ACP Welcomes First Associate Member from a Country without an ACP Chapter

The American College of Physicians is pleased to welcome newly elected international Associate member Dr. Beat A. Frank as its first official Associate member from a country outside of an ACP chapter. Dr. Frank hails from Zurich, Switzerland, where he completed medical school at Zurich University in 2003. He is currently completing his residency in Internal Medicine in the FMH Weiterbildungscurriculum Innere Medizin program at Spital Maennedorf in Maennedorf, Switzerland.

Dr. Frank was sponsored by ACP Fellow Werner Bauer, MD, FACP, past President of the Swiss Society of Internal Medicine.

Residents in countries without ACP Chapters are eligible to apply for Associate membership, a temporary form of ACP membership open to residents and fellows-in-training. Individuals must be sponsored by an ACP Fellow or Master who will either sign the Associate membership application or send a letter or e-mail to the ACP in support of the applicant, along with a description of the residency program provided by the applicant. Residents and fellows-in-training who are interested in applying for membership should contact the ACP International Office at internationaloffice@acponline.org for help in finding ACP Fellows to act as their sponsors.

The application is available on ACP Online through the following link: www.acponline.org/college/membership/join_assoc.htm?hp

In This Issue

- ACP Clinical Practice Guidelines
- International Meetings Update
- MKSAP 14 Q&A
- Internal Medicine 2008 Event Highlights for International Attendees
- …and much more!

Experience the American College of Physicians Internal Medicine Meeting

Washington, DC, hosts this year’s premier scientific meeting for internal medicine on May 15–17, 2008. Meet internists from around the globe and around the corner, take advantage of special networking and social events, experience the culture of America’s capital, and leave with a new sense of excitement about internal medicine.

Register by February 29, 2008, and save!

For more information and online registration, please visit www.acponline.org.

Organize a group and save on registration fees.

For further information contact Eve C. Swiacki, Director, ACP Credentialing and International Activities, at 215-351-2710 or eswiacki@acponline.org before February 29, 2008.
Who’s Who in the ACP

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Chair, Board of Regents

Jeffrey P. Harris, MD, FACP
President-elect

William B. Applegate, MD, FACP
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Katie Buell
Administrative Coordinator, Membership Credentialing and International Activities

ACP Editorial Services
Editorial Production

Wendy Smith
Graphic Designer, Marketing Logistics

2008 ACP International Fellowship Exchange Program Award Winners

The following physicians were selected for the 2008 International Fellowship Exchange Program Award. The program provides funding to allow international physicians and academics to come to the United States or Canada for an observational 2-month study. Funding will also be provided for the physicians to participate in Internal Medicine, ACP’s premier annual meeting, either at the beginning or at the end of their fellowship.

- Anup Kumar Saha, MD, FACP – Dhaka, Bangladesh
- Marta M. Das Chagas Medeiros, MD – Fortaleza, Brazil
- Carlos M. Pérez, MD, FACP – Santiago, Chile
- Oscar L. Rueda-Ochoa, MD, FACP – Bucaramanga, Colombia
- Babatope A. Kolawole, MBchB – Ile Ife, Nigeria
- Oluyomi Okunola, MD – Osogbo, Nigeria
- Wajahat Aziz, MBBS – Islamabad, Pakistan
- Khalid Mumtaz, MBBS – Karachi, Pakistan
- Linda M. Navarro, MD – Panama City, Panama

ACP would like to thank Pfizer Medical Humanities Initiative for their generous grant, which makes the 2008 program possible.

Has Your Contact Information Changed?

To change your address or other contact information in our records, go to www.acponline.org/address/ or call +215-351-2400, ext. 2600 (M–F, 9am–5pm ET).

About Your Subscription

ACP International Newsletter is a quarterly newsletter produced by the staff of ACP International Office. Please forward any comments or suggestions to internationaloffice@acponline.org.

ACP respects your privacy and will not sell, lease, or share your address with any other organization. The College will only use your address for the purpose of conducting College business and for communicating with College members.
Refer to URL for complete ACP guideline
http://annals.org/cgi/content/full/147/8/633

Diagnosis and Management of Stable Chronic Obstructive Pulmonary Disease: A Clinical Practice Guideline from the American College of Physicians – November 6, 2007

Recommendation 1: In patients with respiratory symptoms, particularly dyspnea, spirometry should be performed to diagnose airflow obstruction. Spirometry should not be used to screen for airflow obstruction in asymptomatic individuals. (Grade: strong recommendation, moderate-quality evidence.)

