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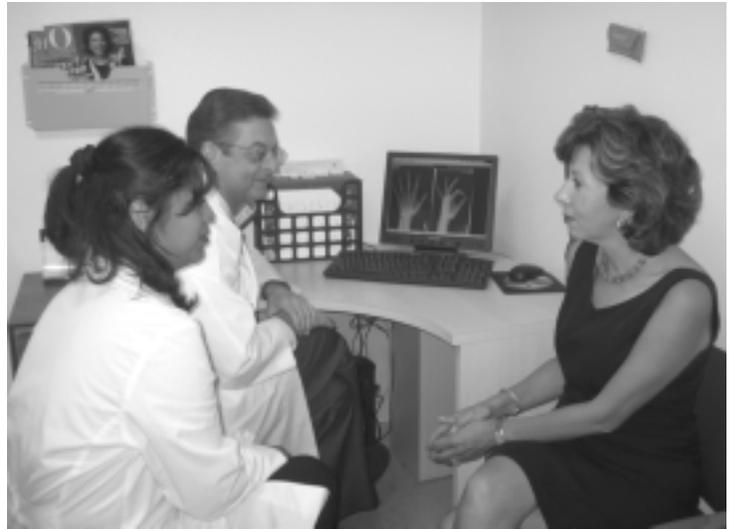
Early Arthritis Program Focuses on Urgency

Getting arthritis isn't like it used to be. In the past, if you told your family doctor about your new arthritis symptoms, you would be told to take aspirin or ibuprofen if it bothered you and to report any more symptoms on your next visit. Today, it is clear that the onset of arthritis-like symptoms needs to be evaluated quickly. A growing body of evidence indicates that the new biologic therapies can not only halt but also reverse rheumatoid arthritis, prompting the Arizona Arthritis Center to establish an Early Arthritis Program (EAP). Nearly 200 patients have been seen through the program since it began in October 2003.

New medical advances have underscored the urgent need to diagnose rheumatoid arthritis and other inflammatory arthritic diseases early and treat them much more intensively. "Today's DMARDS (disease-modifying anti rheumatic drugs) can halt joint and tissue damage, but the key is to expedite the diagnosis and prescribe these medications at the first signs of inflammatory arthritis," says David Yocum, M.D., director of the Arizona Arthritis Center.

In the past, there was a "wait and see" approach to the onset of arthritis. There were no medications that could stop progression of the disease, only pain medications to help the patient cope. Rheumatoid arthritis patients treated with conventional therapies had pain, progressive disability and joint damage. Studies now show that early referral, diagnosis, and quick treatment with DMARDS, especially methotrexate and the new biologic therapies, can reduce long-term joint damage.

Because it is viewed as a chronic disease, the idea of treating arthritis as an emergency has not yet caught on.



Dr. Mayra Oberto-Medina & Dr. David Yocum consult with an early arthritis patient.

Primary care physicians are only now starting to recognize the need for urgency in treating the patient. The EAP provides referring physicians and their patients easy and



A patient discusses his arthritis symptoms with Dr. David Yocum.

quick access to the Center's rheumatologists. A fax line is available and a system is in place to make sure referred patients see one of the Center's rheumatologists within four weeks. Primary care physicians welcome the availability of timely rheumatic consultation for their patients with new onset rheumatic complaints. The EAP focuses on providing fast, accurate diagnosis and appropriate treatment for patients with symptoms of less than three months duration.

Once patients are seen at the clinic, they undergo a series of diagnostic tests. Proper diagnosis is critical, because accurate

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diagnosis can reduce the use of unnecessary medications and imaging procedures.

There are challenges in establishing such an innovative program. “Many primary care physicians are still unaware of the numerous studies that document the benefit of early intervention,” says Dr. Yocum. “Also, while new arthritis cases are common, there are only 4,200 practicing rheumatologists in the country and their average age is in the mid-fifties, so we have a rapidly retiring population of rheumatologists and more cases than ever before to treat.”

With only 100 new rheumatologists entering the medical field every year, the bottleneck for referring physicians and patients is expected to grow. In Phoenix, it takes three to four months to get in to see a rheumatologist. Despite an influx of patients, the Center’s EAP is focused on keeping the appointment process to a minimum of four weeks.

