Five Columbia Professors Selected for 2002 Guggenheim Memorial Fellowships

BY JO KADICKECK AND KRISTIN STERLING

Rita Charon has long believed that we need to make good doctors. For years, Charon, a professor of clinical medicine at the College of Physicians and Surgeons, and director of the program in narrative medicine (www.narrativemedicine.org), has been working hard to bridge the gap between literature and medicine. “It’s a PhD in English, she’s helped Columbia become a leading medical school in the country with a program in narrative competence, which teaches medical students how to better “read” their patients’ stories through their own and others’ eyes. And along with co-editor Mauro Spiegel, professor of medicine and director of the Lit- erature, Medicine, and Society program, one of the premier academic journals to publish literary and medical scholars on the connections between the two disciplines. So it is no surprise that last month she had been selected as a 2002 Guggenheim Fellow to further explore the role of narrative medi- cine as a model for empathy and clinical courage, she felt her efforts had been justified.

“I was incredibly heartened because we were seeing writing to work on the book project that earned her the award. She had already decided to take a sabbatical to work on the book but had no idea that such an endeavor would qualify her for a Guggenheim. Now she’s able to live “a whole year without my burden.” She’s going to offer her practice (to write the book) but will continue to teach a faculty literature course and some community medicine courses.”

Charon is one of five Columbia faculty members who received the 2002 John Simon Guggenheim Memori- al Fellowships in disciplines rang- ing from narrative medicine and sociol- ogy to painting and sculpture. The large number of recipients, Columbia University, is the highest among all the universities, Madison, Wisconsin, for the most fellow- ships received at a single university.

After three years serving both as a department chair and as a director of the center, David Stark, Arnold A. Saltz- man Professor of Comparative and I n t e r n a t i o n a l Affairs, is especially look- ing forward to having a block of time these years. Jereissati, whose interest in the lives of poor farmers in Brazil— to become a member of the Board of East European capitalism.

x

Paul LaFarge

“New Guidelines Set For Managing Women With Abnormal Pap Smears

BY ROBIN ESSENER

Each year, approximately 3.5 million women in the United States have an abnormal Pap test that requires some form of further evaluation or treatment. A recent issue of the Journal of the American Medical Association (JAMA) contains new national consensus guidelines designed to help gynecologists and other health professionals to better evaluate women whose Pap tests suggest they may have cervical cells or abnormal cells that may lead to cervical cancer. It is expected that the consensus guidelines will become widely adopted in the United States, and a new source of education through the standardization of care for women with all types of abnormal Pap tests,” says Thomas C. Wright, lead author of the consensus guidelines, associate professor of pathology at Columbia’s College of Physicians & Surgeons, and associate attending in pathology at NewYork-Presbyterian Hos- pital.

The American Society for Col- poscopy and Cervical Pathology (ASCCP) sponsored the guide- lines and worked with representa- tives from 29 national organiza- tions and federal agencies involved in women’s health care. Experienced medical literature from the past decade and used the results of the $25 million National Cancer Institute’s ongo- ing clinical trial of more than 5,000 women with abnormal Pap tests when developing the guide- lines.

Edward J. Wilkinson, chairman of the ASCCP Consensus Guide- lines Conference, says, “These are the most comprehensive recom- mendations ever published for women with abnormal Pap tests.”

The guidelines describe how to utilize new technologies, including liquid-based cytology and DNA testing for human papil- lomavirus (HPV), a sexually-transmitted virus that is the prima- ry cause of cervical cancer. J. Thomas Cox, a co-author and ASCCP committee chairman for the guidelines, stress ed that the consensus guidelines have incorporated the new tech- nologies and define the process of whatever clinician both when to—and when not—to use them.

One of the most common recom- mendations in the guidelines addresses the common type of abnormal Pap test, an inconclusive result referred to as ASC-US or atypical squa- men intraepithelial lesion of un- known significance. Before these guidelines, women with ASC-US would gener- ally get either several repeat Pap tests or undergo a colposcopy, dur- ing which the cervix is examined for special types of precancerous and biopsies are taken. The new guidelines say the other approach- es may still be used, but HPV test- ing is preferred whenever liquid- based Pap tests are employed. If the liquid test is used, the labora- tory can test the same sample used for the original Pap test for HPV, eliminating the need for a repeat doctor visit. The test quickly reas- sesses the Pap result, and because they are unlikely to have cer- vical cancer and that they simply need to be followed, the guidelines identify those women who are HPV positive and need further examinations.

For most women with more serious abnormalities on their Pap tests such as cancer, and the women who need colposcopy and find HPV testing has no role. The colposcopy recur- rates the same change since previously many of these women were simply given normal Pap tests.

JAMA is making the 2001 Consen- sus Guidelines available for free to both clinicians and patients at http://www.jama.org.