Recommendation 2: Treatment for stable chronic obstructive pulmonary disease (COPD) should be reserved for patients who have respiratory symptoms and FEV₁ less than 80% predicted, as documented by spirometry. (Grade: strong recommendation, moderate-quality evidence.)

Recommendation 3: Clinicians should prescribe 1 of the following maintenance monotherapies for symptomatic patients with COPD and FEV₁ less than 60% predicted: long-acting inhaled ß-agonists, long-acting inhaled anticholinergics, or inhaled corticosteroids. (Grade: strong recommendation, high-quality evidence.)

Recommendation 4: Clinicians may consider combination inhaled therapies for symptomatic patients with COPD and FEV₁ less than 60% predicted. (Grade: weak recommendation, moderate-quality evidence.)

Recommendation 5: Clinicians should prescribe oxygen therapy in patients with COPD and resting hypoxemia (Pao₂ ≤ 55 mm Hg). (Grade: strong recommendation, moderate-quality evidence.)

Recommendation 6: Clinicians should consider prescribing pulmonary rehabilitation in symptomatic individuals with COPD who have an FEV₁ less than 50% predicted. (Grade: weak recommendation, moderate-quality evidence.)
6th Congress of the European Federation of Internal Medicine – May 23–26, 2007

The 6th Congress of the European Federation of Internal Medicine (EFIM) was held in Lisbon, Portugal this past May and was attended by over 2000 participants from 43 countries, with 345 exhibitors and 58 speakers. Donna E. Sweet, MD, MACP, was the International Speaker for the meeting, invited by Dr. Faustino Ferreira, President, Portuguese Society of Internal Medicine and Chairman of 6th Congress of the EFIM. Dr. Sweet gave 2 lectures: “Emerging Infectious Diseases in Our World” and, as part of a symposium on Women in Medicine, a talk entitled “Where and Why – The Barriers We Face.” She also participated as Symposium Chair for the session. Dr. Sweet was able to meet and talk to hundreds of doctors about the ACP. She was prominently included in all ceremonial events and was awarded an Honorary Fellowship in the EFIM. The ACP also exhibited at the Congress.


The 29th Annual Meeting of the Peruvian Society of Internal Medicine was held in Lima, Peru this past October. Aldo Vivar, MD, FACP, the Program Chairman, selected Fernando J. Gracia Garcia, MD, FACP, to serve as the ACP International Speaker based on his expertise. Dr. Gracia's lectures centered on the topics of Neuropathic Pain and Stroke. This was his first experience as an ACP International Speaker. Dr. Gracia was able to meet Dr. Sabala, President of the Peruvian Society of Internal Medicine, and Vice President Aldo Vivar. The meeting, which was attended by around 250 internists, general physicians, geriatricians, and family physicians, was held entirely in Spanish.

West African College of Physicians Congress – November 11–15, 2007

The West African College of Physicians (WACP) Annual General and Scientific Meeting was held in Accra, Ghana this past November. Joseph E. Johnson III, MD, MACP, the designated ACP International Speaker, gave a lecture on “Emerging Infections in the 21st Century”. Dr. Johnson had the opportunity to meet with current President Dr. Roger Makanjuola, from Nigeria, and with immediate past President Dr. Tumani Corrah, from Gambia. Attendance for the meeting was at a record high, with over 298 Fellows attending. Representatives were present from each of the 5 countries, which were formerly English-speaking British colonies: Ghana, Nigeria, Gambia, Liberia, and Sierra-Leone. In addition, representatives from 3 to 4 of the dozen French-speaking West African countries were present, reflecting the recent expansion of the WACP to include those “francophone” countries. Simultaneous interpretation of the presentations into French took place for those individuals.
The College has 12 Governors who represent regions or chapters outside the United States. Below is a list. Please feel free to contact them with any questions.

<table>
<thead>
<tr>
<th>Region</th>
<th>Governor</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
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<td><a href="mailto:carlosmorosghersi@yahoo.com">carlosmorosghersi@yahoo.com</a></td>
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</table>

**New From ACP Press**

**Infectious Diseases, Second Edition**
James S. Tan, MD, MACP, FCCP; Michael J. Tan, MD, FACP; Robert A. Salata, MD, FACP; and Thomas M. File Jr., MD, MACP

Fully revised and updated, this New Edition features the latest etiologic agents, the most appropriate diagnostic tests, and the most effective management options.