“We are getting better and better at treating arthritis,” says Dr. Yocum. As technology progresses, the central philosophy of a program dedicated to urgent treatment is helping to revolutionize arthritis care.

AAC/ Pfizer Partnership

When it comes to the development of new therapies, time is of the essence, especially today when there appear to be new treatments on the horizon to possibly halt or delay the progression of osteoarthritis (OA). Yet, using traditional technology, it takes time to study new drugs – a lot of time. That is why the AAC has teamed with Pfizer to study new methods, using new more sensitive technology, to shorten the length of time it takes to assess the effects of new therapies on osteoarthritis.

Because the Arizona Arthritis Center is involved in several programs to study early osteoarthritis and also has access to University Medical Center’s advanced Magnetic Resonance Imaging equipment, it was selected by Pfizer to participate in the two-year clinical trial along with Harvard;



MRI shows sensitive changes in volume, thickness and surface area of cartilage.

Duke; University of California, San Francisco; Indiana University; and Northwestern University.

“This is a great partnership between the Arizona Arthritis Center and the Department of Radiology where the 3-Tesla Magnetic Resonance Imaging Scanner resides,” says Dr. David Yocum, director of the Arizona Arthritis Center. “The early osteoarthritis research conducted at the Center will provide excellent subjects to be studied using the MRI equipment.”

It currently takes an average of three years to assess whether a drug modifies the course of osteoarthritis.

The objective of the trial is to reduce this period of time to perhaps only a year so that effective therapies can be made available sooner to osteoarthritis patients. The study will investigate a faster way to assess disease

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Designated by the Arizona Board of Regents as one of eight Centers of Excellence at The University of Arizona College of Medicine, the Arizona Arthritis Center is dedicated to biomedical research into the causes and treatments of more than 100 forms of arthritis. Understanding the ways that arthritis and bone and connective tissue diseases start and progress is the key to helping individuals with arthritis lead healthier lives.

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modifying osteoarthritis drugs using MRI measurements as opposed to X-rays.

Radiography is the method currently approved for knee OA drug studies. This study will compare disease information provided through MRI's with information provided by X-rays. Not only do X-rays take 18 to 36 months to show changes in a subject's disease progression, but also radiography provides only a flat one-dimensional overview of cartilage changes. Significant advances in MRI technology, which include use of computer technology to merge image slices into three-dimensional perspectives, have provided the ability to measure sensitive changes in volume, thickness and surface area of cartilage. This technology allows for a better and faster means than X-rays to evaluate drug intervention on OA progression.

The study will develop standardized methodology for drug study trials by establishing precision and accuracy of MRI-based assessment through linkage with other validated measures of disease progression. It will also identify subject characteristics that predict rapid disease progression for more successful studies. OA progression is generally slow; however, rapid progression can be seen in patients with early onset arthritis.

Participants in the study must be diagnosed with early onset arthritis of the knee. The subjects' OA

progression will be studied and time interval criteria will be established for future studies based on MRI measurements.

OA is the most common form of arthritis and a major cause of long-term disability in the United States. It is estimated that more than two-thirds of the 60 million OA patients in the nation would benefit from therapy which stops or delays cartilage loss.

Currently, there is a lack of drugs that can modify the progressive course of the disease. OA therapies include nonsteroidal anti-inflammatory drugs (NSAIDS), COX-2 inhibitors, and analgesics. These drugs relieve the inflammation and painful symptoms of OA but do not suppress the ongoing degenerative process. Doxycycline, a relatively new drug, and glucosamine, a nutritional supplement, appear to help prevent disease progression.

"OA's health care cost in the U.S. is estimated to be over \$40 billion per year. More than 500,000 total joint replacements are done every year," says Dr. Yocum. "As our level of knowledge evolves, it is important to provide more effective disease modifying drugs to patients as soon as possible." The AAC has started to recruit patients for the study, which will conclude in mid-2006.

