



Jon Nalick

First-year medical students Bethany Fleming and Ara Karamanian contest the volleyball during a pickup game in the HSC Quad.

Skirball Foundation pledges \$2 million for new chair

Colorectal surgeon Robert W. Beart Jr., professor of surgery at the Keck School of Medicine, has been selected as the new Audrey Skirball-Kenis Chair for Colorectal Diseases.



Robert W. Beart Jr.

The Skirball Foundation pledged \$2 million for the new Audrey Skirball-Kenis Chair, which aims to attract and retain accomplished researchers with an interest in colorectal diseases. It is the second endowed chair the foundation has funded at the Keck School of Medicine. Randy Sherman, professor of surgery and chief of the division of plastic and reconstructive surgery, currently holds the Audrey Skirball-Kenis Chair for Plastic and Reconstructive Surgery.

Audrey Skirball-Kenis died in 2002, after decades of philanthropy that benefited numerous cultural and medical institutions in Los Angeles, New York and beyond.

Born in Alabama as Audrey Marks, she moved to Southern California in the 1940s. She married Jack Skirball, a rabbi-turned-movie-producer who grew wealthy through real estate. The couple built the Skirball Cultural Center, a museum in west Los Angeles emphasizing Jewish heritage in America.

Jack Skirball died in 1985. In 1987, she married Charles Kenis, an importer of French wines.

Audrey Skirball-Kenis was a trustee of the Skirball Foundation.

The Skirball Foundation's pledge will further USC/Norris Comprehensive Cancer Center's research on colorectal diseases, Beart's focus. Beart has been at USC since 1992, performing countless intricate operations not only for colon and rectal cancer, but also for inflammatory bowel disease and other bowel disorders.

Beart graduated from Harvard Medical School and interned at the University of Colorado Medical Center. He also performed his residency at the University of Colorado, where he was chief resident.

He trained under the accomplished surgeon Thomas Starzl, dubbed by some as the modern-day father of organ transplantation.

After joining the Mayo Clinic in 1977, Beart established Mayo's division of colorectal surgery. There, he developed the surgical technique accepted by most surgeons for ileoanal procedures—ileoanal anastomosis, or the "J-pouch"—a less-drastic alternative to traditional ileostomy.

Today, Beart is one of the leaders of the new Colorectal Center at the USC/Norris Comprehensive Cancer Center and Hospital, a

recently launched effort that unites all of USC/Norris' cancer-fighting services in one spot. His research interests include laparoscopic colon resections, maintenance of fecal continence and management of recurrent colorectal cancer.

Besides the Audrey Skirball-Kenis chair, Beart will continue to hold the Charles W. and Carolyn Costello Chair in Colorectal Diseases, which was established in 1999.

—Alicia Di Rado

Gilbert J. Burckart named chair of the Department of Pharmacy

Gilbert J. Burckart has joined the USC School of Pharmacy as chair of the Department of Pharmacy, as of January 1. Burckart, professor of clinical pharmacy, comes to USC after serving joint positions for 20 years at the schools of pharmacy and medicine at the University of Pittsburgh.



Gilbert J. Burckart

This program in clinical pharmacogenomics will enable pharmacists to play a critical role in translating genetic information into practice for patients and physicians, maximizing the efficacy of therapeutics and minimizing adverse side effects.

"By identifying genetic differences in patients, you can predict

"The USC School of Pharmacy is fortunate to have recruited a clinical scientist of Dr. Burckart's caliber," said Dean Timothy Chan. "His presence will greatly expand the scope of our clinical pharmacy research program and will provide leadership to Department of Pharmacy faculty, who are instrumental in maintaining excellence in pharmacy education and patient care."

Burckart will establish a research and education program focusing on individualized drug therapies based on a patient's genetic makeup.

how they will respond to certain medications and anticipate any adverse reactions," said Burckart. "This will make drug development more efficient and clinical trials more precise, which the pharmaceutical industry is especially interested in."

Burckart has made significant contributions to research in organ transplantation and immunopharmacology in the last 20 years.

In 1998, he began research on P-glycoprotein in lung transplant patients, which was funded by a multi-year National Institutes of

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In JAMA, USC expert weighs in on smallpox threat

Thomas Mack wants to take the paranoia and misconceptions out of the nation's concerns over smallpox.

