



UNIVERSITY OF LOUISVILLE

LOUISVILLE, KENTUCKY 40202

SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE
DIGESTIVE DISEASES AND NUTRITION SECTION

HEALTH SCIENCE CENTER
WALNUT & PRESTON STREETS

November 25, 1974

Dr. Michael M. Karl M.D.
Maryland Medical Group
Internal Medicine
4652 Maryland Avenue
St. Louis, Missouri 63108

Dear Dr. Karl

Thank you very much for your kind letter of October 31, 1974. Enclosed you will find a copy of the manuscript of the presentation and an outline of the existing protocol for screening which has been updated just this past month.

Enclosed you will also find our history and physical examination form which is presently in the process of being modified so that it can be administered uniformly and can be immediately transferred for purposes of computerization. The actual details of the basic preliminary lab test screening as outlined in the existing protocol is detailed in a recent article published by Dr. Laszlo Makk, et al, in JAMA, 230:64, October 7, 1974. As you can see from that article, we are making some basic changes and expanding our present protocol to include final disposition after identification of the etiological causes for those individuals who are found to be abnormal during the primary screening process.

The only other comments that I think might be of assistance is the fact that intensive laboratory follow-up simply means the bi-weekly repeat of a liver profile. (Liver profile would include the alkaline phosphatase, the serum glutamic oxalacetic transaminase [SGOT], serum glutamic pyruvic transaminase [SGPT and bilirubin], and all other biochemical studies which were initially or subsequently found to be positive.) We now have added ICG or indocyanine green dye clearance as a means of determining the hepatic status in those who (a) have no biochemical abnormalities, or (b) have proven liver disease or liver injury and whose progress is being monitored by dye clearance as a means of determining progression of improvement of the disease. Since the study is still in progress and our major evaluation of the overall program, not simply the hepatic abnormalities, will not be completed until probably mid-March; the present protocol, of course, is a temporary one, and will be modified as new developments occur.

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Letter to Dr. Michael M. Kaarl,

November 25, 1974

I hope this will be of assistance to you in your screening program in your area. We would be most happy to hear any comments or suggestions you may have concerning our own program or things of uniqueness in yours.

Very Sincerely Yours

Carlo H. Tamburro

Carlo H. Tamburro, M.D.

Associate Professor of Medicine

Director, Polyvinyl Chloride Project

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