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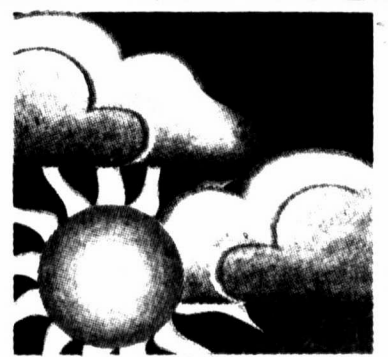
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Pampa

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For weather details see Page 2

Lotto winner sold in Hitchcock

One ticket correctly matched all six numbers drawn Saturday night for the twice-weekly Lotto Texas game, state lottery officials said.
The ticket was worth an estimated \$9 million.
The ticket was sold in Hitchcock, Texas.
The numbers drawn Saturday night from a field of 54 were: 3-8-23-32-36-43.
Wednesday night's drawing will be worth an estimated \$4 million.

Learning Center taking applications

PAMPA — The Pampa Learning Center is taking applications for the 2000-01 school year. Applications can be picked up between 8 a.m. - 3 p.m. at 212 W. Cook St. in the basement of the old Clarendon College building.
Prospective students should return application and come to interviews between 8 a.m. - 3 p.m. on Aug. 14. Acceptance lists will be posted by 5:00 on Aug. 15. Orientation for students and their parents will be on Aug. 16. Orientation schedules will be posted with the acceptance list. Classes will begin Aug. 17.

Need some fast cash for back to school? Don't forget the classifieds are a good way to make a sale. Contact *The Pampa News* for help placing your ad. 669-2525.

- Calvin Calloway, 52, former Chevrolet service manager at Cullerson-Stowers.
- David Lea 'Dee' Cummings, 97, farmer, stockman.
- Azelle Boone Loftus, 89, active clubwoman.

Classified7
Comics4
Medical5
Sports6

Armed robbery suspects sought

Allsup's on Borger Highway hit; store clerk receives minor injury

By DEE DEE LARAMORE
Staff Writer

Gray County Sheriff's deputies continue to search for a white pickup and two Hispanic men believed to be responsible for the late-night armed robbery of Allsup's Convenience Store at Texas 152 and Price Road.

According to the sheriff's department report, at 11:18 p.m., Saturday, a man jumped over the counter and pushed "something sharp" into the back of the store clerk while another man grabbed the money from the cash register drawer. The two men fled the scene in a white small pickup, according to a witness.

"We really need to talk to an older Hispanic male who came into the store right as the robbery took place," said Deputy Gary Noblett. "He's not in any kind of trouble, we just need to talk to him bad."

Noblett said the older man, a regular customer at the store, apparently does not speak English well. The night clerk knows the man by sight, but

"We really need to talk to an older Hispanic male who came into the store right as the robbery took place. He's not in any kind of trouble, we just need to talk to him bad."

— Deputy Gary Noblett

does not know his name, the deputy said. Deputy Dallas Hardin spoke to him briefly immediately following the robbery, Noblett said, but the man left when Hardin went to his sheriff's vehicle to broadcast a description of the suspects.

Deputies would also like to talk to two older women who were in the convenience store shortly before the robbery took place, Noblett said. Officers believe the women may have seen the would-be robbers or get-away vehicle without realizing the importance of what they had seen.

(See ROBBERY, Page 2)

Margaritaville in peril

Lack of agave plant to blame

McALLEN, Texas (AP) — A severe shortage of the plant used to make the potent spirit tequila south of the Texas-Mexico border has had a ripple effect at nurseries in the United States, according to a published report.

Nursery managers said that they are struggling to keep the blue agave plant in stock for ornamental use.
"Agaves are really popular. The demand is way higher than the supply," Roger Brostowicz of Quality Cactus Nursery in Alamo told the newspaper. "They're ripping up the countryside and poaching them. The agave is as hot as firecrackers. It's almost impossible to get the tequila agave right now."

The trip to Margaritaville has been harder this year because of agave shortage and rising tequila demand have left liquor producers unable to keep up and pushed wholesale prices higher.

One reason for the price increase is that the blue agave plant has been overharvested and hard-hit by disease in Central Mexico. The agave does not reach maturity anywhere in its limited growing region for eight to 12 years.

"There are problems with the agave producers," said Francisco Valdez, of the Licereria El Dorado in Reynosa, adding that raw agave

(See MARGARITAVILLE, Page 2)

County starts budget meets

Gray County Commissioners Court was to meet at 1 p.m. today and will also meet at the same time Tuesday to discuss the 2001 budget.

The commission said at Tuesday's commission the department heads of the county will be invited to attend the meetings.

