NATIONAL MEDICAL RESEARCHER MATCHING PROGRAM

Dear Sir,

The National Medical Researcher Matching Program (NMRMP) is an information service that attempts to match professional opportunities in postdoctoral medical research, in the United States and Canada, with eligible individuals worldwide. These individuals can be either foreign medical graduates seeking alternatives to clinical positions or Ph. D. or foreign equivalent degree holders in medical or health related areas, who are interested in conducting research in the United States or Canada.

In order for the NMRMP to better serve the professional community in your country, we would like to request your cooperation in making an announcement about our program in the next edition of your publication. By doing so, you will provide an opportunity for eligible individuals in your community to advance their knowledge, experience and techniques in medical research.

By operating a computerized information network which maintains direct contact with over 80,000 medical research directors in the United

States and Canada, the NMRMP is able to provide the eligible individuals with information regarding at least ten research opportunities each time for four times per year, according to the individual's preferred specialization and designated geographical locations.

For detailed information, prospective applicants may contact:

NATIONAL MEDICAL RESEARCHER MATCHING PROGRAM 1109 Main Street, Suite C Boise, Idaho 83702 USA.

Telephone: (208) 336-7387, 336-7397

Toll Free: (800) 245-1886

Cable: NMRMP

Telex: 3717411 NMRMP

Telecopier: (208) 336-1471 NMRMP

Thank you for you cooperation. Should you require any further information, please feel free to contact us.

Sincerely yours,

Jean K. Swanke

Executive Secretary

National Medical Researcher Matching Program, Inc.

1109 Main Street, Suite C

Boise, Idaho 83702 U.S.A.

SELECTED ABSTRACTS

Repair of Lower Leg Injuries with Fascio-eutaneous Flaps. T.L. Barclay, E. Cardoso, D. T. Sharpe and D.J. Crockett.Br. J. Flast. Surg., 1982, 35: 127-132.

FASCIOCUTANEOUS FLAPS, the latest development in surgical procedures using flaps, are discussed. In this technique, the superficial fascia is included in the flap, but the underlying muscle is not. These are not direct arterial flaps, nor are they musculocutaneous flaps. However, they do have excellent circulation and can be extended to a much greater length than random pattern flaps. Because the muscle is not taken, the donor defect is small, and the muscle units are left intact.

Thirteen cadaveric dissections were done, and the perforating branches from the posterior tibial artery, anterior tibial artery and peroneal artery are described. Sixteen successive clinical instances are also

presented. Fasciocutaneous flaps1-2 ipsilateral flaps and four cross-leg flaps- were used for resurfacing defects of the lower portion of the leg. Significant flap loss occurred in one ipsilateral flap that was by far the largest, measuring 30X8 cm. Most flaps range from 13 to 20 cm. in size.
The reliability of the fasciocutaneous flap originally described by Ponten is confirmed by the authors. This technique is a significant addition to the options available for the treatment of difficult injuries to the lower portion of the leg.
Bruce M.
Achauer The Functional Vascular Anatomy of Rib. P.M. Hendel, R.S. Hattner, J. Rodrigo and H.J. Buncke. Plast. Reconstr. Surg., 1982, 70: 578-587.
THE AUTHORS studied the vascularization of four types of canine rib grafts: ribs vascularized by medullary nutrient artery alone; ribs vascularised by intercostal-periosteal vessels only; free grafts without periosteum, and free grafts with periosteum intact. Rib vascularity was assessed by bone scanning, double labeling with tetracycline and scanning of the reticuloendothelial system.
No difference in vascularity was seen between ribs supplied by the nutrient medullary artery alone and those supplied by the intercostal-perio steal circulation complex. Vascularized rib grafts could be distinguished from free grafts, and hence microvascular patency could be confirmed, by bone scans performed within the first week after grafting. No difference in revascularization was noted between ribgrafts with intact periosteum and those grafts with periosteum removed, If microvascular transfer of a rib is required for reconstruction, the graft can be harvested using the intercostal blood supply which is technically much easier than attempting to include the posterior, nutrient artery.
Gary S.
Bromley Conservative Treatment of Axillary Adenopathy Due to Probable Subclinical Breast Cancer. Jacques R. Vilcoq, Robert Calle, Francis Ferme and Francois Veith. Arch. Surg., 1982, 117: 1136-1138.
THE TREATMENT of female patients with subclinical carcinoma of the breast but abnormal axillary lymph nodes is addressed. Eleven patients with this condition were treated conservatively by radical radiotherapy to the breast and ipsilateral lymphatics. No clinical or mammographic evidence of a primary lesion was present. Ten of 11, four of five and three of four patients were alive and free of disease five, ten and 15 year later, respectively. Of the 11 patients who were observed for a minimum follow-up period of five years, three had local recurrences. The latter two recurrences were salvaged by secondary mastectomy. The authors conclude that the treatment of choice for patients with subclinical carcinoma of the breast and abnormal axillary lymph nodes is adenectomy followed by radiation to the breast and ipsilateral lymphatics in doses of 5,000 to 6,000 rads over a period of five to six weeks.
Christopher Kagan Estrogen Receptor Status in Inflammatory Breast Carcinoma. Harold A. Harvey, Allan Lipton, Bellarmine V. Lawrence and others. J. Surg. Oncol., 1982, 21: 4244.
INFLAMMATORY CARCINOMA of the breast is a variant form of carcinoma of the breast characterized by an ominous prognosis. The term is used to define carcinoma of the breast with clinically characteristic features of erythema, heat, tenderness, peau d'orange, wheals or ridges with or without a mass. Histologically, this form of carcinoma of the breast is characterized bytumor emboli in dermal lymphatics. The median length of survival of patients with this condition has been reported to be no more than 12 to 18 months.
Hormone manipulation has been suggested as one form of treatment for inflammatory carcinoma of the breast. Results of studies of tumors of the breast in rats revealed a positive correlation between the presence of estrogen receptor and a response to endocrine treatment. Patients whose carcinoma of the breast lacks the estrogen receptor respond poorly to endocrine therapy and can be spared the trauma of ablative surgical procedures. Results of this study from four major university centers indicate how often estrogen receptors are present in the cytosol of inflammatory carcinoma of the breast cells, and whether or not the presence or absence of the receptor can predict the results of therapy and be a guide to the prognosis of the patient is analyzed.
Sixteen women with inflammatory carcinoma of the breast had estrogen receptor analysis. Eleven of

