ative. Scientists predict that only 30% of patients who are node-negative need chemotherapy to prevent recurrence following surgery or surgery plus radiation, but because of the inability to distinguish which patients would benefit from this treatment, 90% of node-negative patients in the United States receive chemotherapy.

In the 5-year study, patients found to be at low risk on the basis of the test received no further treatment following surgery and surgery plus radiation. Half of the patients considered to be at high risk received chemotherapy, while the other half was observed but received no further treatment. The result was that 93% of the low-risk patients were disease-free 4 years after the start of the trial compared to 85% of the high-risk group. Further, the rate of recurrence among high-risk patients receiving chemotherapy was 44% lower than the high-risk group that received no further treatment.

The report was presented at the annual meeting of the American Association for Cancer Research.

In a 4-month study of patients with Crohn’s disease, 11 of 19 patients who were treated with growth hormone while on a high-protein diet went into remission while three other patients showed marked improvement compared with the group taking placebo. All patients who showed improvement noted reductions in abdominal pain and problems with diarrhea. The results indicate that growth hormone is nearly as effective as infliximab, the only drug approved for the disease.

Researchers based their approach in this study on earlier studies of patients taking growth hormone who had improved intestinal repair following partial bowel removal. This study was conducted by scientists at the North Shore University Hospital in Manhasset, New York.

The report can be found in the June 1 issue of the New England Journal of Medicine.

To the Editor:
I thank Dr. Chapek for her letter, “Name change diminishes osteopathic medicine’s approach” (JAOA 2000;100:344), which further analyzes the significance and impact of the board certification name change from “Special Proficiency in Osteopathic Manipulative Medicine” (SP-OMM) to “Neuromusculoskeletal Medicine and Osteopathic Manipulative Treatment” (NMS & OMT).

In the 1960s, a specialty board was created to recognize and certify those osteopathic physicians who by challenging written, oral, and practical examinations could demonstrate their outstanding skills in the totality that is osteopathic diagnosis and treatment. Every osteopathic physician should by the very nature of the degree be ready and willing to render such service to patients. Regrettably, however, this is not universally true, even among certified family practitioners. But let us not detract from the original objectives established in 1963 to recognize special proficiency in this field in the same way that a certified obstetrician is identified as a physician with advanced training and experience in obstetrics. A family physician may deliver babies, but some patients need the special competence of a certified obstetrician. The same analogy applies to osteopathic problems. Let us not, by a label, imply a general practice that is not always found in the general practitioner, yet pervert the nature of the certified specialist with a title that detracts from their comprehensive skills both in diagnosis and treatment of that dynamic unit of structure and function, the patient who seeks osteopathic care.

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