel lymph nodes for breast tumors are usually found in the axilla, or armpit. A tumor may have one or more sentinel lymph nodes.

In contrast to the current two-step sentinel node mapping process, Dr. Woltering's method involves injecting 125I-labeled methylene blue, mixed with an unlabeled dye to determine the location of the sentinel lymph nodes in or near the tumor or tumor site utilizing a hand held Geiger counter -like device. Within about ten minutes, enough of the dye has accumulated in sentinel nodes to be visible with the naked eye, or detectable using a radiation- detecting device called a gamma probe.

A sentinel lymph node biopsy is used to determine whether all lymph nodes in the drainage area must be removed. This procedure depends upon an effective technique for identifying the sentinel lymph node. If the cancer has spread to the sentinel lymph nodes, the surgeon will then remove all lymph nodes in the region. If the sentinel lymph node is found to be cancer free; all other nodes of the same area are generally cancer-free. The accurate identification and biopsy of the sentinel lymph node (when pathologically negative) means that other nodes will not be removed. The retention of normal lymph nodes benefits the patient by preventing lymphatic fluid accumulation in the arm or other extremity.

Dr. Woltering's new method can be used with solid tumors from a number of cancers including melanoma, breast cancer, head and neck cancers, lung cancer, neuroendocrine cancers, squamous carcinoma and colorectal cancer. The current techniques for identifying the sentinel lymph node involve the use of a radioactive colloid compound, a vital dye, or both. When both a dye and a radiolabeled carrier are used, they have been injected separately. The radiolabeled carrier substance is injected either the afternoon prior to surgery or the morning of surgery while the patient is awake.

Dr. Woltering notes that "many patients consider the injection of the radiolabeled colloid carrier as painful as childbirth."

"This may be the most valuable part of our invention," says Woltering. "It prevents women from having a painful, scary procedure while they are awake and substitutes an equally effective injection performed while they are sedated or asleep."

The usual interval from radioactive injection until surgery is two to four hours and with the increasing demand for sentinel lymph node sampling, surgeons have been forced to deal with major delays in surgical schedules.

Next steps along the road to FDA approval of this novel radioactive drug include a Phase II clinical trial to be conducted at University Medical Center in Lafayette, LA.

<http://www.medicexchange.com/news.aspx/14382/LSUHSC-inventor-awarded-patent-for-new-procedure-to-detect-cancer-spread>

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## **MD gets patent to find lymph nodes affected by cancer**

**WDAM-TV | 06.26.08**

Associated Press

NEW ORLEANS (AP) - A cancer specialist at LSU Health Sciences Center has patented a way to quickly tell which lymph nodes should be removed to see whether cancer has spread from a tumor.

Dr. Eugene A. Woltering's new process links radioactive iodine molecules to the blue dye currently used to find such "sentinel nodes." He says that because both products already are in use, it might be possible to get the new process to market within a few years.

Woltering says radiation makes it much easier to know just where to cut to find the sentinel nodes. But he says the current radioactive shot is painful, and the substance used has to be mixed the day its used. He says the procedure can be done while the patient is under anesthetic and the substance can be stored up to 120 days.

Dr. Gary Lyman of Duke University is chairman of the committee that set the American Society of Clinical Oncology guidelines for identifying sentinel nodes for breast cancer in 2005. He says Woltering has some encouraging data, but it's preliminary.

<http://www.wdam.com/Global/story.asp?S=8557421>

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## **Regents to vote today on two master's programs for LSUS**

**Shreveport Times | 06.26.08**

By Icess Fernandez

A Louisiana Board of Regents committee approved two new master's degrees for LSU-Shreveport on Wednesday. The board will consider the programs today.

The degrees are a master's of science in kinesiology and wellness and a master's of public health.

The master's of science in kinesiology and wellness would replace a master's of education with a concentration in exercise science. After a mandatory statewide redesign of teacher education programs, exercise science no longer exists as part of a degree program.

Both programs are expected to increase enrollment at the Shreveport campus, according to proposals submitted to the Board of Regents.

When would the programs become available?

The master's of science in kinesiology and wellness received the panel's approval to become effective immediately. If the Board of Regents decides the same, the courses would be available to students starting in the fall.

The master's of public health was given conditional approval by the committee to be implemented in the fall.

LSUS also would have to submit a four-year budget by Aug. 1 and a progress report to the associate commissioner of academic affairs by Sept. 1 each year until accreditation is awarded.

How much would it cost to implement?

LSUS hopes to hire two adjunct and two full-time professors for the kinesiology and wellness program, which would cost \$5,000 to \$6,000 more each year. The full-time faculty members would cost about \$8,000 more each year. The university would help defray costs with external funds.

For the master's of public health, LSUS and LSU Health Sciences Center-Shreveport would spend \$212,790 in fiscal year 2009 and that would increase to \$353,673 by fiscal year 2011. Part of the revenue for the program would include tuition and fees from students, university funds and money from grants, in particular, \$100,000 from the Christus Foundation.

How many students would be impacted?

LSUS expects to transfer 13 students from the old program into the new kinesiology and wellness program. Other students in the community health program would be recruited into the new program as well.

For the first year of implementation, LSUS officials expect 15 students in the program. With an enrollment increase each year, the university projects 40 students in the program by the fifth year.

As for the master's of public health, LSUS and LSUHSC project 25 students at each campus for the first two years then 55 for the third and fourth years.

<http://www.shreveporttimes.com/apps/pbcs.dll/article?AID=/20080626/NEWS04/806260336/1063>

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**Luling men earn medical degrees**  
**The Times-Picayune | 06.26.08**

Brad Hymel and Brett Hymel of Luling recently received their Doctor of Medicine degrees from Louisiana State University Health Science Center in Shreveport.

