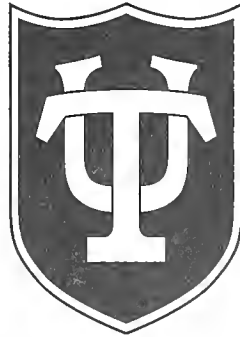




T-WAVE 2007

Tulane University



Rudolph Alatas Medical Library

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TULANE UNIVERSITY SCHOOL OF MEDICINE



CLASS OF 2007
T-WAVE
VOLUME XXI
NEW ORLEANS, LOUISIANA

*In Memory
of
Leon Weisberg*



*Dedicated husband, father, physician, teacher, scholar, friend.
Thank you Dr. Weisberg*



Tulane University Medical Center

SCHOOL OF MEDICINE
Office of Admissions SL67
1430 Tulane Avenue
New Orleans, Louisiana 70112-2699
(504) 588-5187 Fax: (504) 988-6735

October 30, 2002

Dear Class of 2007,

I take great pleasure in informing you of your appointment to the first-year medical class at the Tulane University School of Medicine, to enter in August of, 2003. I sincerely hope that you will accept our invitation to take your medical training at Tulane and look forward to having you join us.

In order to reserve your place in the class, we must receive, within the next two weeks, written notification of your intent to accept our invitation. At anytime between now and May 15, 2003, we must receive a check, payable to the Tulane Educational Fund, in the amount of \$500; this deposit will be credited against your first tuition billing. Please understand this deposit is non-refundable and should indicate your final decision to attend Tulane University School of Medicine. We ask that should you decide not to attend Tulane, you inform us in writing so that we can maintain an accurate accounting of our class.

I am sure you will understand that your appointment is contingent upon successful completion of the academic program in which you are currently enrolled, and maintenance of the level of academic performance that was part of the basis for your acceptance. A final transcript of your grades must be forwarded to this office as soon as your school year ends.

You will be receiving additional information concerning summer programs, combined-degree programs, and other topics of interest as the year progresses. I and others at the medical school will try to keep you well informed of all important or interesting topics.

On behalf of the students, faculty, and administration at Tulane, I bid you a most enthusiastic welcome. If I can be of service to you in any way, please feel free to call upon me.

Sincerely yours,

A handwritten signature in black ink, appearing to read "J. Pisano".