the 16 were premenopausal. The median age was 46 years. Five patients were estrogen receptor-positive and 11 were estrogen receptor-negative, with practically no binding effect. The response to therapy for metastatic disease using either hormones or chemotherapy was disappointing.
Oruille F. Grimes
Review; Oral Contraceptives and Menopausal Estrogens in Relation to Breast Neoplasia. A. Brzezinski and J.G. Schenker. 1st J. Med. Set, 1982, 18: 433-438.
IN THIS REVIEW, the concern about the possibility of a relationship between the use of oral contraceptives or exogenous estrogens and carcinoma of the breast is highlighted. Theories about hormonal mechanisms as etiologic factors of carcinoma of the breast are cited. Benign disease of the breast and use of estrogen are also discus-
No convincing evidence could be found that linked oral contraception to the development of carcinoma of the breast. However, the authors advise young women to avoid prolonged use of oral contraceptives before their first pregnancy and women with benign breast disease to avoid use of the pill also. It is also recommended that the continuous use of menopausal estrogens for more than ten years should be reconsidered. Study of women at higher risk for longer periods is needed for more conclusions to be drawn.
David W. Cromer
Inflammatory Cancer of the Breast; Analysis of 114 Cases. F. Bozzetti, R. Saccozzi, M. De Lena and B. Salvadori. J. Surg. Oneot, 1982, 18: 355-362.
ONE HUNDRED AND FOURTEEN women with inflammatory carcinoma of the brçast were treated at the National Cancer Institute of Milan, Italy, during the period from 1930 to 1970. These women were less than 1 per cent of all patients with carcinoma of the breast seen at the institution during the same period. The records of these 114 patients were reviewed. It was shown that the incidence of this disease was higher in the fifth and sixth decades of life and the majority of instances occurred in postmenopausal women. The clinical diagnosis was usually obvious. The characteristic features included a diffuse, painful tumor of the breast associated with infiltration and redness of the skin. The absence of systemic manifestations, such as fever and leukocytosis, was not unusual.
Eighty women, 70 per cent, presented with local disease; 14 women, l-3 per cent, had metastasis to the supraclavicular lymph nodes; 20 women, 17 per cent, presented with distant metastasis. Sixty-four of the 80 patients with localized disease had an adequate follow-up period and were evaluated. Eight women underwent radical mastectomy alone, and 24 had radical mastectomy and postoperative irradiation. Radiotherapy alone was administered to 32 patients. The 14 patients with metastasis to the supraclavicular lymph nodes and the 20 patients with distant metastasis received a disparity of therapeutic measures, including radiotherapy, chemotherapy, ablative and additive hormone therapy. The actuarial curve for the entire series, independent of the stage of the disease and the type of treatment, showed a median length of survival of less than 15 months. The survival rate was related to the extent of the disease: patients with TNM stage of No, 1,2M0, N3MO and NXMI, had median survival times of four, six and 14 months, respectively. The survival rates for the subgroups of patients treated by radical mastectomy with or without radiotherapy, and with radiotherapy alone, were not significantly different. The longest median length of survival, 18 months, was in the subgroup treated by radical mastectomy and radiotherapy. None of the patients, however, was alive at five years Neither endocrine ablation nor combined chemotherapy and radiotherapy was successful. It is concluded that no promising method of treatment for inflammatory carcinoma of the breast exists, and radical mastectomy resulted in useless mutilation.
Stephen C. Lau
Cyclosporin A in Renal Transplantation; a Prospective Randomized Trial. Ronald M. Ferguson, John J. Rynasiewicz, David E. R. Sutherland and others. Surgery, .1982,92: 175-182.
CYCLOSPORIN A is a fungal peptide that has been demonstrated to have strong ininiunosuppressive activity without myelosuppression. When Calne used cyclosporin A as a sole immunosuppressive

agent, rejection prophylaxis did occur, but a high incidence of severe nephrotoxicity was present. In 1980, a pilot study of 12 renal alografts was done at the University of Minnesota using cyclosporin A combined with prednisone; no grafts were lost to rejection, and only five of 12 patients had an episode of acute rejection. Because of the promising results, a prospective, randomized trial was instituted in which a combination of cyclosporin A and low dose prednisone was compared with the conventional irnmunosuppression used for the past 14 years and this prospective trial forms the basis of this report. The results demonstrated cyclosporin A plus prednisone to be an effective immunosuppressive regimen for renal transplantation. Patients treated with cyclosporin A had fewer episodes of rejection and fewer infectious complications, including a marked decrease in the incidence of posttransplantation cytomegalovirus infection. Nephrotoxicity caused by cyclospurin A was frequent and significant but was reversible and was managed by decreasing the daily dose. It is concluded that the combination of cyclosporin A and prednisone provides an excellent alternate immunosuppressive regimen for patients with renal transplants, as compared with conventional therapy.
John H. Lifland