MARK YOUR CALENDARS! ARIZONA ARTHRITIS CENTER CALENDAR OF EVENTS

Event	Place	Date
AAC Friends Membership Luncheon	Skyline Country Club	Wednesday; October 6, 2004; 11:30 a.m.
Thriving with Arthritis Week	Canyon Ranch	October 24- 31, 2004
AAC Friends Conversations and Lunch/Eva Holtby Lectureship	Arizona Inn	Thursday; February 10, 2005; 11:30 a.m.
Living Healthy with Arthritis	Duval Auditorium/UMC	Saturday; March 19, 2005; 9:00 a.m.
SAHBA/Lute Olson Auction	Jewish Community Center	Thursday; April 14, 2005; 5:30 p.m.
SAHBA/Lute Olson Lunch	Sullivan's Steak House	Friday; April 15, 2005; 11:30 a.m.
SAHBA/Lute Olson Golf Tournament	Tucson Hilton El Conquistador Golf & Tennis Resort	Saturday; April 16, 2005; 7:30 a.m.
AAC Friends Breakfast Chat	Canyon Ranch	Wednesday; April 27, 2005; 9:00 a.m.

Touch-screens for Better Patient Outcomes

Better patient/physician relationships, more effective office visits, improved patient outcomes, and reduced reporting/paperwork for the physician are just some of the many benefits being studied through a new patient program designed at the Arizona Arthritis Center.

Sponsored by Centocor, the Advance Profiling of Anti-Rheumatic Therapies (APART) program provides rheumatoid arthritis patients with an easy-to-use computer touch-screen, which asks a series of questions about their health. "Some patients with rheumatic diseases have difficulty using a pen, pencil or keyboard," says William Lesley Castro, Ph.D., assistant director of research at the Arizona Arthritis Center, "and a touch-screen can be used effortlessly to answer the questions."

The questions are designed to assess the impact of rheumatoid arthritis on the patient's life and to make it easier for patients to provide specific, quantifiable data about how they are doing. Questions are exacting regarding level of pain, dexterity, mobility,

and physical and mental function and are derived from several standard rheumatoid arthritis assessment tools.

Patients are asked to rate their level of pain on a horizontal pain scale and indicate the location of joint pain and stiffness on an electronic illustration of the human body. The questionnaire also measures patient satisfaction, asking patients how well they think their doctors listen and understand their problems.

"The program will provide rapid and accurate outcomes data, improving the quality of time between the patient and physician," said Dr. David Yocum, director of the University of Arizona Arthritis Center. The innovative program allows patients to document and clearly describe their health status at each appointment before seeing their physician. With an immediate assessment of patient status, the physician then has more time to discuss appropriate treatment options with the patient.

The touch-screen computers are set up in the waiting room of the clinics so patients can answer the questions while waiting to see the doctor. The patient's self-assessment is automatically scored

and can be quickly reviewed by the physician at the clinic visit and then can be tracked over time to reveal how the patient is responding to medications and other treatments.

The data will also help physicians determine how patients are coping with the disease. For example, a returning patient may state to her doctor that she has "a little pain still" in her hand and, as a result, the doctor will record that there are no changes in symptoms. The questionnaire, on the other hand, will provide a clearer indication to the physician regarding the level of pain and may report that the patient is experiencing increasing pain and reduced mobility.



The data will help physicians determine how patients are coping with the disease.

"This study is revolutionary in some ways, but at the same time we're really going back to the basics by stressing patient/physician communication," Dr. Castro explains. "But we're using computer technology that allows us to have immediate clinical data. Eventually we hope to expand the program so experiences, outcomes and key findings can be shared among rheumatology centers throughout the country. The approach to chronic illness has vast potential and could impact how patients in other disease categories are evaluated in the future."

As information is collected over time, it is hoped that this standardized assessment tool will help rheumatologists make evidence-based medical decisions when prescribing medications and other therapies. If the study proves successful, the program could be tailored for patients with other chronic diseases.

The Arizona Arthritis Center began the study in January to test the impact of this system on patient/physician communication and satisfaction. Along with the Center's clinic in Tucson, two large rheumatology clinics in Wilmington, North Carolina and Chattanooga, Tennessee have enrolled study participants. More than 1,000 participants have been enrolled in the clinical trial and the AAC will begin to review study results early next year.

Knee Pain? You May Qualify for Study

The Arizona Arthritis Center is seeking participants for its Knee Study. If you are between the ages of 35 to 65 and have had knee pain within the last five years that has lasted a total of four months out of the year, you may be eligible to participate in the study. Participants will be randomly divided into three groups with treatments including a physical training or self-management program or a combination of both. The study provides participants with valuable information to manage their arthritis as well as their overall health.