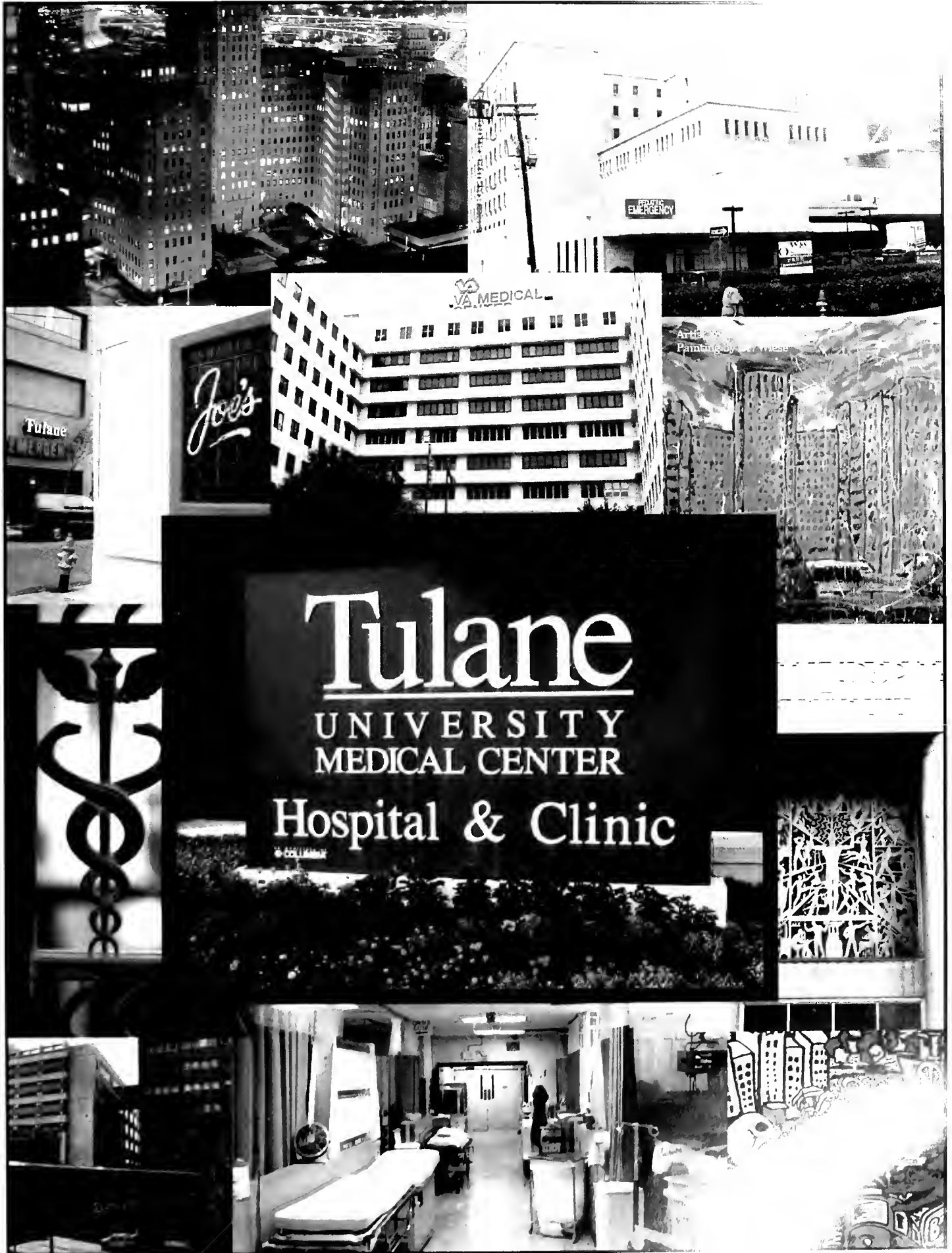
Joseph C. Pisano, Ph.D.
Associate Dean

JCP/kj

LD
52127
7151
v.26
2007

THE OATH OF HIPPOCRATES

I swear by Apollo, the physician, and Aesculapius, and Health and All-Heal, and by God and by whatever I hold most sacred, that, according to my ability and judgment, I will keep this Oath and this stipulation—I will look upon those who shall have taught me this Art even as one of my parents. I will share my substance with them, and I will supply their necessities if they be in need. I will regard their offspring in the same footing as my own brethren, and I will teach them this Art, if they shall wish to learn it, without fee or covenant. I will impart a knowledge of the Art by precept, by lecture and by every mode of teaching not only to my own children but to the children of those who have taught me, and to disciples bound by covenant and oath, according to the Law of Medicine, but to none other. The regimen I adopt shall be for the benefit of my patients according to my ability and judgment and I will abstain from whatever is deleterious and mischievous. I will seek to inform my patients fully about their illness and prognosis, and will always remember that the final decision regarding their own life rests with the patient. I will regard my patients always as fellow human beings and will do everything possible to preserve their dignity. With purity and with holiness I will pass my life and practice my Art. Whatsoever things I see or hear concerning the life of men in my attendance, on the sick or even apart therefrom, which ought not to be noised abroad, I will keep silence thereon, counting such things to be sacred secrets. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the Art, respected by all men, in all times. But should I trespass and violate this Oath, may the reverse be my lot.