Both received the Faculty Award for Academic Achievement after they tied for first in their graduation class. Each had a 4.0 grade-point average. The men were also selected to Alpha Omega Alpha Honor Medical Society Gamma Chapter as juniors.

Brad has started his residency at LSU Health Sciences Center in Shreveport in the urology program. Brett has begun his residency at Tulane University in New Orleans in the internal medicine program.

The Hymels, graduates of Hahnville High School, each earned a bachelor of science degree in biology from Nicholls State University in Thibodaux and a master's degree in physical therapy from LSU Health Sciences Center in New Orleans.

Twin brothers Brad and Brett Hymel.

<http://www.nola.com/picayunes/t-p/riverparishespicayune/index.ssf?/base/news-13/1214458850230270.xml&coll=1>

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**LSUHSC-New Orleans Professor Named to Policy Body  
The Times-Picayune | 06.26.08**

Dr. Charles Cefalu, chief of geriatric medicine at LSU Health Sciences Center New Orleans, has been appointed to serve as the American Geriatrics Society's representative to the American Medical Association's House of Delegates.

The House of Delegates is the principal policy-making body of the American Medical Association. The nation's largest physicians' group, the American Medical Association advocates on the issues vital to the nation's health.

Cefalu is a clinical professor of medicine and co-director of the Center on Aging at LSUHSC as well as director of the Geriatric Medicine Program at the LSU Interim Hospital.

He is board certified in family medicine and in geriatrics and is executive director of the Louisiana Geriatrics Society.

He also serves on the American Geriatrics Society's Council of State Affiliate Representatives and Public Policy Committee.

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## More Americans Delay Health Care

The Wall Street Journal | 06.26.08

By SARAH RUBENSTEIN

An increasing array of Americans, many with health insurance, are delaying or forgoing medical care because of concern about cost, according to a report from the Center for Studying Health System Change.

About 20% of the respondents in a 2007 survey of 18,000 people said that they had put off or gone without needed medical treatment at some point in the year earlier, up from 14% in a 2003 survey.

That jump came after relative stability in patients' access to care from 1997 to 2003, according to the center, a nonpartisan policy-research group in Washington that receives funding from the Robert Wood Johnson Foundation, the Kaiser Family Foundation and the federal government, among others.

Of those who said in the 2007 survey they had scrimped, 69% cited concern about cost as a reason.

"As health-care costs increase, more of those costs are shifting to people and families," often in the form of large deductibles or other requirements that patients pay for a significant share of their care out of their own pockets, said Peter Cunningham, lead author of the report.

Mr. Cunningham said the weakening economy may have been a contributing factor to patients' behavior last year but that they also may simply have "reached a tipping point" in terms of being able to afford care amid a steady rise in medical costs.

While the uninsured reported the highest rate -- 38% -- of delaying or going without care, the biggest rate of increase in such reports was among people who had health insurance. Seventeen percent of insured respondents said that they had scrimped, which was up from 11% in the 2003 poll.

Karen Ignagni, chief executive of insurance-industry trade group America's Health Insurance Plans, said that policy makers must address a variety of issues to make the health system more affordable, including variations in quality of care and high costs associated with such things as surgery, medical imaging and numerous specialty drugs.

Tom Wirt, 65 years old, is among the insured who has delayed care.

Mr. Wirt, a small-business owner in Hutchinson, Minn., was told in 2005 that he needed surgery on his arthritic hip.

Fearing that his share of the costs would add up to thousands of dollars, he decided to wait -- and limp -- until he became eligible for Medicare coverage.

Mr. Wirt had the surgery in December and said he paid about \$800 out of pocket.

Peter Koerner, a store owner in Carbondale, Pa., didn't have insurance when he accidentally sliced off half his thumb with a hydraulic wood splitter in late 2006.

When he was told that he would have to be flown by helicopter to another hospital to have it reattached, Mr. Koerner said that he knew "there's no way I could be responsible for that kind of a price tag" for the flight.

Airborne medical transports can range from several thousand dollars to tens of thousands of dollars, depending on factors such as distance traveled and the severity of the medical case, according to the Association of Air Medical Services.

Instead, Mr. Koerner said, "they basically cleaned up the wound a little bit, pulled some skin across the open wound and stitched it up." The family has so far paid nearly \$1,400 of about \$5,100 in bills.

<http://online.wsj.com/article/SB121444668564805959.html>

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**CDC: 43.1 million Americans uninsured in 2007**  
**AHA News | 06.26.08**

An estimated 43.1 million Americans, 14.5% of the population, lacked health insurance when surveyed by the Centers for Disease Control and Prevention in 2007. That's down from 43.6 million, or 14.8%, in 2006, based on 2007 data released today from the CDC's latest National Health Interview Survey. However, there was no significant change in the percentage of people under 65 who were uninsured at the time of the interview. An estimated 53.9 million Americans had been uninsured for at least part of the prior year, and 30.6 million had been uninsured for more than a year. Among the 20 largest states, the percentage uninsured at the time of the interview ranged from 5.8% in Massachusetts to 22.8% in Texas. The New England region had the lowest percentage of uninsured residents under age 65 (3.7% of children and 11% of adults), while the Southwest had the highest (18.2% of children and nearly 30% of adults). More on the state and regional estimates can be found in a separate report.

[http://www.ahanews.com/ahanews\\_app/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann\\_080625\\_CDC&domain=AHANEWS](http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann_080625_CDC&domain=AHANEWS)

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