$64.95 (ACP Member: $59.95) 938 pp., 2008, Paperback

Thomas A. Lang, MA; and Michelle Secic, MS

“...the first edition was excellent, and the second edition is even better...an excellent resource guide to best practices in statistical reporting in medical literature” – British Medical Journal

$54.95 (ACP Member: $44.95) 490 pp., 2006, Paperback,
Product #330351060 • ISBN: 978-1-930513-69-3

**Drug Prescribing in Renal Failure, Fifth Edition**
Michael E. Brier, PhD; and George R. Aronoff, MD, FACP

Here’s the comprehensively revised and updated New Edition of the classic pocket guide to drug-dosing for patients with impaired renal function.

$39.95 (ACP Member: $34.95) • 272 pp., 2007, Paperback
Product #330361080 • ISBN 13: 978-1-930513-76-1

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A 36-year-old asymptomatic woman who is a phlebotomist is evaluated 12 weeks after having sustained a needlestick injury while drawing blood from a patient known to be infected with hepatitis C virus. After the injury, baseline laboratory studies showed the patient to be negative for hepatitis C virus and HIV. She has a history of hypothyroidism and self-limited depression 5 years ago after the sudden death of her father; her only current medication is levothyroxine.

On physical examination, her vital signs are normal. There is mild diffuse enlargement of the thyroid gland, the liver span is normal, and there is no splenomegaly or stigmata of chronic liver disease.

<table>
<thead>
<tr>
<th>Complete blood count</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albumin</td>
<td>4.1 g/dL (41 g/L)</td>
</tr>
<tr>
<td>Thyroid-stimulating hormone</td>
<td>3.5 µU/mL (3.5 mU/L)</td>
</tr>
<tr>
<td>Alanine aminotransferase</td>
<td>900 U/L</td>
</tr>
<tr>
<td>Bilirubin, total</td>
<td>1.7 mg/dL (29.1 µmol/L)</td>
</tr>
<tr>
<td>Anti-HCV</td>
<td>Positive</td>
</tr>
<tr>
<td>HCV RNA</td>
<td>60,000 IU/mL</td>
</tr>
<tr>
<td>HCV genotype</td>
<td>1b</td>
</tr>
<tr>
<td>Anti-HBs</td>
<td>Positive</td>
</tr>
</tbody>
</table>

The INR is normal; HBsAg, anti-HBc, and HIV are all negative.

**Question**
Which of the following is the most appropriate next step in the management of this patient?

**Option A**
Therapy with entecavir

**Option B**
Remeasurement of HCV RNA in 6 months

**Option C**
Hepatic ultrasonography and measurement of serum ·-fetoprotein

**Option D**
Therapy with pegylated interferon

**Option E**
Hepatitis C recombinant immunoblot assay (RIBA)

See answer, critique, key points, and references on page 10.

**Visit our Web site**

For news, information on future Annual Sessions, international activities of the College, upcoming medical meetings around the world, and more, please visit our Web site at www.acponline.org/college/international.
Internal Medicine 2008
Event Highlights
For International Attendees

Convocation Ceremony
Thursday, May 15, 2008; 6:30–8:30 p.m.; Washington, DC, Convention Center
More than 500 physicians are honored with ACP Fellowships for their medical scholarship and achievement at the College's colorful Convocation ceremony. ACP Governors and local awardees from the previous year march with the new Fellows from their chapters. Individuals and organizations are presented with awards in recognition of their contributions to the science and practice of medicine. Masterships and Honorary Fellowships are also presented. The Stage Party includes presidents or representatives from member societies of the International Society of Internal Medicine, the European Federation of Internal Medicine, and the Royal Colleges and Academies. The International Fellowship Exchange Program Awardees will also march in the ceremony.

International Reception
Thursday, May 15, 2008; 9:00–11:00 p.m.; Renaissance Washington Hotel, Grand Ballroom
This buffet reception is open to all international attendees and their guests, as well as other attendees who are interested in meeting with leaders from ACP and Internal Medicine societies from around the world.

