Some Disappointment Follows Stem Cell Veto

BY TODD ZWILLICH

Contributing Writer

President Bush delighted many conservatives but disappointed medical groups when he vetoed a bill last month that would have expanded federal funding for embryonic stem cell research.

More than 100 groups representing patients, researchers, and physicians backed a bill to overturn tight restrictions on federal funding of embryonic research laid down by the president in August 2001. That decision allowed funding on 77 cell lines already derived at the time, although researchers have since complained that only 20 or so are viable because of contamination and a lack of genetic diversity.

President Bush used the first veto of his presidency to reject the bill (H.R. 810), despite broad bipartisan support in both the House and Senate. Just a day before, the Senate approved the measure 63-37. The House then failed to come close to the two-thirds majority needed to override a veto.

"This bill would support the taking of innocent human life in the hope of finding medical benefits for others. It crosses a moral boundary that our decent society needs to respect, so I vetoed it," President Bush said in a White House speech. He was flanked by several "Snowflake" children who were adopted while still frozen embryos in fertility clinics.

Bush's move delighted many antiabortion conservatives, who had called on the president to reject the bill.

A handful of states—including California, Massachusetts, and Maryland—have laws funding embryonic stem cell research. Still, advocates of the research warned that the veto would cause the United States to fall behind on a promising therapeutic avenue.

INDEX OF ADVERTISERS

Berlex, Inc.	
Yaz	3-4
Duramed Pharmaceuticals, Inc. (a subsidiary of Barr Pharmaceuticails)	
Cenestin	5-6
Enjuvia	18a-18d
Mircette	22a-22b
Cepheid Corporation Xpert GBS	17
FFF Enterprises Inc.	
MvFluVaccine	21
Medison America, Inc.	14
JD A1	
Merck & Co., Inc.	
Gardasil	26a-26b
Novo Nordisk Inc.	
Corporate	13
Sanofi Pasteur Inc.	
ADACEL	30a-30b
Solvay Pharmaceuticals, Inc.	
Prometrium	6a-6b
Sound Medical Solutions	
ExAblate	9
They Dy Corneration	
Ther-Rx Corporation Clindesse	10a-10d
Wyeth Consumer Healthcare	
Caltrate	14a-14b
Corporate	25
Wyeth Pharmaceuticals Inc.	
PREMARIN Vaginal Cream	35-36

"This research is going to take place. I'd like to see America take a leading role in this," Lawrence T. Smith, chair of the board of the American Diabetes Association, said in an interview.

Some lawmakers agreed with the president that destroying embryos amounts to ending human life, whereas others, including Sen. Orrin Hatch (R-Utah), concluded that embryos can become human life only if implanted in utero.

Physician lawmakers—most of whom

are Republicans—were also split. Rep. Dave Weldon (R-Fla.), an internist, accused supporters of overselling the promise of embryonic stem cells to cure degenerative diseases and spinal cord injuries.

Rep. Weldon was joined by Rep. Phil Gingrey (R-Ga.), an ob.gyn., Rep. Charles W. Boustany Jr. (R-La.), a former cardiac surgeon, and Sen. Tom Coburn, (R-Okla.), a family physician.

Rep. Joe Schwarz (R-Mich.), an otolaryngologist, voted to expand the research. So did Sen. Bill Frist (R-Tenn.), a surgeon, who surprised colleagues last summer when he reversed his support for President Bush and said he'd support overturning research restrictions.

"In all forms of stem cell research, I see today ... great promise to heal. Whether it's diabetes, Parkinson's disease, heart disease, Lou Gehrig's disease, or spinal cord injuries, stem cells offer hope for treatment that other lines of research cannot offer," Sen. Frist said on the Senate floor.

Vitamin D—both its importance and the amount needed—cannot be underestimated for proper calcium absorption AND OPTIMAL BONE HEALTH

How much proof is there that vitamin D is essential to bone health?

Vitamin D is critical

To help maintain normal blood levels of calcium and absorb the calcium needed to form and help maintain strong bones, vitamin D is essential.¹ Most calcium absorption occurs in the small intestine.² Without vitamin D, the small intestine absorbs only a fraction of dietary calcium. In a study by Heaney et al, vitamin D increased calcium absorption by as much as 65%.²

Vitamin D insufficiency is becoming an epidemic problem, especially for older Americans^{4,5}

The majority of Americans do not achieve adequate vitamin D levels. 67 90% of older adults aged 51 to 70 (and 98% of those over 70) are not getting adequate vitamin D from their diet. 67 But inadequate intake isn't limited to just postmenopausal women and the elderly. More than two thirds of adolescent and adult women do not meet the adequate intake of vitamin D from their diet. 63 Clearly, something needs to be done.