Study groups will be staggered over the next few years, with each participant enrolled for a total of two years. **To find out how to participate, call 626-1100 and ask about the Knee Study.**

**WE AT THE ARIZONA ARTHRITIS CENTER
EXTEND OUR GRATEFUL APPRECIATION TO
THE FOLLOWING GROUPS AND
INDIVIDUALS:**

- Southern Arizona Home Builders Association
- Lute Olson and his Team
- All the Incredible Members of the SAHBA Event Planning Committee
- The Generous Sponsors and Auction Contributors
- All the wonderful people who support us by participating in the SAHBA/Lute Olson Events



Libby Francisco of the Desert Diamond Casino, the Event's Title Sponsor, provides an impressive overview of Desert Diamond's extensive community support and the importance of AAC's work.

**SAHBA/Lute Olson Raise
More Than \$71,000 for AAC**

In April, the SAHBA/Lute Olson Celebrity Auction, Lunch and Golf Tournament raised \$71,114 to benefit the Arizona Arthritis Center. Since the event began in 1987, members of SAHBA and Lute Olson have raised more than \$1.4 million for the Center!

The Thursday, Friday and Saturday events were well attended, with the Jewish Community Center's ballroom teeming with bidders, Lunch with Lute a near sellout at Sullivan's Steak House, and the two tournament courses filled



Lute Olson thanks Carole Pawlak, immediate past president of SAHBA, for her presentation at Lunch with Lute. Christine Olson and David Yocum, M.D. are in the foreground.

to capacity at the Tucson Hilton El Conquistador Golf and Tennis Resort.

Ryan Hansen acted as master of ceremonies of the exciting Live Auction where participants bid on UA basketball players for placement on their golf tournament teams. The silent auction included many exciting treasures such as a Canyon Ranch get-a-way and a beautiful watercolor by artist, Susan Imwalle.

Tony Mellor, president of Tiger Promotions, chaired the events. Desert Diamond Casino was the presenting sponsor. Sparkle Cleaners was special sponsor of the Lunch with Lute event. Supporting sponsors included Baja Spas, Borderland Construction, DeVries, Carpenter & Associates, eegee's, Finley Distributing, Fidelity National Title Agency, Oasis Water, Outback Steakhouse, Pepsi-Cola Bottling, Royal Buick, TDC Interiors, University Physicians and University Medical Center.



The 19th Hole Party is always a sellout.

**BE SURE TO HOLD THE DATES FOR THE NEXT SAHBA/LUTE
OLSON EVENTS: APRIL 14, 15, 16, 2005!**

Dr. Paul Alepa Was Dedicated to Patients/Students

A memorial service celebrating Dr. Paul Alepa's life was held on July 9 at Brings Funeral Home. Physicians and friends from the Arizona Arthritis Center along with many others came to say goodbye and share funny and touching stories of this well-respected retired pediatric rheumatologist. Dr. Alepa died on June 21 at the age of 71 of complications related to lymphoma.



Dr. Paul Alepa

Dr. Alepa was known as an outstanding clinician and expert in childhood forms of arthritis. He spent his life dedicated to teaching the principles of rheumatology to physicians in training. A bit of a curmudgeon and beloved teacher and mentor, many doctors who studied under him count him as the best of the best. He also touched the lives of thousands of grateful patients over his lifetime. He was an active volunteer and served in leadership roles in the Arthritis Foundation.

Receiving his Doctor of Medicine degree from Georgetown University in Washington, D.C., Dr. Alepa was also a highly respected and gifted researcher who played a key role in identifying the link between genetics and rheumatoid arthritis. He was awarded the Kober Medal from Georgetown University. Over the span of his career, he published and co-authored numerous papers in his field.

Born in Bronx, New York, Dr. Alepa was a world traveler who delighted in collecting unusual and beautiful items from all over the world. His mother, Mildred Alepa, whom he cared for until shortly before his death, survives him. His brother John; sister-in-

law Helen; and their two children, Paul and John Robert; and eight nephews and nieces, the children of his late sister, Patricia Bernauer, also survive him.

The Alepa family asks that memorial contributions in Dr. Alepa's memory be made to the Pediatric Rheumatology Endowment at the Arizona Arthritis Center.