International Fellowship Exchange Program: The International Reception also provides the opportunity to meet the ACP International Fellowship Exchange Program Awardees who are attending Internal Medicine 2008 and to learn more about the program, funded by the Pfizer Medical Humanities Initiative. This program is in its fifth year of bringing international physicians to the United States for 2-month observational fellowships in internal medicine or one of its subspecialties. There will be International Fellowship Exchange Program information displayed at the reception.

Global TB a Half Century Later: Challenges in Recognition and Management
Friday, May 16, 2008; 11:15 a.m.–12:45 p.m.; Washington, DC, Convention Center, Room 145
Moderator: Guillermo L. Acuña, MD, FACP
Governor, ACP Chile Chapter
Chile

Co-Moderator: David N Williams, MBChB, FACP
United States

Panel:
Aldo B. Vivar, MD, FACP
Vice President
Peruvian Society of Internal Medicine
Peru

E. Anne Fanning, MD, FACP, FRCP
Emeritus Professor, Department of Medicine, Division of ID,
University of Alberta
Canada

Learning Objectives: Understand the extent of the global incidence and prevalence of tuberculosis; diagnose pulmonary and extrapulmonary manifestations of tuberculosis, with special emphasis on evolving disease patterns; recognize the emerging drug resistance patterns in tuberculosis worldwide; understand the role of the BCG vaccination; and learn advances in the chemoprophylaxis and management of tuberculosis.

A Meeting Travel Tip...
Just a reminder if you’re attending Internal Medicine 2008 in Washington, DC:
Don’t forget to contact your credit card company before traveling to the USA in order to prevent declined credit card transactions.
International Candidates elected to Fellowship in ACP, October 1, 2007

ACP is pleased to announce the following newly elected International Fellows, who were recommended by the Credentials Subcommittee and approved for election by the Board of Regents. They are listed by current location and may have been credentialed through a different Chapter.

Canada

Alberta
E. Anne Fanning — Edmonton
Sumit R. Majumdar — Edmonton

Newfoundland
Brendan J. Barrett — St Johns

Ontario
John S. Crawford — Collingwood
Rashida Haq — Richmond Hill
Tonino Mazzulli — Toronto
Matthew W. Morgan — Toronto
Sherryn N. Roth — Toronto

Other Countries

Japan
Soichiro Ando — Saitama
Seitaro Iguchi — Niigata
Katsuhiko Ito — Kanagawa

Japan (continued)
Kentaro Iwata — Chiba
Makoto Kontani — Fukui
Hiromitsu Kusafuka — Aichi
Sayuri Motomura — Tokyo
Makoto Murakami — Fukuoka
Kazuhide Ogino — Yonago
Mamiko Ohara — Chiba
Yugo Shibagaki — Tokyo
Kouichi Tamura — Yokohama, Kanagawa
Hideki Ueda — Kashiwara Osaka
Hisamitsu Uno — Hiroshima
Hiroshi Yoshida — Kashiwa Chiba

South Africa
Mark Ottenweller — Sandton

Sweden
Stefan Lindgren — Malmo

Switzerland
Verena A. Briner — Luzern

Fellowship proposals due June 1, 2008

All candidates for Fellowship who want to be considered at the November 2008 Credentials Subcommittee meeting must submit Fellowship proposals to ACP’s Member Records Section by June 1, 2008. Supporting letters from 2 current ACP Masters or Fellows and current curricula vitae must accompany the proposals, which staff will then forward to the appropriate ACP Governors.

For a Fellowship inquiry kit, contact Customer Service at 800-523-1546, ext. 2600, or 215-351-2600 (9 a.m. to 5 p.m., ET). The contents of the Fellowship inquiry kits also may be downloaded from the ACP Web site at www.acponline.org. Fellowship candidates are required to include payment for the Fellowship initiation fee (currently $150) with their proposal form, and membership dues must be in good standing. Candidates for Direct Fellowship are required to include payment for the first year’s dues as well.

Advancement to Fellowship

The current ACP guidelines acknowledge a range of professional activities that indicate continuing scholarship and professional achievement. You no longer have to publish to qualify for advancement. Information: Mariana Hotea, Credentials Administrator, 800-523-1546, ext. 2709, or go to the Membership section of ACP Online at www.acponline.org/college/membership/index.html.

International Membership

The ACP currently has 6631 members outside the United States.

