The Breast Cancer Research Stamp—a sampling of stamp images from around the world.

The stamp depicts Artemis (Diana in Roman mythology), goddess of the hunt and protectress of young girls, bringing and relieving disease in women. She is depicted reaching for an arrow in her quiver to fend off an enemy and bringing her quiver to defend herself. The position she assumes is also the symbol for breast self and clinical examination, a subtle reminder for women. The right breast has been removed and replaced with the words “The Flight. Find A Cure.” The word “of” represents the fact that it is a disease of women that affects women of all colors. The october is also thought of as the symbol for hope in this case, the hope for a cure.

The stamp was originally released in the US in 1998 at a rate of 40 cents per stamp (the face letter rate was 32 cents), the balance was allocated to the National Institutes of Health and the Department of Defense to fund breast cancer research. The stamp is now available in 25 countries from various territories most based on this design, some completely different. More than 500 million have been raised in the US through the sale of 985 million stamps. There is no way to know how much money has been raised in other countries, but with the funds raised, some countries have set up Cancer Registries and others have purchased mobile mammogram units. Those countries with no research infrastructure use the funds to educate, outreach, and treat. All funds raised in a country stay in that country.

This year’s goal, with fewer than 15 million stamp sales, is to reach 1 billion stamps sold.
41 Use of ERC-1671 Vaccine in a Patient with Recurrent Glioblastoma Multiforme after Progression during Bevacizumab Therapy: First Published Report.

Daniela A. Bota, MD, PhD; Daniela Alexandru-Abrams, MD; Chrystel Prettö, PhD; Florence M. Holman, PhD; Thomas C. Chen, MD, PhD; Beverly Fu, NP; Jose A. Carrillo, MD; Virgil EJC Schijns, PhD; Apostolos Stathopoulos, MD, PhD

Glioblastoma multiforme is a highly aggressive tumor that recurs despite resection, focal beam radiation, and temozolomide chemotherapy. ERC-1671 is an experimental treatment strategy that uses the patient’s own immune system to attack the tumor cells. The authors report preliminary data on the first human administration of ERC-1671 vaccination under a single-patient, compassionate-use protocol. The patient survived for ten months after the vaccine administration without any other adjuvant therapy and died of complications related to his previous chemotherapies.

Special Report


Balan L Bodai, MD, FACS; Phillip Tuso, MD, FACP; FASN

As breast cancer becomes a chronic condition rather than a life-threatening illness, survivors not only have the challenge of dealing with multiple long-term side effects of treatment protocols, but may also be forced to address the preexisting comorbidities of their therapies, which often include multiple other issues. It is imperative that the information available regarding survivorship issues be accessible in an organized and useful format. This article is a modest attempt to provide a comprehensive review of the long-term medical issues.

Special Report

80 Nutrition Reconciliation and Nutrition Prophylaxis: Toward Total Health.

Phillip Tuso, MD, FACP; FASN; Sam Beattie, PhD

Malnutrition by definition may be an abnormality in either under- or overnutrition. Nutrition reconciliation means that all patients have their nutritional status reconciled on admission to and discharge from the hospital. Nutrition reconciliation is defined as the process of maximizing health by helping align an individual’s current diet to the diet prescribed for him or her by the health care team. Nutrition prophylaxis is a proactive intervention to prevent a medical complication.

SOUL OF THE HEALER

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Samuel H Glassner, MD

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Philip R Brunner, MD, FAAP

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David L Shenson, MD

COMMENTARY

88 The First International Congress on Whole Person Care—A Report.

Gary Hufshaker, MD, MA; David Petrie, MD, FACP; Joel Kreisberg, DC, CCH

This report on the First International Congress on Whole Person Care, sponsored by McGill University, is based on the experiences of two attending authors who developed a poster of Integral Theory that emphasized the importance of taking multiple perspectives in all areas of human inquiry to allow a “big picture” perspective on medicine. Interiors (thoughts, intentions, will) of both physician and patient are as important as the exteriors (measurable parameters, such as lab results) which are often emphasized.