Three decades ago, Mack, professor of preventive medicine at the Keck School of Medicine, observed firsthand the transmission of smallpox in Pakistan. Though the last known case of smallpox was in 1977, today he sees the United States grappling with fear of the disease once again due to the threat of potential terrorist attack.

His experiences drew him to put forth his own proposal for dealing with smallpox, which will be published in the Jan. 30 issue of the *New England Journal of Medicine* but was released early to help inform the national debate over a vaccination program.

The article was one of six posted online on the journal's Web site in mid-December, shortly after President George W. Bush announced a vaccination program for military personnel and certain law enforcement and health care workers who will serve on smallpox-response teams. Bush was vaccinated soon after disclosing his plan.

Some have advocated vaccines for all U.S. hospital employees, while others have called for more widespread vaccination.

Mack argued in his article that the dangers of mass vaccination outweigh the potential lives saved, unless the nation is under a specific and repeated threat. He

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Looming privacy rules mean new way of doing business for health care providers

The University of Southern California, like academic medical centers and health care providers nationwide, will soon be required to obtain signed consent from patients prior to any use or release of personal medical information under a new federal regulation aimed at protecting patients' privacy.

Laura La Corte, executive director of compliance, said that the privacy rule, a component of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, went into effect in April 2001. USC must be in full compliance with the privacy rule by April 14, 2003.

The new regulations generally prohibit

health care providers, such as USC physicians, pharmacists, dentists and allied health professionals, as well as USC's hospital partners and health plans such as the USC Network from using or disclosing an individual's "protected health information" without prior written authorization from a patient, she said.

"Protected information includes information relating to the health of an individual, the care provided or payment for that care in any form or medium—from a paper medical record to a fax authorization or referral to a conversation between colleagues consulting on the care of a patient," La Corte said.

Still, she noted, "health care providers and practitioners can continue to use protected health information to treat patients, obtain payment for such treatment or for health care operations such as teaching students and residents, credentialing, quality assurance and compliance reviews, among other things, without an authorization from a patient."

In those instances, USC must provide the patient with a Notice of Privacy Practices, which summarizes all of the possible ways that USC may use an individual's health information. In addition, USC must make a good faith effort to obtain the patient's acknowledgement of receipt

of the Notice of Privacy Practices, she said.

For most other uses, such as research, fundraising and targeted marketing, individuals must sign a specific authorization permitting USC to use their health information for those purposes. An authorization is a signed document that permits the release of protected information for specific purposes over a specific period of time, and is required before any such communication may occur.

For fundraising and marketing, USC will obtain authorizations from patients as needed. For research, the HIPAA privacy rule authorization may be incorporated into the informed consent document. The USC Institutional Review Boards (IRBs) have been charged with enforcement of certain aspects of the privacy rule as they relate to research, La Corte noted.

Jeffrey Huffman, professor of urology and CEO and president of USC Care Medical Group, said that HIPAA education will be incorporated into USC Care's compliance program.

"The regulations are set up to protect the health information of our patients, and in general, that's something our providers are already very sensitive to. What this does is set up specific policies and procedure for how that will be done and enable us to monitor and track compliance," he said.

The HIPAA privacy rule also gives individuals expanded rights to access their medical and billing records, request amendments to them and obtain an accounting of disclosures of protected health information. USC also must not use more than the "minimum necessary" amount of patient health information to accomplish a particular task.

For example, La Corte said, while a physi-

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JAMA study shows way for hypertension treatment

Results of an expansive study of patients with high blood pressure and elevated cholesterol involving Keck School of Medicine of USC cardiologists may stem debates over the best therapies to treat hypertension and prevent heart attacks.

Findings were published in two articles in the Dec. 18 issue of the *Journal of the American Medical Association*. They analyzed the effectiveness of three types of medication to treat high blood pressure and a statin drug to lower LDL, the so-called "bad" cholesterol. The study was the largest ever conducted on hypertension.

The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT) involved 33,357 ethnically diverse participants age 55 and older at 623 medical offices and clinics in the United States, Canada, Puerto Rico and the U.S. Virgin Islands, including a site at USC.

Patients were followed for four to eight years in the trial, which was sponsored by the National Heart, Lung, and Blood Institute. Researchers at the University of Texas-Houston Health Science Center coordinated the trial, which involved several universities

across the nation.

Researchers found that less-expensive, longstanding diuretic medications, or "water pills," are as good as or better than calcium channel blockers and angiotensin-converting enzyme (ACE) inhibitors in lowering blood pressure and preventing heart disease events in hypertensive patients.