"...[current] recommendations are totally inadequate..."

Current recommendations for daily vitamin D intake were established almost a decade ago. Many experts now agree that the daily recommended intake is too low.4.5-12 The response to vitamin D supplementation in clinical trials is further evidence that patients can benefit from higher levels of vitamin D. Emerging research suggests that getting at least 750-800 IU of vitamin D daily is associated with improved bone and muscle health in the elderly. 8.13 Furthermore, a meta-analysis by Papadimitropoulos et al suggests, "Vitamin D decreases vertebral fractures and may decrease nonvertebral fractures."13 Zittermann states, "Current estimations for an adequate oral intake are obviously much too low to achieve an optimal vitamin D status...

Sponsored by Wyeth Consumer Healthcare, makers of Caltrate*.

Many experts agree: the lowest daily dietary intake for vitamin D for adults should be at least 750-800 IU per day. 40.11.12

Why Rx osteoporosis therapy still requires calcium and vitamin D

Rx treatments, including bisphosphonates, uniformly require sufficient calcium intake. However, as the use of these drugs has risen, a simultaneous decrease in the use of calcium supplements has occurred. This may be a result of patients believing that their Rx drug replaces their need for calcium. In addition, the majority of this population fails to consume the minimum recommended dietary intake of calcium, making calcium supplementation more critical.

Adequate vitamin D intake must also be taken into consideration. As noted in FDA's official magazine, for those receiving osteoporosis treatments, calcium and vitamin D supplements can be essential. Syt, more than half of North American women receiving therapy to treat or prevent osteoporosis have inadequate levels of vitamin D. This population needs to understand the importance of getting the right amount of calcium and vitamin D every day.

When patients need more D, you need to recommend a supplement

Very few foods are natural sources of vitamin D.

And while sunlight is an excellent source of
vitamin D, many individuals limit sun exposure or
use sunscreen, which interferes with vitamin D
synthesis of the skin, putting them at increased
risk of inadequate vitamin D levels. In addition,
as many people age, their ability to produce
vitamin D decreases. Calcium supplements
with added vitamin D are an excellent way to
help ensure patients get the D they need daily
for optimal bone health. It's never too soon to
improve bone health. And it's never too late.
The US Surgeon General states, "...[for those]
not getting enough calcium and vitamin D in
your diet, supplements can be bone savers."

15

Together, calcium and vitamin D can transform the future of bone health

References: 1. National Institutes of Health. Office of Dietary Supplements. Available at: http://ods.od.nih.gov/factsheets/vitamind.asp, Accessed April 6, 2006. 2. Wisserman RH. J. Natr. 2004;134:3137-3139. 3. Heaney RP et al. J Am Colf Natr. 2003;22:142-146. 4. Holick MF. Am J Clin Natr. 2004;79:362-371. 5. Holick ME. J Natr. 2005;135:27395-27485. 6. Moore C et al. J Am Diet Assoc. 2004;104:980-983. 7. 2005 Dietary Guidelines Advisory Committee Report. Available at: www.health.gov/dietarypsidelines/lga2005/report/htm!DT. adequacy.htm. Accessed March 22, 2006. 8. Harley DA, Davison RS. J Natr. 2005;135:332-337. 9. Pick M. Available at: http://www.womentoovomen.com/report/htm!DT. adequacy.htm. Accessed March 8, 2006. 10. Zistermann A. Br. J Natr. 2005;135:332-337. 9. Pick M. Available at: http://www.womentoovomen.com/reports/stamind.asp. Accessed March 8, 2006. 10. Zistermann A. Br. J Natr. 2005;135:332-337. 9. Pick M. Available at: http://www.nomentoovomen.com/reports/stamind.asp. Accessed March 8, 2006;10:713-716. 13. Papadimirropoulos E et al. Endocr/her. 2002;23:560-569. 34. Staffood RS et al. Arch Intern Med. 2004;164:1323-1330. 15. Surpeca 3A, Weisman SM. J Wisness Health. 2005;16:1180-192. 16. US Food and Dang Administration. Available at: http://www.fda.gov/fdac/features/796. hone. html. Accessed March 18, 2006. 17. Holick MF et al. J Clin Endocr/med Metah. 2005;90:3215-3224. Bb. US Department of Health and Human Services. The 2004 Surpeon General's Report on Bone Health and Osteoporosis: What It Mesan 76 You. Office of the Surgeon General's 2004.