Dr. Alepa was dedicated to the treatment of children with arthritis. Although 4,000 children in Arizona have arthritis, there are no longer any pediatric rheumatologists available in the state to treat them.

The AAC has been working to bring a Pediatric Rheumatology Endowment to Arizona and has so far raised more than \$1 million for an endowed program that will benefit the state far into the future. But the challenge has just begun. The Center's goal is to raise \$5 million for a comprehensive program of quality pediatric clinical care and research.

Please make checks out to: AAC Endowment/UAF
Note on the check: In memory of Dr. Alepa
Mail to:
Arizona Arthritis Center
P.O. Box 245093
Tucson, AZ 85724-5093

Caryl Taylor Leaves a Legacy for Children with Arthritis

For the last several decades of her life, Caryl Taylor dealt with her own rheumatoid arthritis on a daily basis and her heart went out to children with the disease. With a desire to see children with arthritis better served in Arizona, Caryl provided \$25,000 four years ago to initiate the Pediatric Rheumatology Endowment at the Arizona Arthritis Center. After her generous contribution, Charles and Sophie McKenzie stepped forward with an estate gift valued at more than \$1 million.

Early this year, Caryl generously provided \$5,000 as an ongoing, enthusiastic supporter of the Center's mission to raise a total of \$5 million for a comprehensive research and clinical program devoted to children with arthritis.

Caryl passed away on July 30 at the age of 75. Born in New York City and raised in New Jersey, Caryl attended Goucher College in Maryland and married Kendrick Taylor in 1950. They lived in New Jersey, Pennsylvania and Illinois before moving to Tucson in

1987. A mother of two, Caryl had a varied and interesting career as a manager of B. Altman & Company in New York, a teacher in Pennsylvania, a director of senior citizen activities as well as a director of the American Red Cross in Illinois. She loved to garden and travel. Her husband, Kendrick, preceded her in death in 1995. Surviving are her son Kendrick (Jan Nachlinger) and her daughter, Barbara (Jeff) Ramsland, and two grandchildren.



Caryl Taylor

Caryl was a hard working member of the Arizona Arthritis Center Friends Board and her intelligence, humor and energy are greatly missed at the AAC. Her philanthropic contributions to the Pediatric Rheumatology Endowment are a legacy for children with arthritis.

Giving Provides Benefits to You

Have you ever noticed that some of the best feelings you ever experienced came from doing something for someone else? Just think- if you were rich like Bill Gates or Donald Trump, you could be an incredible philanthropist. You would be able to donate large amounts of your wealth to organizations and causes you believe in such as the Arizona Arthritis Center. You would make a significant difference in the world and receive immense satisfaction from doing so.

The truth is that you do not need to be rich to be a philanthropist and receive the rewards that come from giving. Some people have the ability to provide millions to charitable causes, but it is really people like you who provide significant amounts of the philanthropic dollars that make our world a better place to live. Although you may not be a billionaire, you can enrich your life by providing gifts that will make a difference to the organizations and causes of your choice.

Along with the satisfaction of knowing that you have made a valuable impact on the lives of those with arthritis, you will also receive financial benefits through your gifts. There are many ways to give to the Arizona Arthritis Center. Every single contribution counts when it comes to making a difference.

- Cash as well as securities or personal property**
- Gift annuities**
- Life insurance**
- Charitable remainder trust**
- Charitable lead trust**
- Bequest**
- Retirement plan**

For more information on ways to give, call the Arizona Arthritis Center's Development Office at 520-626-7901

Canyon Ranch Package Focuses on Arthritis

There's no place like Canyon Ranch to uplift you in mind, body and spirit. There are still openings for Thriving with Arthritis Week at Canyon Ranch. This program will be held the week of October 25 and will provide you with pampering, personalized treatment, consultations and valuable classes and presentations on the latest health information. Group activities are designed to provide the most current information on medications, treatments and diet while encouraging support and exchange of coping techniques among those with arthritis.

Due to the tremendous feedback received from guests, Canyon Ranch has offered this popular program for more than ten years. Access to consultations by Arizona Arthritis Center physicians is an important feature of the resort package.

Rates start at \$4,670 per person for double occupancy and include a seven-night stay at the resort, three gourmet meals daily, snacks, airport transfer, use of all resort and spa facilities, and allowances for spa services. Guests also receive 30-minute consultations from a rheumatologist and either a physical or occupational therapist. All taxes and gratuities are included in the package. For more information or to make a reservation, call 1-800-742-9000 or visit canyonranch.com/arthritis.



