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***Ellen and Stewart Dunsker, M.D., Award
Seeks to stimulate clinical research in neurosurgery***

CINCINNATI – An annual award intended to spur clinical research among neurosurgical residents has been established within the Department of Neurosurgery at the University of Cincinnati College of Medicine. The Ellen and Stewart B. Dunsker, M.D., Award for Clinical Research, established by the retired Mayfield Clinic neurosurgeon and his wife, will provide a \$2,000 prize each spring to a resident who has proposed and completed the most compelling clinical research project during the academic year.

Raj Narayan, M.D., Frank H. Mayfield Professor and Chairman of the Department of Neurosurgery, said that protocols for the 2007-2008 academic year can be submitted to his office. The protocols will be reviewed by a committee, and the leading proposal will be selected. The deadline for submissions is April 30, 2008.

The \$2,000 prize for clinical research will be awarded each year, during graduation ceremonies, for seven years. All residents in UC's Department of Neurosurgery are eligible.

"The intent is to support clinical studies," said Dr. Dunsker, who will not play a role in selecting the award recipients. "There's a lot of emphasis on basic research in residency and medical school, but there's a dearth of good clinical research nationally. It's difficult and there's no premium paid for it. Yet I think it's absolutely critical to how you treat patients."

Dr. Dunsker, who retired as Professor of Neurosurgery in 2002 after a 31-year career with the Mayfield Clinic, was renowned for his surgical and organization skills and for his humanity. He played a role in developing spinal surgery into a subspecialty of neurosurgery. He was named Ohio Neurosurgeon of the Year in 1992 and received the Harvey Cushing Medal, the highest honor bestowed by the American Association of Neurological Surgeons, in 2003.

Dr. Narayan praised the Dunskers for their generosity and creativity in establishing a gift that is likely to inspire critical thinking and analysis among residents. "We hope to see friendly but lively competition as residents strive for this prestigious honor," Dr. Narayan said.

Clinical research can be tedious, Dr. Dunsker said. "To go to a hospital record room and read through 50 charts has got to be a most boring thing; it's challenging to go through and tabulate information and then find a topic you're interested in. But there are many areas that we address in medicine that we need answers from. I think this is a way to get started."

He contrasted the current popularity and prestige of molecular research with the immediacy and relevance of clinical research.

“You can do anything you want in experiments and test tubes,” he said. “You can study molecular genetics, what happens to cancer cells in a test tube. But really what gets determined is whether 30 million women with cancer of the breast are going to live. And in fact what we’ve seen is that cancer is a treatable disease almost like diabetes. The number of patients walking around with cancer is phenomenal. And this comes from treating patients, from analyzing what happens with patients.”

Dr. Dunsker added that measuring things, and writing down observations, leads to improvement of clinical outcomes.

An observation about a single case, written up as a case report, can propel further study and improved care, he said.

He recalled one of his own cases involving a frail, elderly, overweight woman with an odontoid fracture. “She had broken her neck,” he said. “Her neck hadn’t healed and she was in terrible pain. I treated her with calcitonin, a hormone that plays a role in the metabolism of calcium and phosphorus. I wasn’t aware that calcitonin had been studied, but I knew that fractures in lab animals and in other parts of the body had been treated with calcitonin. Four weeks later, her neck pain had disappeared. I had a subsequent patient whom I also treated this way. I submitted a paper to *the Journal of Neurosurgery* about the two cases, and it was refused. I called the editor to argue that this was an observation that needed to be followed up.

“Well, right about that time, a frail, elderly patient with a broken neck came to the clinic of this surgeon-editor. One of his colleagues wanted to operate. But he paused. ‘No,’ he said, ‘there’s a paper on my desk.’ Don’t you know, my paper got published.”

Breakout quote

“Twenty-five years ago, William H. Sweet, a famous neurosurgeon and professor from Harvard University and Massachusetts General Hospital, wrote a paper about the difference between zero and one. What he was talking about was not doing anything versus writing a single case report. It was an observation, and there have been several major developments that have occurred in medicine and neurosurgery because someone made the initial case report, a case that seemed to respond, and only time proved whether it was right or wrong. That is the difference between zero and one: making an observation and writing it down. You need to know and measure but you also need to write. By writing, you commit yourself to what you believe. If you don’t put it in writing, you end up saying, ‘That’s what I meant.’

-- Stewart B. Dunsker, M.D.