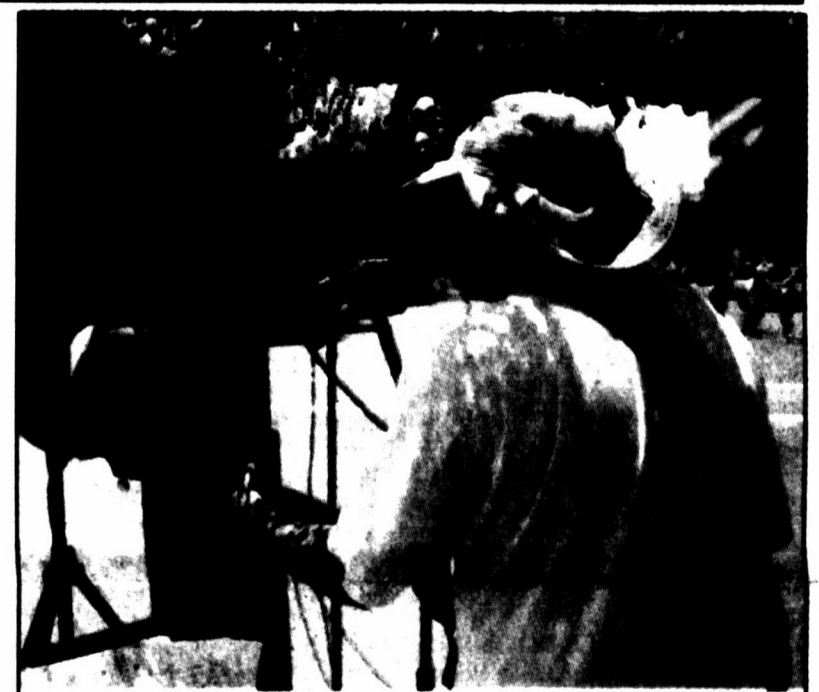
Also on Monday's agenda was discussion of the medical insurance situation with West Texas Rural Counties Association.



Downtown fun!

Jean Huckins, above, mans an outside booth of Carousel Expressions at the Saturday Downtown Street Festival. Numerous downtown businesses participated in the festivities. Rick Scott, bottom, a member of the Gospel Chords, pleased the crowd with his guitar music as a portion of the band performed during the Saturday festivities.

(photos by Herb Smith)



Pampans shop, enjoy street festival activities

By NANCY YOUNG
Managing Editor

Pampa businesses reported a good shopping turnout locally for the three tax free days as parents purchased school clothing for their children.

The second annual statewide tax free days on clothing and other merchandise designated by the legislature to be tax free on Friday, Saturday and Sunday boosted shopping across the community.

Kathryn Phillips, manager of Beall's, said the three day sale went very well. "Our employees are all exhausted," said Phillips. "We were really busy."

She said the three days were very successful and the store moved a lot of merchandise over the weekend.

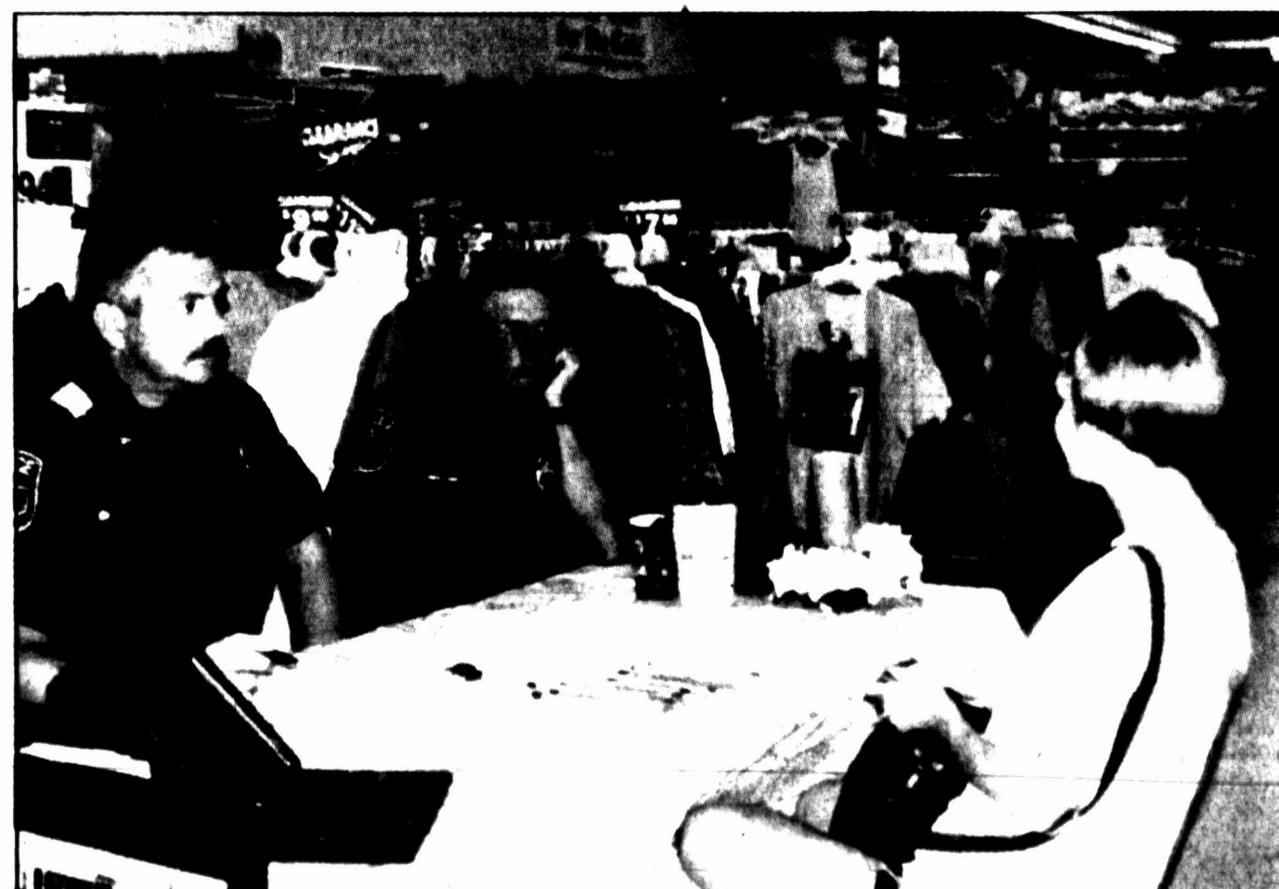
Wayne Stribling, owner of Wayne's Western