Tulane

UNIVERSITY
MEDICAL CENTER

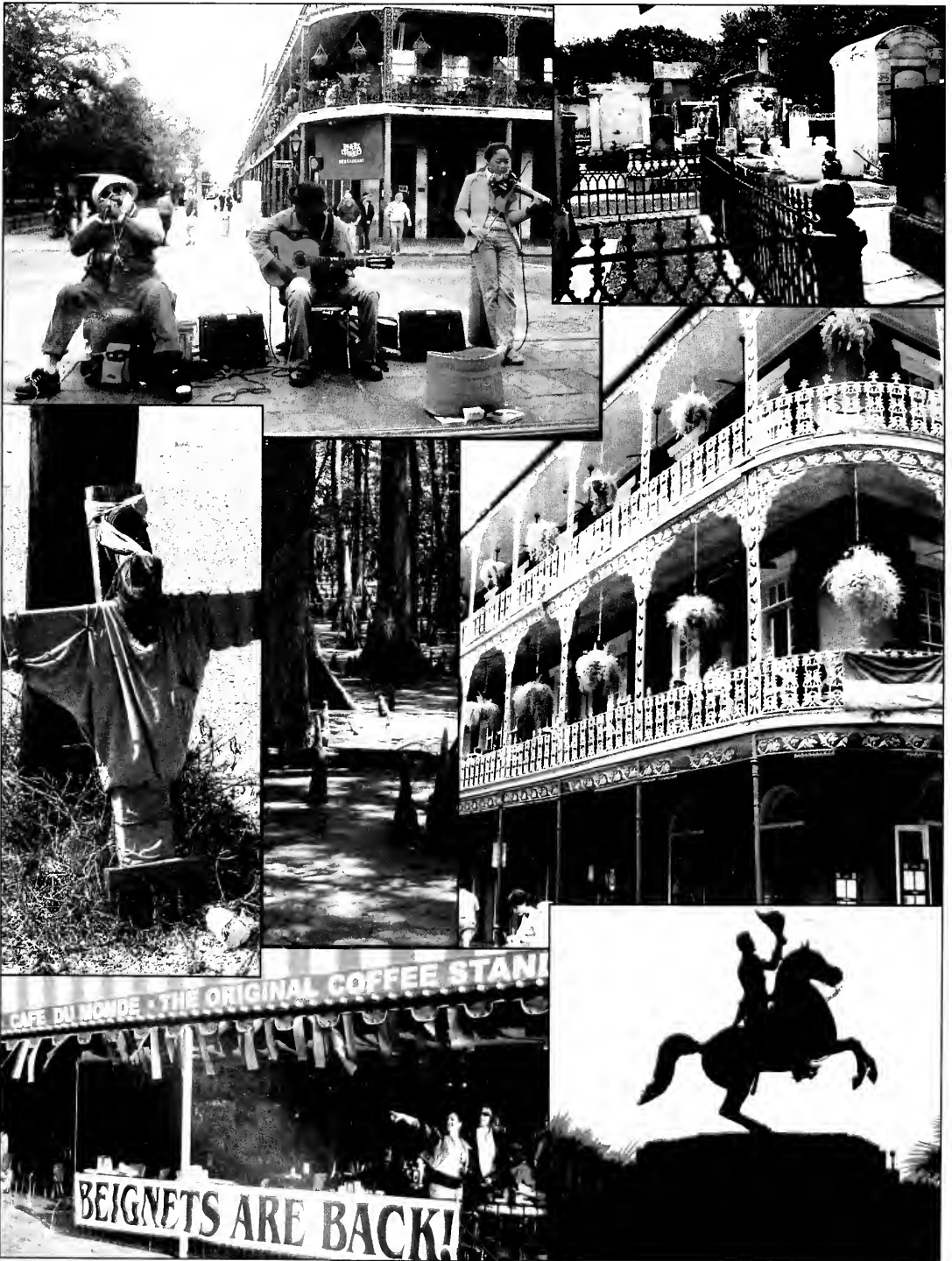
Hospital & Clinic



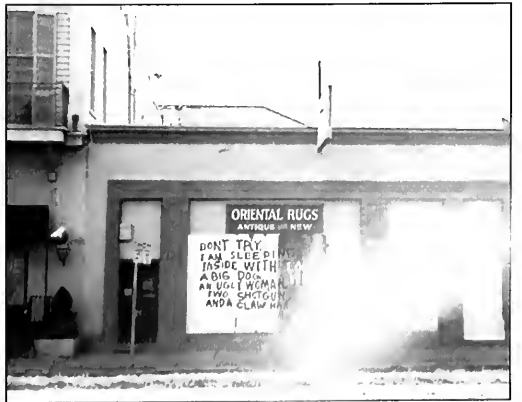


NEW ORLEANS
First sighted as Indian portage to Lake Pontchartrain and Gulf in 1699 by Bienville and Iberville. Founded by Bienville in 1718; named by him in honor of the Duke of Orleans, Regent of France. Called the Crescent City because of location in bend of the Mississippi.