2003-2005 GOALS OF THE ARIZONA ARTHRITIS CENTER FRIENDS

By Gail Kershner Riggs, MA, CHES

“Coming together is the beginning. Keeping together is progress. Working together is success.”

— Henry Ford

With the incoming of the new Chair and Development office staff in 2003 and partial attrition of the old board simultaneously, it was necessary to plan for the continuity of the AACF almost unilaterally in order to ensure Eva Holtby's legacy. Eva founded Friends in 1997. With this “vacuumed” thrust, and in keeping with the AACF's mission, the following goals were perceived necessary.

1. Rebuild, Expand and Educate New Board Members

Before Eva Holtby's unfortunate and untimely death, as the organization's visionary, she maintained an active board of ten members. After her death, which left a considerable void and with only five carryover members from the original board, it was necessary to bring on new board members. Currently we have 17 new members for a total of 22, with the goal of building the board to 25 to 30 members.

2. Increase Membership

Any organization, voluntary or professional, looks to its members for sustenance. Membership is its lifeblood. In order to accomplish this goal, it was necessary to have a distributable brochure to tell the community, as well as its members, what Friends was all about. And because its mission was “to build community support for the Arizona Arthritis Center through education, public awareness and community involvement,” a document, in lay language, on the leading-edge research conducted by the Center was also needed. Green Valley and Phoenix were selected for membership expansion and, an AACF Green Valley Group, formed February 4, 2004, already has had several public forums and now has its own steering committee. Meetings are planned in Phoenix.

3. Maintain Original Events and Create New Events

Since Friends' inception, four annual events and three new ones have evolved.

- A Membership Luncheon is held in October to acquaint new members with the work of the Arizona Arthritis Center and the AACF. It is now held at the Skyline Country Club and this year will be Oct. 6 at 11:30.
- “Conversations and Lunch,” held every February around Valentine's Day, is Friends' keystone educational event where members and guests converse with faculty and researchers on the exciting work being done at the Arizona Arthritis Center.
- Living Healthy, a more recent annual public educational event funded by the Lovell Foundation and held at UMC's Duval Auditorium in March, provides four hours of in-depth information on arthritis topics, such as exercise, medications, or nutrition.
- A “Breakfast Chat” for Friends members only, held at beautiful Canyon Ranch Resort, couples informal breakfast conversation with exciting and motivational information on arthritis research. Canyon Ranch and AAC professionals present this information.
- The Eva Holtby Memorial Lectureship, set up in memoriam, features a prominent national/international rheumatologist, orthopedic surgeon, or immunologist to address the public at “Conversations,” the Tucson Rheumatism Society (professional organization) and Grand Rounds at the University of Arizona College of Medicine.

4. Implement Policies and Procedures to Ensure and Maintain Continuity of Friends and Its Events.

All events now have a chair and a co-chair. These are two-year terms with the co-chair becoming the next chair with concomitant selection of the next co-chair. In order to extend the leadership base, all board members are asked to bring two or more new members to committees or events. Additionally, three sub-committees have also been formed: (1) Membership/Registration/Materials, (2) Public Relations/Publicity, (3) Donor Base Expansion. Each has its own chair and two or three members. These chairs and the AACF Chair serve on an executive committee.

5. Integrate With AAC Goals.

Friends members are encouraged to assist the AAC achieve its overall goals. For example, although there are estimated to be 4,000 children in Arizona with arthritis, the state has no pediatric rheumatologist available to treat children. The AAC needs to raise \$5 million to establish a Pediatric Rheumatology Endowment with a clinician, researcher, and two or three fellowships. Friends members are encouraged to participate in the pediatric rheumatology planning process. As informed representatives of the Center, Friends members can assist in raising awareness in the community regarding the Center and this great need.

The Arizona Arthritis Center Friends needs your help. Any reader who would like to contribute time, energy, expertise or financial support to any of these goals and activities, please don't hesitate to contact Gail Kershner Riggs, chair at 626-0644 or Linda Ritter, development director, 626-7902.



L-R: Dr. Ilona Szer, Karen Childs, Joan Lisse, Gail Kershner Riggs and Ann Volz pose for a photo after February's Conversations and Lunch.