In the lipid-lowering subset of the trial, they found that pravastatin, a drug used to reduce cholesterol, does not reduce the death rate or incidence of heart attacks in patients with moderately high cholesterol and well-controlled high blood pressure any more than the usual care provided by a patient's physician.

Will the study make a difference in how physicians treat patients with these common conditions?

"This is a very important study from that standpoint," said L. Julian Haywood, professor of cardiovascular medicine at the Keck School and member of ALLHAT's steering committee. "Many were aware the study existed and were awaiting the results."

Treatment and complications among the 50 to 60 million people in the U.S. with hyper-

tension are believed to cost about \$37 billion a year, with antihypertensive drugs alone accounting for \$15.5 billion. Antihypertensive therapy successfully reduces illness and death related to high blood pressure, but no one has shown which type of antihypertensive therapy should be offered first.

In the ALLHAT study, researchers wanted to see whether fatal coronary heart disease or nonfatal heart attacks were less common among high-risk patients with hypertension treated with a calcium channel blocker or ACE inhibitor than among those treated with a diuretic.

Participants were randomly assigned to take the diuretic chlorthalidone, the calcium channel blocker amlodipine or the ACE inhibitor lisinopril.

Fatal coronary heart disease or a nonfatal heart attack occurred in nearly 3,000 participants. Neither the calcium channel blocker nor the ACE inhibitor was better than the diuretic in preventing coronary events or increasing survival. The diuretic was about 25 percent more effective than the calcium channel blocker in preventing overall heart failure,

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PHARMACY: New chair's research may illuminate transplant rejection

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Health grant. Located in the gastrointestinal tract, kidneys, liver and lungs, this protein acts as a membrane pump that moves drugs from the inside to the outside of the cell.

"Every organism has these membrane pumps to keep the inside of cells free from foreign materials, keeping some drugs from being absorbed," said Burckart. "This is what causes multi-drug resistance, which was first studied in cancer patients who developed resistance to chemotherapeutic agents."

Burckart's research with P-glycoprotein relates directly to the rejection process in transplant patients.

"If you can determine which genes were up regulated in the rejection process, and which proteins were made, you can ultimately find drug targets to stop this process," Burckart said.

Burckart received his bachelor's degree in pharmacy from the University of Pittsburgh in 1972 and his doctorate from the University of

Kentucky in 1975. He served on the faculties of the State University of New York at Buffalo and the University of Tennessee.

Burckart returned to the University of Pittsburgh in 1982, continuing his clinical research at the Children's Hospital of Pittsburgh and the University of Pittsburgh Medical Center.

A former president of the American College of Clinical Pharmacy, Burckart has been elected President of the American College of Clinical Pharmacology for 2004-2006.

As chair, Burckart said he will guide the 40 full-time faculty members of the Department of Pharmacy to greater visibility through excellence in scholarly activity and research, clinical practice and teaching.

In addition, Burckart will become the inaugural holder of the Hygeia Centennial Chair in Clinical Pharmacy at the School of Pharmacy. The chair was created by a group of alumni and friends who provided a lead gift of \$375,000 to create a matching gift program.

The school intends to raise \$1,875,000 over the next three years to endow the chair.

The endowment will commemorate the School of Pharmacy's 100-year anniversary in 2005.

"The lead gift of \$375,000 will allow up-front funding for equipment and staffing, as well as ensuring that the position is endowed in perpetuity," said Dean Chan.

By contributing to the Hygeia Centennial Chair in Clinical Pharmacy, donors will have the opportunity to change the way that students learn about the pharmacy profession, enabling them to stay informed about important advances in clinical pharmacy research.

The Hygeia matching gift program is structured similarly to the Heeres Challenge grant that raised over \$1 million from 1998 to 2002. Through an initial pledge of \$300,000, the Heeres Challenge raised funds for the complete renovation of teaching facilities with multimedia upgrades.

—Alexis Bergen

HSC Weekly

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JAMA: Study confirms cholesterol-lowering drugs are safe, effective

Continued from Page 2

although it was no different from the calcium channel blocker in preventing cardiovascular disease as a whole.

The diuretic was better than the ACE inhibitor in lowering blood pressure and preventing aggregate cardiovascular events, such as stroke, heart failure, angina and coronary revascularization. Authors suggest that thiazide-type diuretics should be the first line of drug therapy in patients with high blood pressure.