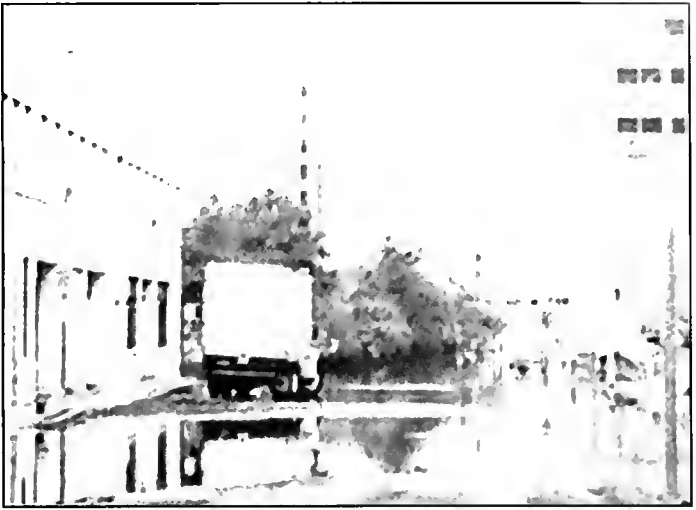
Katrina



Katrina



Katrina



Katrina

CONTRAFLOW PLAN

Six different routes and four contraflow points are part of the new evacuation plan for the metro area. Officials hope the new plan will prevent the heavy traffic and confusion that occurred in September during Hurricane Ivan.

HOW TO JOIN THE CONTRAFLOW:

<p>AT WILLIAMS BOULEVARD AND I-10</p> <p>KENNER</p> <p>The I-10 East exit ramp at Williams Blvd. becomes an on-ramp</p>	<p>AT VETERANS MEMORIAL BOULEVARD AND I-10</p> <p>The I-10 East exit ramp at Veterans Blvd. becomes an on-ramp</p>	<p>AT CLEARVIEW PARKWAY AND I-10</p> <p>METAIRIE</p> <p>The I-10 East exit ramp at Clearview Parkway becomes an on-ramp</p>
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Katrina