Meet Dr. Austin Vaz

By Gail Kershner Riggs, MA CHES

Berchman Austin Vaz, M.D., Ph.D., is one of the Arizona Arthritis Center's newer rheumatologists to be recruited by Dr. David Yocum, director of the Arizona Arthritis Center. An assistant professor of medicine, Dr. Vaz completed his medical school training at Grant Medical College, Bombay

University in India, and then received his Ph.D. in medical microbiology and immunology at Texas Tech University in Lubbock.

From Texas, Dr. Vaz went on to the Maricopa Medical Center in Phoenix to complete his residency in Internal Medicine as well as a faculty development fellowship. From Phoenix, he headed to Boston to do a post doctorate clinical and research fellowship in rheumatology and

immunology at New England Medical Center, Tufts University, under the mentorship of Alan Steere, M.D., discoverer of Lyme Disease. This fellowship helped Dr. Vaz hone his research skills as he worked on the early response of Lyme Disease.

He was assistant professor of medicine at the University of Rochester Medical Center, Rochester, New York between

2000 and 2003. During this period, he developed an interest in clinical research studies and osteoporosis. He is certified by the International Society of Clinical Densitometry to read DEXA scans and diagnose osteoporosis.

Dr. Vaz greatly enjoys interacting with his patients. As a researcher and clinician he especially appreciates the opportunity to benefit his patients with state-of-the-art medications and therapies. Dr. Vaz divides his time between research and more than three dedicated days every week at the AAC's Wilmot Clinic. When asked what he thought was the most important thing a rheumatologist can do, Dr. Vaz unhesitantly responded, "the early recognition of disease." He is very excited about the Center's establishment of the Early Arthritis Program.

Dr. Vaz plans to expand his interest in osteoporosis and other bone metabolic diseases. He believes osteoporosis is under-diagnosed and under-treated, particularly in the Hispanic and Native American populations. Early diagnosis and treatment is key to preventing devastating hip and spine fractures in the elderly. He is interested in conducting laboratory research and epidemiological studies in this field. Along with Dr. Jeffrey Lisse, acting chief of rheumatology and professor of medicine at the AAC, he plans to expand the bone densitometry services to outlying areas of Tucson.

Dr. Vaz is married to Cherylyn, also a physician and geriatrician at Tucson Long Term Care. Two girls, Sharon and Lauren, ages six and three, round out the Vaz family. When there is time, Dr. Vaz is a "bookworm" who will devour anything in print and especially enjoys reading the classics.



Dr. Berchman Austin Vaz.

Jeffrey Lisse, M.D., Elected Chairperson of the Southwest Regional Osteoporosis Board

Dr. Jeffrey Lisse, acting chief of rheumatology for the AAC, was elected chairperson of the Southwest Regional Osteoporosis Board, a group of experts in osteoporosis sponsored by the Alliance for Better Bone Health. The group focuses on clinical research and education about osteoporosis.

Marci Jones Appointed Head of Hand Surgery

Marci D. Jones, M.D., has been appointed head of the hand section of the Department of Orthopaedic Surgery at the UA College of Medicine. Dr. Jones was inducted as a Fellow of the American Academy of Orthopaedic Surgeons during ceremonies at the Academy's 71st annual meeting in San Francisco last month. She did her orthopaedic residency at the University of Vermont and finished her fellowship training in hand surgery at the University of Washington.



Jeffrey Lisse, M.D.

Marathon Runner Raises \$2,000+ in Honor of Shelby Fletcher

Nancy Matthews and Shelby Fletcher met in high school and have been friends for the last 25 years. When Nancy, who lives in Oklahoma City, signed up to run in the Oklahoma City Memorial Marathon last spring, she contacted Shelby in Tucson and asked her if she could recommend a charity to which she could donate her marathon sponsorships. Without hesitation, Shelby asked her to donate them to the Arizona Arthritis Center. As a



Nancy Matthews, center, runs in honor of her good friend, Shelby Fletcher.

result of Nancy's marathon run, a total of \$2,050 in sponsorships poured in to the Center.