Diuretics work to lower blood pressure by lowering the amount of water and salt in the body.

Experts have warned, however, that patients should not stop taking their medication because of the study, but instead discuss questions with

their physicians. Also, some patients need more than one type of drug, while diuretics are not recommended for patients with certain other conditions.

LDL, or bad cholesterol, has become a household phrase to those who want to lower their heart disease risk.

Trials in the 1970s and 1980s showed that lowering levels of this cholesterol in the blood reduced the risk of heart attack.

In the 1980s, the statin drugs came on the scene, enabling patients to drop total cholesterol levels by 20 percent or more.

Researchers wanted to run a large-scale trial to see if statins could reduce the risk of death among older people with high blood pressure and moderately high cholesterol and at least one other coronary heart disease risk factor.

Of the participants, 5,170 were randomly assigned to take pravastatin daily, while the others had usual care from their physicians. That could include statins, if the physician chose to prescribe them.

During the trial, 32 percent of the usual-care patients with coronary heart disease and 29 percent of those without the disease started taking cholesterol-lowering drugs.

By the fourth year, total cholesterol levels had dropped 17 percent among those taking pravastatin compared to 8 percent among those under usual care. Pravastatin users randomly tested for LDL levels saw theirs reduced by 28 percent, while those under usual care had 10 percent lower LDL.

But researchers found that rates of death and rates of heart attacks and strokes were nearly the

same between the two groups. After six years, 14.9 percent of pravastatin-users had died, compared to 15.3 percent of those under usual care.

The authors noted that the results "should be interpreted as consistent with current recommendations for cholesterol control in the prevention and treatment of cardiovascular disease" and confirm that statins are safe and useful in the prevention and treatment of atherosclerotic cardiovascular disease.

Results also should emphasize to practicing physicians the need for adequately dropping LDL levels in patients undergoing lipid-lowering therapy, they say.

Haywood said ALLHAT results paralleled what he sees in his practice.

"The study was consistent with my views and the way I prescribe to my patients," he said.

As part of the trial's 14-member steering committee, Haywood helped periodically review the study's progress to review whether any changes were needed in protocol or management.

At the study's start, he also was co-director of the ALLHAT study site at LAC+USC Medical Center with the late cardiologist Vincent DeQuattro. Haywood became sole director after DeQuattro, a longtime Keck School faculty member, died in August 2001.

ALLHAT Officers and Coordinators for the ALLHAT Collaborative Research Group, "Major Outcomes in High-Risk Hypertensive Patients Randomized to Angiotensin-Converting Enzyme Inhibitor or Calcium Channel Blocker vs. Diuretic," *Journal of the American Medical Association*. Vol. 288, No. 23, pp. 2981-2997.

—Alicia Di Rado

Julio Tubau, associate professor and cardiac disease researcher, 55

Physician and cardiac disease researcher Julio E. Tubau, associate professor of clinical medicine, died Dec. 26 following a long battle with brain cancer. He was 55.

Tubau, an early advocate of using tools such as magnetic resonance imaging to evaluate the condition of the heart, focused his research on the effects of high blood pressure on the cardiovascular system.

In the 1990s, he was able to show that the heart's ability to use oxygen increases when blood pressure is reduced, a landmark study widely referenced in peer-reviewed articles ever since. He also showed how medication could



Julio Tubau

improve the structure of the heart.

Born in Spain in 1947, Tubau graduated from Colegio Sagrado Corazon in 1963 and went to the University of Barcelona's School of Medicine in 1971. After completing fellowships in cardiology, clinical research and nuclear cardiology, in 1982 he joined the staff

of the University of California at San Francisco, where he served in several positions, including assistant professor of medicine.

In 1990, Tubau joined the Keck School of Medicine as associate professor of medicine and radiology.

He also served as co-director—and later

director—of nuclear cardiology from 1990 on.

Tubau published 58 articles in peer-reviewed journals and was a member of the American Heart Association, the American Federation for Clinical Research, the American Society of Hypertension and the Spanish Cardiology Society.

He is survived by his wife, Yaga Szlachcic, and his daughter, Amy Tubau.

A memorial service is tentatively scheduled for March at the Health Sciences Campus. For information, call (323) 442-5480 at the end of January.