Katrina



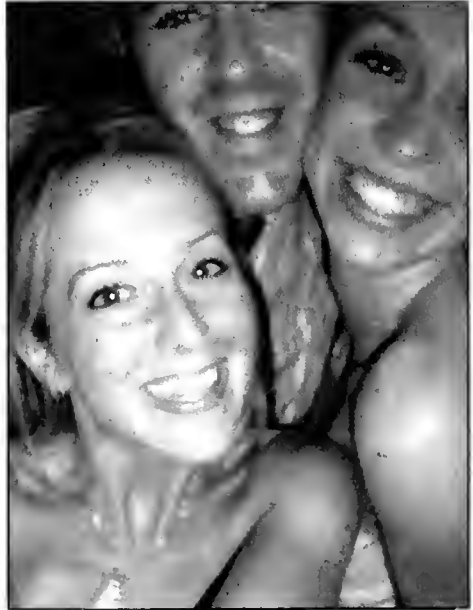
Katrina



Activities



Activities



Cadaver Ball



Cadaver Ball



Cadaver Ball



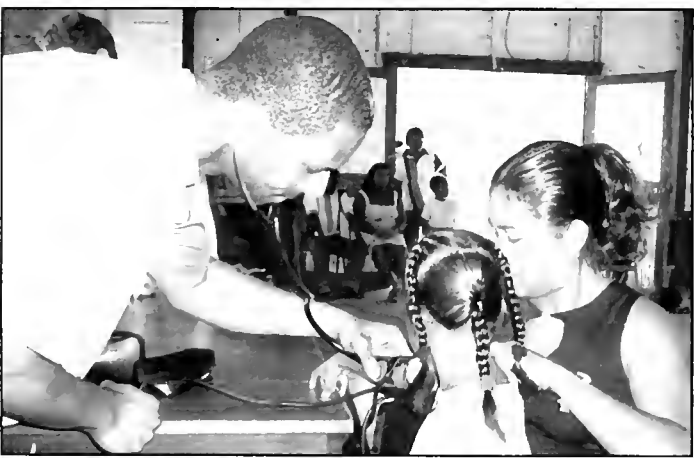
Cadaver Ball



Cadaver Ball



Doctoring at Home and Abroad



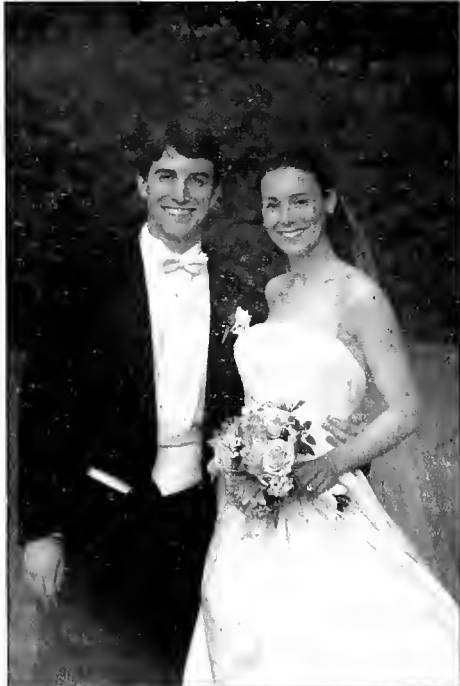
Doctoring at Home and Abroad



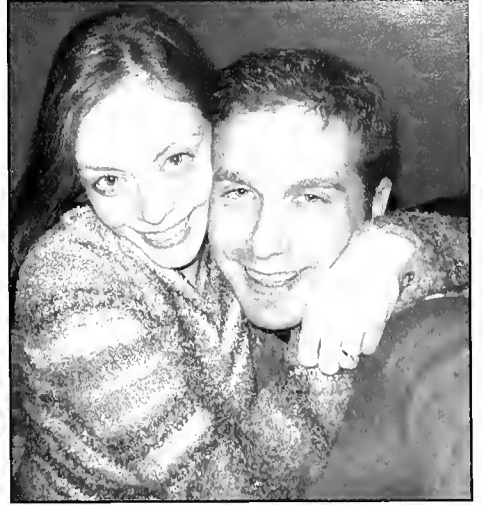
Doctoring at Home and Abroad



Engagements and Weddings



Engagements and Weddings



Halloween



Halloween



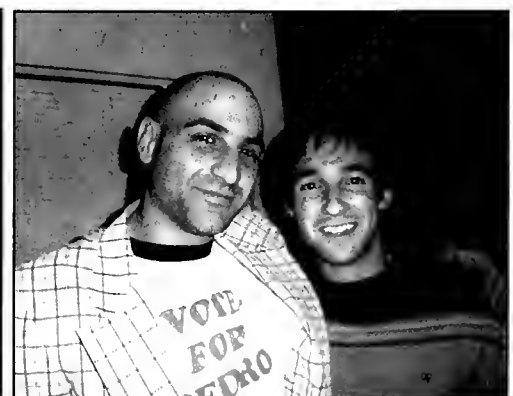
Halloween



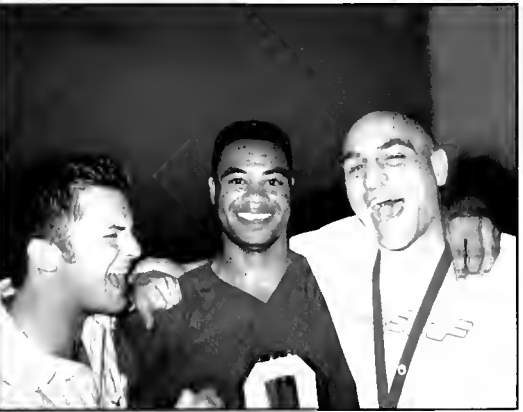
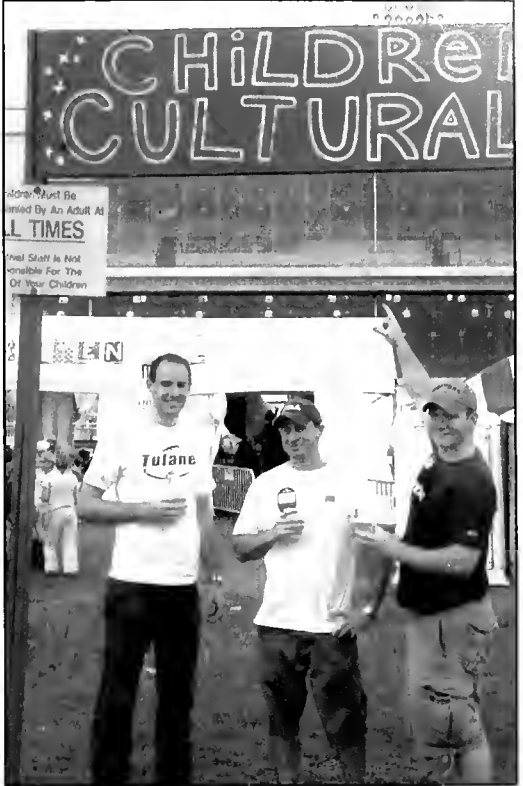
Halloween