Asked if the Downtown Street Festival was successful, David Hurd, Brown's Shoe Fit owner, said, "I don't know. I didn't have time to look out to see because we had so much business and were so busy," he said. "It was great."

Wear, said his business Friday and Saturday was up approximately 25-30 percent over the tax free days last year. "It went really well," he said.

Dunlap's manager Christy Parker said she didn't think they had as many customers as last year, but the response was tremendous. "We did really well," she said.

(See PAMPANS, Page 2)



(Pampa News photo by Dee Dee Laramore)

Assistant Police Chief Terry Young, left, and Officer Fred Courtney, right, discuss the Pampa Police Department's local officer recruiting program with Ginger Tanem of Pampa. More than 40 applications were distributed during the recruitment effort last week at Wal-Mart. Young said about 20 applications had been handed out prior to that.

Debt management, spending on agenda

A review of the city's five-year Capital Improvement Program is part of Tuesday's Pampa City Commission work session agenda. The meeting, open to the public, starts at 5 p.m. in City Hall and is followed at 6 p.m. by the regular meeting.

In addition, City Manager Bob Eskridge is expected to review the city's completed annual Comprehensive Debt Management Plan with commissioners and Mayor Bob Neslage.

In other business, the commission agenda includes discussions and/or action on:

- Library card replacement fee
- Library joining Texas Share Card Program

Library Director Anne Stobbe is expected to be at the meeting to detail the plans which include seeking a reduction, from \$2.50 to \$1, in the replacement cost of a library card.

- Texas Community Development Program
- Southwestern Bell contract for Plexar phone system.

The invocation at the 6 p.m. meeting is to be given by Rev. Lynn Hancock, Briarwood Full Gospel Church.

Tax rate, budget on agenda

Felers Independent School District's board of trustees are to meet in regular session at 7 p.m. Tuesday, Aug. 8, in the elementary school library, 160 Sixth Street.

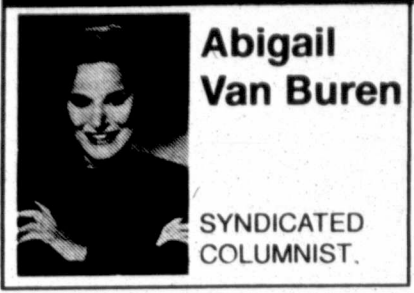
Items for consideration include setting a date for for the 2000-2001 tax rate and a meeting to discuss the 2000-2001 budget.

Other items on the agenda for Tuesday's meeting include an open forum, financial reports, personnel matters, the school calendar, an executive session, and superintendent's reports.

AUGUST 7 2000

History of Aneurysms Is Often All in the Family

DEAR ABBY: Please reprint the article about abdominal aortic aneurysms (AAA) that appeared in May 1997. It saved my life. My internist had told me I didn't have AAA. However, after reading your column, I insisted on having a sonogram. Much to my doctor's surprise -- there it was. Surgery was performed May 2 of last year. I am fine, thanks to you.



Abigail Van Buren

SYNDICATED COLUMNIST

JOAN FELLA, HUNTINGDON VALLEY, PA.

DEAR JOAN: I'm pleased to reprint it. After that column appeared, I received several letters similar to yours. Read on:

DEAR ABBY: Two years ago, my husband's sister had a sonogram to check for a possible gynecological problem. What the doctor discovered was an abdominal aortic aneurysm that was large enough for mandatory surgery.

Her doctor told her to notify any siblings that they, too, should have a sonogram. The unexpected result of my husband's examination stunned us all. Bill, too, had an abdominal aortic aneurysm!

Bill was monitored for one year, until the aneurysm surged significantly. The operation followed a month later. The doctor's insight about the genetic factor probably saved Bill's life.

Please, Abby, inform your readers that aortic aneurysms are hereditary. If a parent or sibling has had one, then all siblings

and offspring should be examined. We have been advised that our son must be tested when he reaches age 50 and should continue to have a sonogram every five years thereafter.

The cause of aneurysms is unknown, although several risk factors -- notably hypertension, smoking and atherosclerosis -- could possibly contribute to their development and growth. They have been found to occur more frequently in males than in females. Abdominal aortic aneurysms are silent and usually deadly if not discovered before they rupture. Ruptures are preventable with continued use of ultrasonography and CT scanning.