—Jon Nalick

SMALLPOX: Wide use of vaccine may pose greater risk than virus

Continued from page 1

urged that authorities and news media provide accurate information about the limited potential for an epidemic and the substantial risk from vaccination with the live vaccinia virus.

"The number of people likely to be infected by any introduction of smallpox is likely to be very small, and protection of either the general public or of health workers as planned would be likely to hurt and even kill more persons than smallpox would. Even limited vaccination of health workers could only be justified if a massive attack or sustained biologic warfare were probable," Mack said.

Rather than mass vaccination, Mack instead advocates vaccine for a limited group of health workers selected to care for cases and to protect and keep track of their contacts.

Mack had firsthand experience with smallpox from 1966 to 1968, when the Centers for Disease Control and Prevention sent him to Pakistan to study how the disease might spread between villages and compounds.

The CDC used the findings to plan the eradication campaign.

He explains that anyone familiar with the appearance of smallpox—small, round, deep-set blisters on the face and extremities of a very sick person—may readily identify a smallpox patient during the stage when the disease is infectious, making it possible to identify and isolate persons who have been in contact with the patient and reduce contagion. These people should receive vaccinations, which may help avoid the disease entirely or ease its severity.

Most documented cases of smallpox infection in the past have come from bedside contact, Mack said.

Very few have come from contact with infected carriers in the community, and none has involved contracting the disease on an airplane or train.

Many attempts have been made to mathematically model the number of cases that would result from an importation. Invariably these are based on a substantial overestimate of the persons likely to come in close enough contact with a case, Mack

said.

The virus is fragile once airborne, and warm, dry air kills it even faster.

Mack expects that an outbreak would be controlled within a month or so in the U.S. Even if the virus was tweaked genetically or delivered in a large public place, that would not keep smallpox response teams from limiting secondary spread to others—though it would require more teams to come in and help.

Smallpox vaccine does not contain smallpox. Instead, it uses a live pox-like virus called vaccinia to prime the body's immune system against smallpox.

Other common vaccines using live virus include measles and chicken pox, but these vaccines are made from viruses that have been more substantially modified to eliminate serious infections.

Health professionals administer the vaccine through a two-pronged needle, which pricks the skin quickly in several spots next to each other. Vaccinations usually are given on the upper arm.

Because the virus is active, direct

contact with the blistering vaccine site can spread the virus to others. Vaccinia can cause fever, rash and body aches, and in some cases, even death.

Mack said that it poses danger not only to pregnant women and those who have skin conditions such as eczema (as well as those with compromised immune systems) but to healthy non-pregnant women and men as well.

Health experts have predicted as many as three deaths per million people getting the vaccine. Preventing all potential deaths from smallpox would require that every American get vaccinated, Mack said, leading to as many as 800 deaths from complications.

Yet experiences with smallpox in Europe indicate that an initial smallpox introduction would probably cause fewer than 20 cases and 10 deaths from the disease.

Even vaccinating only the 2.5 million health care professionals working in U.S. hospitals would result in seven to eight vaccine-related deaths, he said.

Instead of this widespread vaccination scheme, Mack suggested that officials encourage rapid diagnosis and isolation of cases. A diagnosis campaign could include wide distribution of posters with photos of symptomatic patients.

Also, patients should be kept away from general hospitals, where the disease could reach other uninfected patients and employees. Instead, they should be cared for in dedicated, alternative facilities.

Investigators, lab workers and other caregivers could be vaccinated and mobilized to go to any outbreak location, he suggested. No more than 15,000 such volunteers would be needed, reducing the risk of vaccine-linked deaths.

The CDC offers more details about smallpox at its Web site: www.bt.cdc.gov/agent/smallpox. The journal articles are available for free at <http://content.nejm.org>.

Thomas Mack, "A Different View of Smallpox and Vaccination," *New England Journal of Medicine*. Jan. 30, 2003, Vol. 348, No. 5.