Latin American membership:
• 108 in Brazil
• 347 in Central America
• 419 in Chile
• 909 in Mexico
• 227 in Venezuela

Canadian membership:
• 254 in Alberta
• 220 in the Atlantic Provinces
• 322 in British Columbia
• 208 in Manitoba/Saskatchewan
• 934 in Ontario
• 324 in Quebec

There are currently 846 members in the ACP Japan Chapter. The remaining members living in areas without organized ACP Chapters total 1526, with the largest number of members residing in Saudi Arabia, which has 126 members.
Future Worldwide Meetings

For further information on any of these meetings, please contact Wendy Rivera at wrivera@acponline.org

ACP Ontario Chapter Annual Meeting
Toronto, ON
February 23–24, 2008
E-mail: ibrisenden@on.aibn.com

8th Annual Convention and Scientific Seminar of the Bangladesh Society of Medicine
Dhaka, Bangladesh
March 23–24, 2008
E-mail: dsiddiq@aitlbd.net

2008 Japan Chapter Scientific Meeting
Tokyo, Japan
April 12, 2008
E-mail: acp@naika.or.jp

2008 Chilean Chapter Meeting
Santiago, Chile
April 14–16, 2008
Web site: www.acponline.org/chapters/chile
E-mail: secretaria@smschile.cl

Congress of the Polish Society of Internal Medicine
Warsaw, Poland
April 25–27, 2008
E-mail: mmmusia@cyf-kr.edu.pl

The Annual Meeting of the Society of Internal Medicine of Paraguay
Asuncion, Paraguay
April 30, 2008 – May 3, 2008
E-mail: breur.nicolas@gmail.com

7th Congress of the European Federation of Internal Medicine
Rome, Italy
May 7–10, 2008
E-mail: efim2008@aristeia.com

ACP Venezuela 2008 Chapter Meeting
Caracas, Venezuela
May 29–31, 2008
Web site: www.acponline.org/chapters/venezuela
E-mail: carlosmorosghersi@yahoo.com

Joint 41st Annual Convention of Islamic Medical Association of North America (IMANA) with Annual Convention of Federation of Islamic Medical Association (FIMA)
Marrakech, Morocco
July 30 – August 4, 2008
E-mail: faroqekhan@yahoo.com

12th International Meeting of Internal Medicine of the Hospital de Clínicas Jose de San Martín, University of Buenos Aires
Buenos Aires, Argentina
August 19–22, 2008
E-mail: cearevalo@yahoo.com

29th World Congress of Internal Medicine
Buenos Aires, Argentina
September 17–20, 2008
E-mail: bsas2008@smiba.org.ar

Royal College of Physicians and Surgeons of Glasgow Triennial Conference
Glasgow, Scotland
November 6–7, 2008
Web site: www.rcpsg.ac.uk

West African College of Physicians (WACP) 32nd Annual General and Scientific Meeting
Abuja, Nigeria
November 10–14, 2008
Web site: www.wac-physicians.org

8th Congress of the European Federation of Internal Medicine (EFIM)
Istanbul, Turkey
May 27–30, 2009
Web site: www.efim2009.org

30th World Congress of Internal Medicine
Melbourne, Australia
March 20–25, 2010
E-mail: wcim2010@tourhosts.com.au

Ninth Polish-Slovak Conference on Internal Medicine
Czarny Las Hotel – Wozniki, Poland (near Czestochowa)
March 28-29, 2008
E-mail: akotulska1@poczta.onet.pl; ekucharsz@slam.katowice.pl

9th Congress of the European Federation of Internal Medicine
Stockholm, Sweden
September 21–24, 2010
Web site: www.efim2010.org
E-mail: info@efim2010.org
ANSWER D: Therapy with pegylated interferon