I hope my letter will be a red alert to anyone whose family has a history of aneurysms. Check with your doctor. Don't put it off! And physicians who are unaware of this should consider including "family history of aneurysms" on their new patient forms. It could save lives.

BARBARA AND BILL GOLDSMITH, SAVANNAH, GA.

DEAR BARBARA AND BILL: I'm sure your warning will serve as a wake-up call to anyone who has a family history of aortic aneurysms. And another plus is the fact that the test is painless and non-invasive. Thank you for a letter that is sure to be a lifesaver.

DEAR ABBY: A group of women have played cards for more than 30 years. We play for money and have a jackpot for the person with the lowest score at the end of six games. The last couple of years -- or maybe longer -- one lady seems to win the jackpot quite often. At the end of every game, we count our own cards, and this one lady keeps score. Most of us know she gives us the wrong count in order to win. She has been given a few "hints."

Should we make new rules and have all the players show their cards? It seems a shame after all these years of enjoying the game. Please advise.

PUT OUT IN THE MIDWEST

DEAR PUT OUT: That's one way to "deal" with it. Another idea might be for the players to pass their cards to the person on the right to be tallied.

Horoscope

TUESDAY, AUG. 8, 2000

BY JACQUELINE BIGAR

The Stars Show the Kind of Day You'll Have: 5-Dynamic; 4-Positive; 3-Average; 2-So-so; 1-Difficult

ARIES (March 21-April 19) ***** An uproar forces you to find answers. Your skills at exploring solutions become well-known, if they aren't already. Revise your thinking and seek out experts if you hit a roadblock. What seems like an answer could be vague or difficult. Listen to feedback. Tonight: Make key calls.

TAURUS (April 20-May 20) ***** Relate on a one-on-one level, both financially and emotionally. Pressure builds around authority figures. Your high energy carries you through problems. Greet differences positively. This will add to the variety of possibilities. Tonight: You might be surprised at what another shares.

GEMINI (May 21-June 20) ***** Others present different options that you hadn't thought of. Appreciate others' openness and willingness. Your instincts about news, and possibly gossip, prove to be right on. Just because you choose the high road doesn't mean that another does. Tonight: Work with a change of plans.

CANCER (June 21-July 22) ***** Pace yourself carefully, as you have a lot of ground to cover. Establish

better bookkeeping habits. Safeguard your finances. Work tests your energy and perceptions. Share some of your many ideas. Tonight: Off to the gym.

LEO (July 23-Aug. 22) ***** Your high vitality speaks. Confusion surrounds your perspective of another. You simply don't see this person as he is. This distortion could be a tremendous source of anger. Revise your thinking, but also uncloud your vision. You two need to work together. Tonight: Play the night away.

VIRGO (Aug. 23-Sept. 22) ***** Act on your sixth sense. You see what others deny. Carefully think through a reaction. You could be angry, but you don't always understand what triggers you. Your mind easily drifts. Establish stronger foundations. Revise your thinking about a domestic matter. Tonight: A quiet night at home.

LIBRA (Sept. 23-Oct. 22) ***** Keep talking, even when another shuts down or acts weird. You might not have all the answers, but you understand the importance of communication. Don't be surprised if you need to pull the rug out from under someone just to get his attention. Tonight: At a favorite spot with friends.

SCORPIO (Oct. 23-Nov. 21) ***** Let others reveal their true colors. You might find that, because of another's unpredictability or lack of completion, you need to spend extra money. Express your displeasure. Another hears you loud and clear. Respond to a boss's inquiry. He sees something you don't. Tonight: Curb spending.

SAGITTARIUS (Nov. 22-Dec. 21) ***** You might reverse yourself several times before you feel like you have resolved a problem. Immediate answers do not correlate with research and news. Scratch your present conclusion and redo work if need be. Others pitch in and help. Say yes to an offer. Tonight: As you like it.

CAPRICORN (Dec. 22-Jan. 19) ***** Refuse to commit to an idea or project until you are sure of yourself. An associate who wants to call the shots goes on the warpath. Don't buck trends, but don't agree to anything that makes you uncomfortable. Tonight: Be careful with finances.

AQUARIUS (Jan. 20-Feb. 18) ***** You might not be as clear as you think you're being, and therefore you could trigger confusion and anger. Try again, with verbal clarity as a goal. Another has a way of challenging you. Remember what your objectives are before going off in a tizzy. Reschedule a meeting if need be. Tonight: Where your friends are.

PISCES (Feb. 19-March 20) ***** Establish stronger foundations. Another's perspective could be most disconcerting, especially if you give this person a lot of power. A parent or boss tests your limits. Though you think you are doing the right thing, another challenges you. Tonight: Work as late as you need to.

BORN TODAY
Actor Dustin Hoffman (1937), singer Mel Tillis (1932), author Marjorie Kinman Rawlings (1896)
Jacqueline Bigar is on the Internet at <http://www.jacquelinebigar.com>.