—Alicia Di Rado

Calendar

Tuesday, Jan. 21

11 a.m. Endocrinology and Diabetes Grand Rounds. "GLP-1 is a Growth Factor for Pancreatic Islet Cells: Prospectives for GLP-1 Based Cell and/or Gene Therapy of Diabetes," Riccardo Perfetti, Cedars-Sinai Medical Center. AHC Aud., Room 102. Info: 442-2806

Noon. Cancer Center Grand Rounds. "BRCA1 in Transcriptional Regulation and Tumor Suppression," Rong Li, Univ. of Virginia. Norris Tower 7th Floor Conf. Ctr. Info: 442-1179

12:15 p.m. Psychiatry Grand Rounds. "Back Pain and Depression," William Bondareff and Steven Richeimer, USC. Hoffman Hall, Hastings Aud. Info: 226-5572

Wednesday, Jan. 22

7 a.m. Medicine Grand Rounds. "Anteroembolic Renal Disease," Saeid Nosrati, USC. GNH 1645. Info: 226-3867

12:30 p.m. Medicine Grand Rounds. "Airway Management and Behavioral Science," Linda Reeve and Adaeza Saa, USC. Univ. Hospital, Cardinal Room. Info: 442-1627

4 p.m. Neurosciences Seminar. "Stress,

Neurodegeneration and Individual Differences," Robert Sapolsky, Stanford Univ. Hedco Neurosciences Aud., UPC. (213) 740-9176

Thursday, Jan. 23

Noon. Cellular Homeostasis Lecture Series. "Tyrosine Phosphorylation and Cell Signaling," Tony Hunter, Salk Inst. AHC Aud., Room 102. Info: 442-3121

Noon. "A Tale of Two Prolactins: Posttranslational Modification Determines Growth Versus Differentiation," Ameae Walker, UC Riverside. McKibben Hall, Room 256. Info: 442-1242

Tuesday, Jan. 28

11 a.m. Endocrinology and Diabetes Grand Rounds. "Mg Therapy in Critical Illness," Garrison Tong and Robert Rude, USC. AHC Aud., Room 102. Info: 442-2806

Noon. Cancer Center Grand Rounds. "Regulation of DNA Methylation and Other Epigenetic Phenomena ar Rasgrf1," Paul Soloway, Cornell Univ. Norris Tower 7th Floor Conf. Ctr. Info: 442-1179

12:15 p.m. Psychiatry Grand Rounds.

"Compliance with HIPAA Privacy Regulations," Daniel Willick, So. Ca. Psychiatric Society. Hoffman Hall, Hastings Aud. Info: 226-5572

Thursday, Jan. 30

Noon. Cellular Homeostasis Lecture Series. "Liver Repopulation by Extra- and Intra Hepatic Stem Cells," Marcus Grompe, Oregon Health Sciences Univ. AHC Aud., Room 102. Info: 442-3121

Noon. Robert and Ray Kroc Lecture Series. "Depletion-Mediated Red Blood Cell Aggregation: Why Blood is Thicker than Water," Bjorn Neu, USC. McKibben Hall, Room 256. Info: 442-1268

Tuesday, Feb. 4

8 a.m. Pathology Grand Rounds. "Challenging Melanocytic Lesions," Scott Binder, UCLA. Hoffman Hall, Hastings Aud. Info: 226-7148

6:30 p.m. – 10 p.m. Continuing Education Seminar. Common Problems in Primary Care 2003. "Urinary Disorders, Erectile Dysfunction in the 21st Century," David Ginsberg, "Contraceptive Update 2003," Susana Gonzalez, USC. DEI 3rd Floor Conf. Ctr. Info: 442-1313

Wednesday, Feb. 5

7 a.m. Medicine Grand Rounds. "ITP," Cage Johnson, USC. GNH 1645. Info: 226-3867

Thursday, Feb. 6

Noon. Cellular Homeostasis Lecture Series. "Gene Therapy Strategies for Hemophilia and Viral Hepatitis," Mary Kay, Stanford Univ. AHC Aud., Room 102. Info: 442-3121

Friday, Feb. 7

Noon. Joint Immunology Conference. "Nitric Oxide and Superoxide: Interactive Regulators of Immune Response Activity," Roel Van Der Veen, USC. Hoffman Hall, Hastings Aud. Info: 442-2337

Tuesday, Feb. 11

6:30 p.m. – 10 p.m. Continuing Education Seminar. Common Problems in Primary Care 2003. "Imaging Technology Evidence – To Scan or Not to Scan, Where Do You Go From Here," William Boswell, "Life After the Hospital and End of Life Care," Karen Josephson, USC. DEI 3rd Floor Conf. Ctr. Info: 442-1313

Wednesday, Feb. 12

7 a.m. Medicine Grand Rounds. "Congestive Heart Failure," Uri Elkayam, USC. GNH 1645. Info: 226-3867