Objective
Recognize and treat acute hepatitis C infection

Critique
This patient has evidence of acute hepatitis C infection, as evidenced by a recent exposure, anti-HCV seroconversion, and HCV RNA positivity. From 50% to 80% of patients acutely infected with hepatitis C progress to chronic infection. Patients with symptomatic acute hepatitis C have a higher likelihood of spontaneous viral clearance, and in those patients, observation for up to 12 weeks may be considered before beginning therapy. Patients with asymptomatic acute hepatitis C like this patient, however, are much less likely to have spontaneous viral clearance, and with evidence of persistent infection at 12 weeks, therapy should be offered to prevent chronic infection. Early treatment of acute hepatitis C has been shown to produce sustained virologic response in more than 90% of treated patients. Therapy for acute hepatitis C has consisted of either combination therapy with standard or pegylated interferon and ribavirin or with interferon monotherapy. Interferon is contraindicated in patients with severe depression, cytopenias, and pregnancy, and may cause thyroid dysfunction. This patient’s stable autoimmune thyroid disease and past situational depression should not be considered contraindications to hepatitis C treatment. Although the decision to add ribavirin to the treatment regimen for acute hepatitis C should be made on a case-by-case basis because of the lack of significant clinical evidence supporting its use in this setting, the tolerability of ribavirin (with the exception of a dose-dependent hemolysis) and its effectiveness as an adjunct in treating chronic hepatitis C have made it an attractive addition to interferon therapy based on recent studies.

Entecavir is used in the treatment for hepatitis B, which this patient does not have; her anti-HBs positivity represents immunity which is likely from past vaccination given the absence of anti-HBc. Although rechecking the hepatitis C RNA in 6 months would allow one to observe for spontaneous viral clearance, this is often evident by 12 weeks and is much less likely in the asymptomatic patient. The patient has no clinical or laboratory features to suggest cirrhosis, and therefore, there is no reason at this time for an ultrasound and measurement of serum α-fetoprotein to check for hepatocellular carcinoma. The recombinant immunoblot assay for hepatitis C is used to further evaluate a patient with a positive anti-HCV to determine whether the serologic test is a true-positive test. Because this patient has the presence of HCV RNA which confirms active infection, the recombinant immunoblot assay is unnecessary.

Key Points
Patients with documented acute hepatitis C infection, especially asymptomatic patients with evidence of persistent infection 12 weeks after exposure, should be considered for treatment to prevent chronic infection.
Therapy for acute hepatitis C consists of either combination therapy with standard or pegylated interferon and ribavirin or with interferon monotherapy.

Bibliography

Recommend ACP Membership and receive credit toward your 2008-2009 dues!

Between March 2, 2007 and March 1, 2008 recruit:

- One colleague and receive a $100 USD credit toward your 2008-2009 dues.
- Two colleagues and receive an additional $100 USD credit toward your 2008-2009 dues.
- Three colleagues and your 2008-2009 dues will be paid in full!*

And, for every Member recruited within the promotional period, you will receive an entry into a grand prize drawing for a trip to Internal Medicine 2009 in Philadelphia from April 23-25! Trip includes registration, airfare (up to $500 USD), and four days of hotel accommodations.

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- Scientific Meetings
- Education / CME
- Decision Support

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www.acponline.org/recruitacolleague

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Internal Medicine | Doctors for Adults®

To be considered a “recruited” Member, your colleague must be a nonmember who is eligible for the “full” ACP Member category and pay $99 USD or more in dues; submit a Membership application, along with his or her national annual dues payment between March 2, 2007 and March 1, 2008; and write your name in the recruiter box on the top of the Membership application. However, if a former Member or Fellow calls Customer Service for reinstatement within the promotional period and mentions your name, you can also receive a dues credit.

*Dues credits earned in one yearly period cannot be greater than the amount of any recruiter’s annual dues. For example, if an Associate recruits one “full” Member, national annual dues are paid in full, and no additional dues credits can be earned.
New From ACP Press

The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health
Harvey J. Makadon, MD; Kenneth H. Mayer, MD, FACP; Jennifer Potter, MD; & Hilary Goldhammer, MS

*The Fenway Guide* is an invaluable reference for all health care professionals seeking further knowledge and guidance on sexual minority health care.

$54.95 (ACP Member: $49.95) 526 pp., 2008, Paperback
Product #330371040 • ISBN: 978-1-930513-95-2

Internal Medicine Essentials for Clerkship Students 2007–2008 (ACP/CDIM)

*Internal Medicine Essentials* augments learning with clinical photographs, tables, screening tools, and other instruments available on the internet.

$49.95 (ACP Student Member: $39.95) • 293 pp., 2006, Paperback

Psychiatry Essentials for Primary Care
Robert K. Schneider, MD, FACP; and James L. Levenson, MD

An easy-to-use resource designed to help physicians recognize, screen, and manage common psychiatric disorders; this book reinforces key concepts in a clear and precise manner.

$49.95 (ACP Member: $44.95) • 288 pp., 2008, Paperback

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