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Crossword Puzzle

By THOMAS JOSEPH

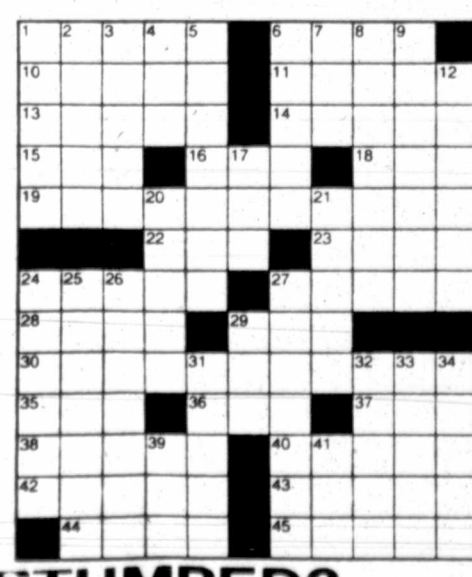
ACROSS DOWN

- 1 Hits with the palm
- 6 Quickly, in memos
- 10 -- four
- 11 Ferber novel
- 13 Big name in auto racing
- 14 Location
- 15 Conk out
- 16 Kin of Ltd.
- 18 Put down
- 19 Garden flowers
- 22 Pasture
- 23 Pot contribution
- 24 Photographer
- 27 Actress
- 28 Appear
- 29 Sailor, in slang
- 30 "Cheer up!"
- 35 Catchall abbr.
- 36 Pre-Easter buy
- 37 -- roll
- 38 Nevada lake
- 40 Parish leader
- 42 Snoozed
- 43 Blow one's top
- 44 Fast planes
- 45 Lairs

NATE **BRAS**
GAMIN **LIMIT**
ADULT **ABATE**
BISTROS **NOM**
ONE **ACTEDUP**
REDANT **VIATS**
STARE
SCAT **VERSES**
EURASIA **OB**
ATT **NODOUBT**
MOUSE **ALLIE**
SURIER **PEONS**
TOAD **TONG**

Saturday's answer

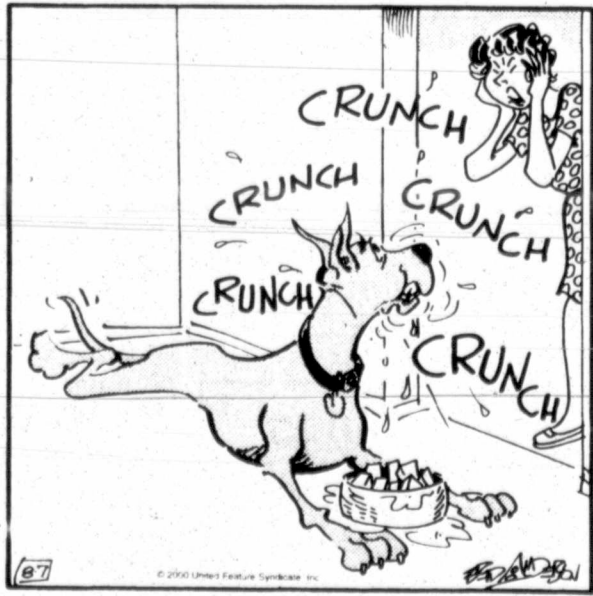
- 20 Obese
- 21 "Ninotchka" star
- 7 The sun
- 8 Marine snail
- 9 Spicy
- 12 Old
- 22 Faithful, for one
- 17 Heston's org.
- 29 Gal's date
- 31 Playwright Clifford
- 24 Good qualities
- 25 Some cars
- 26 Midler movie
- 27 Attained
- 39 ven-geance
- 32 Prepare to shoot
- 33 Unsuitable
- 34 Bakery buys
- 39 Choose
- 41 Wrath



STUMPED?

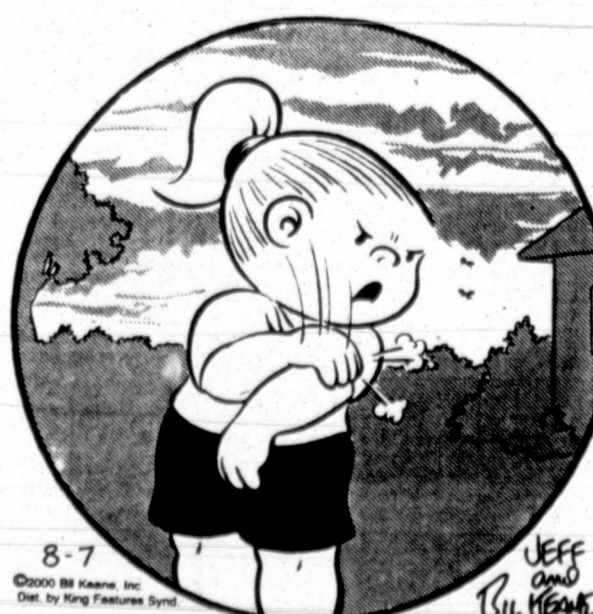
For answers to today's crossword, call 1-900-454-7377! 99¢ per minute, touch-tone/rotary phones. (18+ only.) A King Features service, NYC.

Marmaduke



"I wish you wouldn't chew ice cubes when I have a toothache."

The Family Circus



"I wish Noah had swatted his two 'skeetos."