Thursday, Feb. 13

Noon. Cellular Homeostasis Lecture

Series. "LXRs in Physiology and Disease," Peter Tontonoz, UCLA. AHC Aud., Room 102. Info: 442-3121

Tuesday, Feb. 18

6:30 p.m. – 10 p.m. Continuing Education Seminar. Common Problems in Primary Care 2003. "Female Sexual Function and Dysfunction, Women's Health Initiative and Menopause Management," Raquel Arias, "Adolescent Medicine - Teenage Sexuality," Lawrence Neinstein, USC. DEI 3rd Floor Conf. Ctr. Info: 442-1313

Wednesday, Feb. 19

Noon. IGM Seminar. "Signaling at the Crossroads of Cell Aging and Cancer," Stuart Aaronson, Derald H. Ruttenberg Cancer Center. CSC, IGM Aud. Info: 442-1144

Tuesday, Feb. 25

6:30 p.m. – 10 p.m. Continuing Education Seminar. Common Problems in Primary Care 2003. "Asthma Therapy Updates," Richard Barbers, "Orthopedics for Primary Care," C. Thomas Vangness Jr., and "Under Recognized Endocrine Disorders," Peter Singer, USC. DEI 3rd Floor Conf. Ctr. Info: 442-1313

Thursday, Feb. 27

Noon. Cellular Homeostasis Lecture Series. "Regulatory Function of NKT Cells in the Immune System," Masaru Taniguchi, Chiba Univ., Japan. AHC Aud., Room 102. Info: 442-3121

Tuesday, March 4

6:30 p.m. – 10 p.m. Continuing Education Seminar. Common Problems in Primary Care 2003. "Pain Control in Primary Care Practice – When to Use Narcotics?" Steven Richeimer, "Pap Smears / HPV," Juan Felix, USC. DEI 3rd Floor Conf. Ctr. Info: 442-1313

Wednesday, March 12

7 a.m. Medicine Grand Rounds. "Chronic Pancreatitis," Khaldoun Debian, USC. GNH 1645. Info: 226-3867

Wednesday, April 9

7 a.m. Medicine Grand Rounds. "Sarcoidosis," Om Sharma, USC. GNH 1645. Info: 226-3867

Wednesday, April 30

7 a.m. Medicine Grand Rounds. "Psoriatic Arthritis," Franciso Quismorio, USC. GNH 1645. Info: 226-3867

HIPAA: New privacy rules loom

Continued from page 2
cian or resident may need to see all of a patient's health information for treatment purposes, a receptionist whose job responsibility is limited to checking patients in to the clinic, should not need to see medical records. Similarly, students do not necessarily need to receive identifiable information about actual patients, such as names, in a classroom setting.

The HIPAA privacy rule is comprehensive and impacts USC and other academic medical centers in far-reaching ways. Two years ago, USC's Office of Compliance was charged with implementation and enforcement of a university-wide program to comply with the privacy rule by the April 14 deadline. Its implementation efforts include:

- Designating LaCorte as the privacy officer for HIPAA compliance purposes;
- Developing an online HIPAA education privacy program that must be taken by faculty, staff and other USC employees, as well as students, volunteers, agents and certain other individuals who have access to patient health information through USC providers;
- Working with numerous individuals and working groups to

develop policies, procedures and templates for the university community. Such templates include: notice of privacy practices; authorizations for research, fundraising and marketing purposes; and policies and procedures and other guidance for complying with the privacy rule, particularly as it impacts clinical practice, research, fundraising, marketing, the USC health plans and non-clinical health education.

University employees who deal with patients and their health information will be receiving additional information about the privacy rule in the coming weeks from the USC Office of Compliance as well as from the university's IRBs.

Further, information regarding the privacy rule, including access to the online education program, template documents, and policies and procedures, will be made available on the USC Office of Compliance website at www.usc.edu/compliance.

For more information about the HIPAA Privacy Rule or to join a working group committee or to arrange for a presentation about the privacy rule, contact the Office of Compliance at (213) 740-8258

Notice: Deadline for calendar submission is 4 p.m. Tuesday to be considered for that week's issue—although three weeks advance notice of events is recommended. Please note that timely submission does not guarantee an item will be printed. Send calendar items to lpratt@hsc.usc.edu. Entries must include day, date, time, title of talk, first and last name of speaker, affiliation of speaker, location, and a phone number for information.

The HSC Calendar is online at
<http://www.usc.edu/hsc/calendar.html>

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