92 Changing Medicine and Building Community: Maine’s Adverse Childhood Experiences Momentum.

Leslie Forstadt, PhD; Sally Cooper, MD; Sue Mackey Andrews

Physicians are instrumental in community education, prevention, and intervention for adverse childhood experiences. In Maine, a statewide effort is focusing on education about adverse childhood experiences and ways that communities and physicians can approach childhood adversity. This article describes how education about adversity and resilience can positively change the practice of medicine and related fields. It exemplifies the collective impact model by increasing community knowledge, affecting medical practice, and improving lives.
Case Reports

Ruptured Intracranial Lipoma—A Fatty Outburst in the Brain.
Vinod Chauhey, MD; Ganesh Kulkarni, MD; Lovely Chhabra, MD

Intracranial lipomas are rare congenital lesions that occur because of abnormal differentiation of embryogenic meninges. These lipomas are usually seen incidentally on brain imaging, and are usually asymptomatic and do not require treatment. The authors present a case of ruptured intracranial lipoma, discovered in an elderly patient presenting with dizziness and episodes of falls.

Atrial Fibrillation and Cor Triatriatum Siniaster: A Case Report.
Hoa Jeannie Tran, MD; Robert Gordon, MD; Thomas Alloggiamento, MD, MS; Sukhvinder Kaur Nagi, MD, PhD; Ashok Krishnaswami, MD, MAS

A 29-year-old man presented to our hospital with palpitations, shortness of breath, and orthopnea. After being admitted, he progressed to cardiogenic shock and respiratory failure, which required ventilator support and cardioversion. Subsequent evaluation revealed a fibromuscular membrane across the left atrium, requiring urgent corrective surgery.

Rare Case of Myocardial Infarction in a 19-Year-Old Caused by a Paradoxical Coronary Artery Embolism.
Jonathan Kei, MD, MPH; Jennifer Kiss Avilla, MD; Jeffrey J Cavendish, MD

This case focuses on a 19-year-old man who developed an inferior ST-segment elevation myocardial infarction as a result of a previously undetected large atrial septal defect. This cardiac anomaly facilitated the transport of a paradoxical embolism that occluded the right coronary artery.

Clinical Medicine

Image Diagnosis: Arachnoid Cyst.
Andrew C. Karnazes; Jonathan Kei, MD, MPH; Minh V Le, MD

A 14-year-old boy presented with 3 months of generalized headache that had increased in intensity and frequency with associated light-headedness. Primary arachnoid cysts result from developmental abnormalities; more rare secondary cysts develop as a result of head injury, meningitis, tumors, or as a complication of brain surgery.

Nursing Research & Practice

Workplace Violence in the Emergency Department: Giving Staff the Tools and Support to Report.
Julie Stene, MHA, MSN, RN; Erin Larson, MSN, RN; Maria Levy, RN; Michon Dohlman, MSN, RN

Workplace violence is increasing across the nation’s Emergency Departments, and nurses often perceive it as part of their job. Reporting processes were inconsistent, and nurses often did not know what acts constitute violence and underreported it. A staff nurse-led workgroup developed an initial survey and a reporting tool, and education was provided. A posteducation survey documented the reported acts has increased, and staff perceived the Emergency Department to be a safer environment.

Book Review

40 Years in Family Medicine.
Review by Robert W Hogan, MD

LETTERS TO THE EDITOR

Send your comments to: The Permanente Journal, Letters to the Editor, 500 NE Multnomah St, Suite 100, Portland, Oregon, 97232, Fax: 503-813-2348, E-mail: permanente.journal@kp.org.

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The Permanente Journal (ISSN 1552-5767) is published quarterly by The Permanente Press. The Permanente Journal is available online (ISSN 1352-5775) at www.thepermanentejournal.org. Periodicals postage paid at Portland and at additional mailing offices. POSTMASTER, send all address changes to The Permanente Journal, 500 NE Multnomah Street, Suite 100, Portland, Oregon, 97232.

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