For Better or For Worse



Zits



Garfield



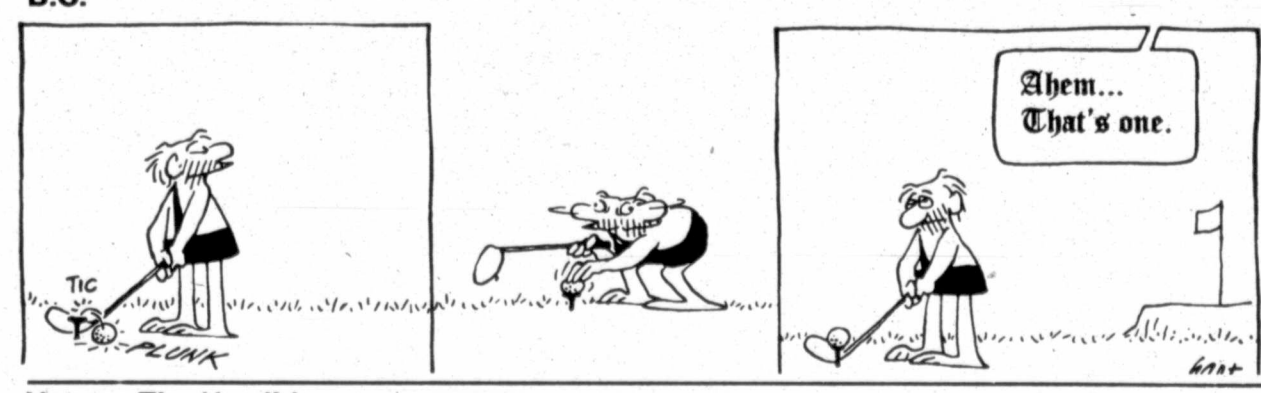
Beetle Bailey



Marvin



B.C.



Haggar The Horrible



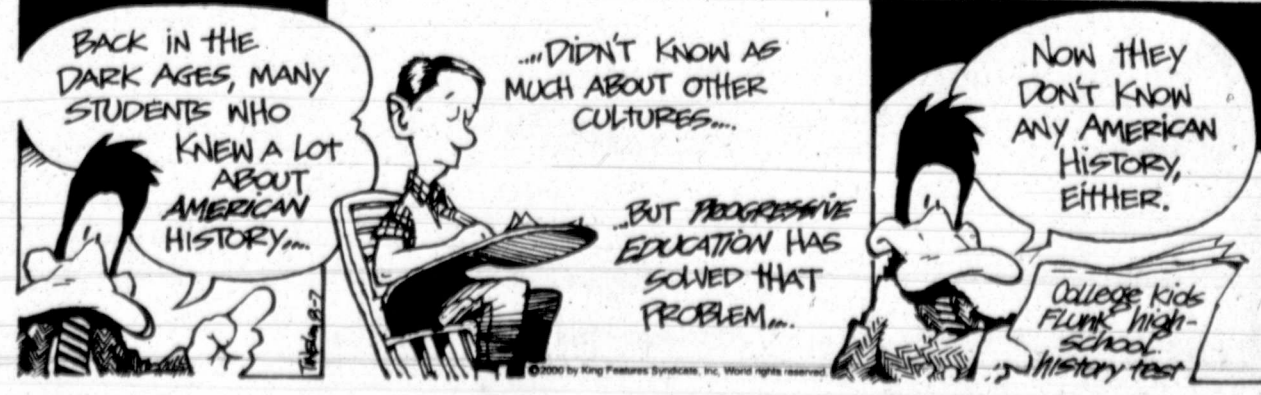
Peanuts



Blondie



Mallard Filmore



MEDICAL

University of Kentucky focuses on minimally invasive surgery

By STEVE BAILEY
Associated Press Writer

LEXINGTON, Ky. (AP) — Dr. Paige Cornette grew up playing video games.

Now she is using similar high-tech skills to become a more highly trained and sought-after surgeon, able to perform operations in which only small incisions are made in the patient.

"What we're learning here is changing the face of medicine," said Cornette, 28, a first-year surgical resident at the University of Kentucky's Chandler Medical Center. "Someday, minimally invasive surgical procedures will be the rule rather than the exception."

Minimally invasive surgery, or "keyhole" surgery, uses a laparoscope, or lighted tube with a tiny magnifying camera on its tip. The camera is inserted into the body through a tiny incision to view a desired area. Other laparoscopic tools, with devices such as scissors, dissectors or tweezer-like graspers, are inserted into incisions ranging in size from 2 millimeters to 10 millimeters to perform the actual procedure.

In conventional open surgery, the surgeon makes a large incision, places his hands inside the body cavity and focuses his eyes directly on what he is doing. In keyhole surgery, the procedure is performed with the laparoscopic tools while the surgeon watches a two-dimensional monitor set up in the room.

"It's amazing when you think about it. A patient goes in for a major surgical procedure and, instead of spending weeks or even months in a painful recovery period, he's able to go home the next day and return to normal function in a week," Cornette said.

The cost of minimally invasive surgery is more expensive, depending on the procedure and the institution; however, those costs are offset by a shorter hospital stay and quicker recovery time.

The University of Kentucky opened its Center for Minimally Invasive Surgery nearly three years ago with a \$2.4 million grant from United States Surgical Corporation. Since then, it has developed a reputation as one of the nation's leaders in minimally invasive surgery research and education.

