that she charged families up to $35,000 for disease, offered treatment to ALS patients, and specialized in the treatment of Lyme disease. The FBI seized $1.1 million from Dr. DeMarco and Robert Appel. The new institute will focus on novel and cross-disciplinary approaches to research into Alzheimer’s disease and other neurodegenerative conditions.

By employing an interdisciplinary approach to the study of this condition, researchers at the Appel Institute will be able to obtain groundbreaking insights into the physiology of the disease,” Dr. David Hajar, vice provost and dean of the Weill Cornell Graduate School of Medical Sciences, said in a statement. “Instead of simply following existing clinical protocols, these diverse research collaborations will offer a 360-degree view of Alzheimer’s, hopefully exposing its cause and eventually its cure.”

New Approaches to Epilepsy
The Epilepsy Research Foundation, a collaboration of nonprofit organizations, recently announced a total of $400,000 in grants to fund translation research for a 450-degree proposal in epilepsy treatment approaches. One grantee will work on developing adenosine receptor-blocking drugs to treat temporal lobe epilepsy in rat models. Another will evaluate the effects of huperzine A, which is derived from a Chinese herb, as an add-on therapy for patients with refractory epilepsy. The phase II dose-escalation study will consider the safety and tolerability of the compound and provide initial information on its effectiveness in treating epilepsy. The final two grantees will use funds to research into the development of a galanin-based therapy for the treatment of refractory epilepsy.

Easing Use of Experimental Drugs
The Food and Drug Administration is proposing to widen access to experimental drugs. The agency has been accused by patient advocates and some drug makers of obscuring the criteria physicians need to seek to use investigational drugs in their patients. In 2003, an Arlington, Va.-based advocacy group, the Abigail Alliance, sued the FDA to get unfettered access to unapproved therapies. The phase I A dose-escalation study will consider the safety and tolerability of the compound and provide initial information on its effectiveness in treating epilepsy. The final two grantees will use funds to research into the development of a galanin-based therapy for the treatment of refractory epilepsy.

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Adopted strict guidelines on gift giving in 2002, says that limiting the practices and access of their sales representatives will deprive physicians of the best expertise on their medicines. But gifts, though insignificant, establish an unspoken quid pro quo between physicians and pharmaceutical companies. If gifts did not serve this purpose, companies would not give them, the JAMA authors say. They note that the research bears this out.

According to a 2003 survey of more than 1,000 third-year medical students, an average third-year student receives one gift or attends one company-sponsored activity a week (JAMA 2005;294:1034-42). That is precisely the point of the no-gift policies proposed by the article, said one of its authors, Dr. Jerome P. Kassirer, former editor-in-chief of the New England Journal of Medicine.

“These meals and gifts give residents and trainees the idea that pharmaceutical largesse is all right and the way things work, but it taints the profession,” Dr. Kassirer said in an interview. “They wouldn’t pass out these gifts if it didn’t matter.”

“I think the academic medical centers needed a little nudge,” he added, noting the impact the article appears to be having. “It’s a beginning.”

At the academic medical centers, free meals appear to be the biggest issue impeding acceptance of the policies among staff. The free meals allow physicians to attend midday meetings they otherwise would not have time to attend, and they are a big ticket item.

At the UC Davis Cancer Center alone, it is estimated that companies spend about $70,000 on free lunches a center. The center will now pick up those costs, and other departments may have to do the same.

At the University of Pennsylvania Health System, the adoption of its policy caused some grumbling at first, along with the loss of some legitimate educational programs that were sponsored for the most part, however, physicians and other staff members have adjusted, said Dr. Patrick J. Brennan, the chief medical officer of the university health system. He said there is “much less evidence” of sales representatives around the clinics and school. At one suburban clinic run by the university, sales reps turned in their identification badges in protest; but, he believes, the sales force may have adjusted.

He has lately seen an increasing number of medical education programs offered to faculty and staff at a third party hired by a drug company.

At UC Davis and some of the other institutions, efforts are being made to help patients who previously might have benefitted from receiving free drug samples or devices; these items have been very helpful, especially for low-income patients. Dr. Albertson noted the university is going to try to purchase some of these items that have been donated in the past, such as training inhalers for asthma patients and supplies for those with diabetes.