Shelby has rheumatoid arthritis and is committed to helping find a cure for the disease. She served on the

Dr. Laurie Bergstrom Joins AAC Faculty

Laurie Bergstrom, M.D., completed her two-year rheumatology fellowship with the Arizona Arthritis Center this past June and has joined the faculty at the Arizona Arthritis Clinic. "We are pleased to welcome Dr. Bergstrom on board," states David Yocum, M.D., director of the Arizona Arthritis Center. "Laurie is an outstanding physician and researcher and she is an enhancement to our exceptional staff."

Dr. Bergstrom received her medical degree from the University of Arizona College of Medicine in 1999. She completed an internal medicine residency with training at the Arizona Health Sciences Center, Southern Arizona Veteran's Hospital and Kino Community Hospital.

Arizona Arthritis Center Advisory Board from 1998 to 2002. Many people who know Shelby are impressed by her zest and motivation. "I think Shelby's incredible, extremely positive attitude is so inspirational," says Nancy. As the regional account manager for Pfizer Pharmaceutical's National Healthcare Operations, Shelby resigned from the Board due to her hectic travel schedule. "Everyone who knows her is uplifted by her remarkable energy," states AAC's Advisory Board Chair Bill Ardern. "She is a wonderful person to work with, and she has played an important role on our Board."



Shelby Fletcher with her baby, Avery Lauren Fletcher, born December 7, 2003.

Prior to the 26.2-mile marathon on April 25, Nancy sent a message to both her and Shelby's friends explaining her desire to raise funds for rheumatoid arthritis research in honor of Shelby. "We received so many contributions, and we couldn't be more pleased or grateful," says Dr. David Yocum, director of the University of Arizona Arthritis Center.

With three children to care for, ages eleven, 8 and 3, Nancy stays in shape by running and swimming. She has run in three other marathons in Tulsa, San Diego and Disney World. Having turned 40 this year, she is looking forward to running in the White Rock Marathon in Dallas scheduled for December.

Dr. Bergstrom will divide her time between research and clinical practice. "I enjoy working with all patients and treating a broad range of rheumatic diseases. My areas of interest in research are inflammatory arthritis and infectious complications, because knowledge in these spheres is especially important in treating patients," says Dr. Bergstrom.



Dr. Laurie Bergstrom

Dr. Bergstrom has lived in Arizona for the past 27 years and in Tucson for 14 of those years. She and her husband, Eric, who is a clinical pharmacist at Tucson Medical Center, celebrated their tenth anniversary this year. They have a two-year-old daughter, Shailey.

A Message from the Director

While many exciting things have been happening with the Arizona Arthritis Center, we have also had some sad occurrences.

The death of Caryl Taylor was a real blow to the Center. We lost a wonderful and generous supporter of the Tucson arthritis community as well as a special friend. Caryl was so active at all levels. Her dream was to see the Pediatric Rheumatology Endowment become a reality for the Arizona Arthritis Center. It would be a great tribute to Caryl for her supporters and friends to contribute to the Pediatric Rheumatology Program. In spite of her arthritis, Caryl worked hard to see that no child with arthritis went untreated.

We also lost Dr. Paul Alepa who, while retired from patient care, was one of Tucson's premier adult and pediatric rheumatologists. At his memorial, he was honored as one of the Center's best teachers.

Finally, Dr. Oscar Gluck, a rheumatologist and researcher from Phoenix, passed away at the young age of 55. As a strong faculty member and supporter of the Center, he was excited about the development of a research site in Phoenix. Many people will miss his personality, clinical care and teaching.

The Center has developed a strong international presence. The AAC was well represented at the European League Against Rheumatism (EULAR) meetings this year where Dr. Isidro Villanueva, Dr. Ewa Olech and I presented eight abstracts. I went on to Japan to do several presentations, while Dr. Olech went on to Copenhagen on her way home to talk about her imaging work.



David E. Yocum, M.D.
Director, Arizona Arthritis Center

I am pleased to announce that Dr. Jeffrey Lisse will be assuming the role of Acting Chief of the Section of Rheumatology. The Section is responsible for the clinic and medical teaching, while the Center is devoted to arthritis research. Since 1998, I have been heading both the Section and Center, as well as the fellowship program. This change will allow me to now concentrate my full attention on Center activities.

I look forward to working with Section members in helping them develop research projects. There are many fertile areas for future research as evidenced by the more than 20 abstracts to be presented at this year's National Arthritis Meeting in San Antonio.

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