Dr. Adrian Park, director of the center, said it is one of only a handful that trains residents and practicing surgeons using its own simulators and models designed and built on site. Its continual challenge is to develop a program with formal training guidelines in the complex techniques involved in minimally invasive surgery.

"The challenges of teaching these procedures are unique," said Park. "One of the old dictums in surgery is see one, do one, teach one. That just doesn't fly at all in minimally invasive surgery because there's an entirely different set of skills involved as well as a different way of viewing the anatomy."

At the university, a state-of-the-art training lab teaches residents as well as established surgeons the techniques needed to perform minimally invasive procedures using virtual reality — complete with computerized goggles which produce 3-D images. Surgeons also have access to virtual touch training stations that simulate real operating room conditions.

Residents spend hours practicing with the laparoscopic instruments, grasping small metal pegs or stapling virtual tissue on a sponge-like foam as they view their progress on a monitor. The exercises are videotaped for critique and reference, and students also are able to review digital video of actual surgeries from nearby computer CD-ROMs for observation.

"The students spend time here in an inanimate setting where they're not practicing on patients but on several innovative models we've designed right here," said James Hoskins, the center's information technology manager. "So they learn the elemental skills necessary to perform a procedure before ever getting near a live patient."

It took Cornette a while before the laparoscopic tools became comfortable in her hands. She knows it will be many more hours of work and study before she gets to demonstrate her skills on a patient.

"It's a lot tougher than Nintendo," said Cornette. "It's technically very difficult and much different than anything we learned as we trained to do open surgeries. But it's a challenge, and to me that's fun. We're on the cutting edge of the learning curve because these skills aren't taught to residents everywhere."

Robert Showalter, 63, a retired bank executive who divides his time between Lexington and Naples, Fla., had 18 inches of his colon removed laparoscopically at the University of Kentucky Medical Center late last year.

"I went in for the surgery on Dec. 22 and was released from the hospital five days later," he said. "When I went in for a check-up two weeks later, the doctor told me I was fine to fly and, within a couple of days, I was on my way down to Florida."

Showalter was pleased with the outcome.

"It was almost too easy. There was very little pain, even during the recovery, and the incisions were so small that you can't even tell that I had surgery," he said.

Future advances in technology, both in the tools used to perform the surgeries as well as the simulators designed to teach the necessary skills, will allow surgeons to perform even the most difficult procedures laparoscopically.

"What we're seeing is the future unfolding in front of us," Park said. "The revolution toward less and less invasive therapy is unstoppable."

New too late for parents to learn basics of childhood eye care

HOUSTON — It is never too soon for parents to learn the basics of childhood eye care.

"Almost all newborns will experience some drifting or misalignment of the eyes," said Dr. Kathryn Brady-McCreery, a pediatric ophthalmologist at Texas Children's Hospital in Houston. "But by the time an infant reaches three months, he or she should be able to fix on a parent's face with both eyes aligned straight ahead and follow the parents' movement."

"If the baby cannot do this, there might be a visual problem or ocular misalignment, which can include 'lazy eye,' strabismus (a child's eyes turn in, out, up or down) or amblyopia. A pediatric ophthalmologist should be consulted right away."

Children go through a period of visual maturation, which begins at birth and is completed at 7 or 8 years of age. Any disruption in this process, such as ocular misalignment, can result in decreased vision in one eye, known as amblyopia. Treatment of this condition is most effective when the child is young and may consist of an eye patch,

glasses or eye-muscle surgery.

As the child prepares to enter school, parents should schedule a routine eye exam prior to entering pre-kindergarten, usually when a child reaches four years of age.

Brady-McCreery suggested that parents explain to their child that the exam is not painful, but the doctor will use special eye drops to help the doctor see the eyes better. The visit usually takes up to two hours. Vision can be assessed using toys, a picture chart or an alphabet chart. The eyes are checked for misalignment, and the pupils are dilated. Dilation of the pupils allows the physician to examine the retina and determine if there is a need for glasses.

"It's important for parents to catch any drifting or misalignment of the eyes after their child reaches three months," said Brady-McCreery, also assistant professor of ophthalmology at Baylor College of Medicine in Houston. "Early intervention can preserve the child's eyesight and may prevent any additional visual impairments in the future."

Study: Physicians often don't recognize dementia as terminal

By LINDSEY TANNER
AP Medical Writer

CHICAGO (AP) — Doctors often fail to acknowledge the final stages of Alzheimer's disease and other forms of dementia as a terminal illness and subject patients to invasive procedures when providing comfort care would sometimes be more appropriate, research suggests.

The findings, reported in the Journal of the American Medical Association, indicate that patients suffering from the degenerative neurological condition are often treated for other problems as though the dementia itself was not terminal. That oversight affects the quality of their final months of life, researchers suggested.

The research could have broad implications for the estimated 1.8 million people nationwide with end-stage dementia. Patients in the final stages of dementia can't talk or recognize family members, frequently can't walk and must rely on others for daily care.

Alzheimer's disease, which affects more than 4 million Americans, is the leading cause of dementia.

The study compared treatment given to dementia-free elderly patients and those with end-stage dementia who were hospitalized for either hip fractures or pneumonia — two common ailments in the elderly. Those with end-stage dementia were found to be at least four times more likely to die within six months.

The dementia patients were given the same degree of invasive treatment, such as daily blood tests, X-rays and catheters, as patients without dementia, the authors reported.

The study was conducted at an unidentified hospital in New York.

A treatment model developed 14 years ago recognized end-stage dementia as terminal and recommended hospice care, focusing on easing discomfort rather than invasive treatment. But the new study suggests "this concept has yet to gain acceptance," Dr. Don Riesenber of the Binghamton Veterans Affairs

Clinic in Binghamton, N.Y., wrote in a JAMA editorial.

Riesenber said the study underscores the importance of living wills. Doctors should discuss treatment wishes with family members or patients before they become incapacitated to decide on care and "whether the standard of care for hospitalized patients is appropriate for patients with severe dementia," he said.

"A few minutes spent can save a world of suffering," Riesenber said.

The authors looked at 97 patients age 70 and older with hip fractures and 119 with pneumonia, treated between September 1996 and March 1998. About half in each group had end-stage dementia.

Among hip-fracture patients, morphine doses were more than twice as high in the non-dementia patients. And only 9 (24 percent) of the 38 end-stage dementia patients, "who often are unable to communicate the presence of pain," had standing orders for other painkillers such as acetaminophen, the authors wrote.

The authors theorized that doctors withheld painkillers out of the mistaken assumption that the patients weren't in pain.

Dr. R. Sean Morrison, an assistant professor at Mount Sinai School of Medicine and the study's lead author, said it was unclear whether the hip fractures or the pneumonia hastened the dementia patients' deaths because dementia alone is terminal.

There were no plans recommending palliative (comfort) care rather than life-prolonging care for any of the dementia patients. For 90 percent of them, there also was no evidence that any discussion about treatment goals or withholding life-sustaining care had taken place.

The authors said they were not recommending that life-sustaining treatment or even all invasive tests be withheld from all end-stage dementia patients.

"At a minimum, what we're advocating is that the benefits and burdens of ... burdensome hospital treatments be carefully evaluated" for patients who have "a very limited prognosis," Morrison said.

Groups pinpoint genetic factor in lung hypertension

WASHINGTON (AP) — Researchers have located a mutated gene associated with primary pulmonary hypertension, the first step in seeking a treatment for this rare but devastating disease.

Discovery of the gene by two separate teams of scientists was announced by the National Heart, Lung, and Blood Institute, which funded their work.

"Now that we have pinpointed a gene, we can focus on learning how it works. That information should enable us to devise better treatments and perhaps eventually a preventive therapy or cure," said Dr. Claude Lenfant, director of the institute.

He said the findings are the result of nearly 20 years of work.

In primary pulmonary hypertension there is uncontrolled growth of cells in the blood vessels of the lungs. This growth obstructs the blood vessels, forcing the heart to pump harder and increasing blood pressure in the pulmonary artery.

Current treatments include lung transplantation and the use of drugs to dilate or relax blood vessels. These treatments are expensive and difficult, and side effects are common. Even with treatment life expectancy is very limited.

The disease affects twice as many women as men — usually women of childbearing age — although it can occur at any age, including infancy.

The researchers separately report-

ed finding defects in the BMP2 gene, which regulates growth and development of the lung, that are associated with abnormal proliferation of cells in the lung characteristic of the disease.

The Institute said that while both studies suggest only one gene is involved, neither group concluded that the defects were the only cause of PPH. Since many people without a known family history of PPH get the disease, both groups suggested

that other factors may also interfere with control of tissue growth.

One report came from researchers at Columbia University and the second from the International PPH Consortium, including researchers from Vanderbilt University, Nashville, Tenn.; Children's Hospital Medical Center, Cincinnati; Indiana University School of Medicine, Indianapolis, Ind.; and the University of Leicester, England.

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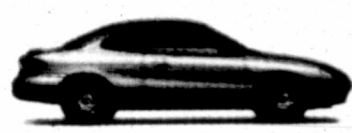
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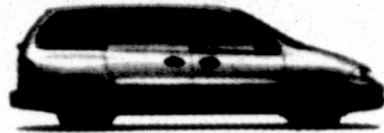
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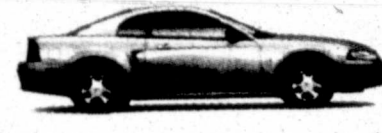
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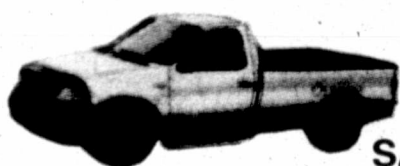
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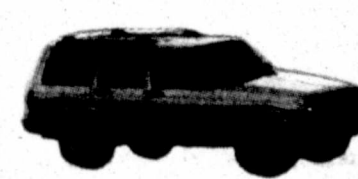
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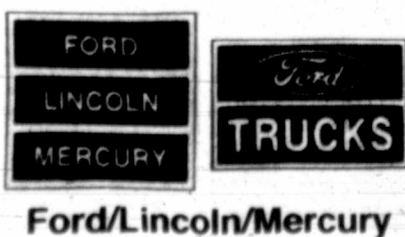
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