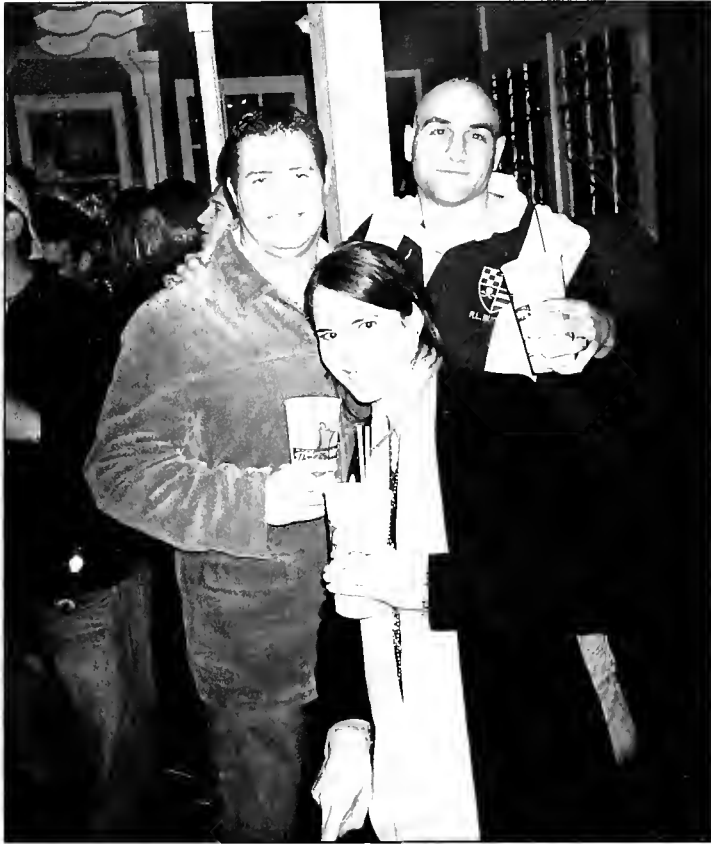
Halloween



Jazz Fest



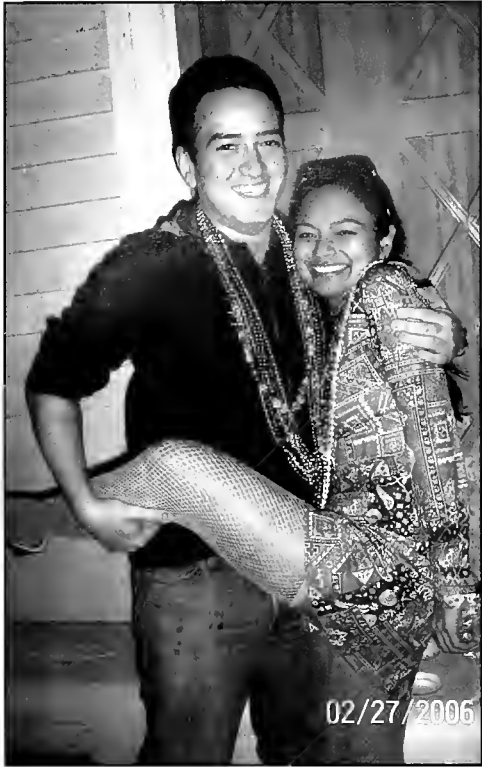
Mardi Gras



Mardi Gras



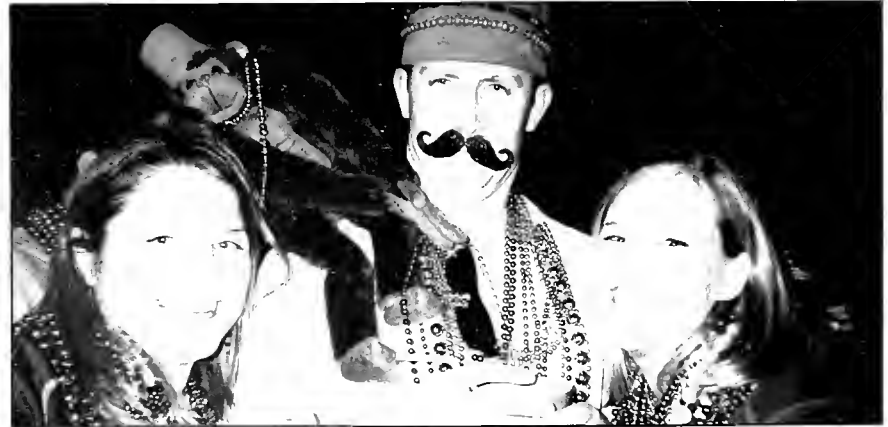
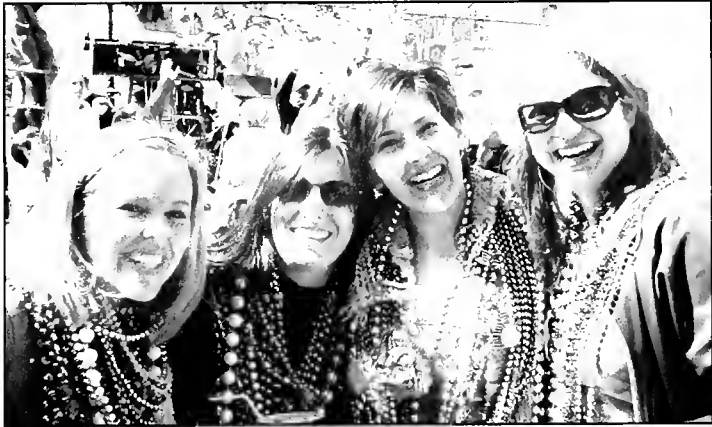
Mardi Gras



Mardi Gras



Mardi Gras



Mardi Gras



Mardi Gras



Mardi Gras



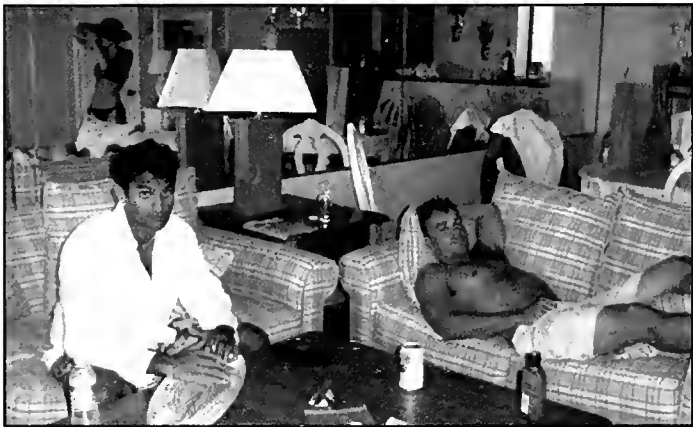
Out and About



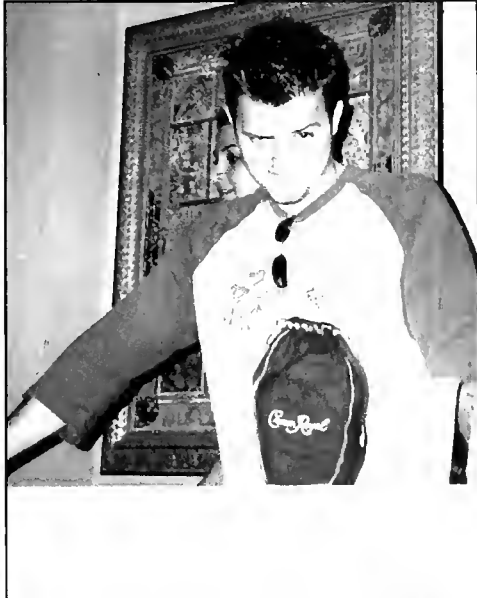
Out and About



Out and About



Out and About



Out and About



Out and About



Out and About



Out and About



Out and About



Out and About



Out and About



Out and About



Out and About



Out and About



Out and About



Match Day



Match Day

CHAD ABBOTT
Family Medicine
U Washington Affil. Hosp.
Seattle, WA

MICHAEL ABDULIAN
Orthopaedic Surgery
Case Western Univ Hosp.
Cleveland, OH

STEPHEN AGANS
Emergency Medicine
LSU SOM
New Orleans, LA

ZEENA AL-DUJAILI
Medicine - Prelim
Ochsner Clinic Foundation
New Orleans, LA
Dermatology
Tulane University SOM
New Orleans, LA

MATTHEW ALLEMAN
Surgery - Prelim
Univ of North Carolina
Chapel Hill, NC

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Ochsner Clinic Foundation
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Urology
LSU/OCHSNER
New Orleans, LA

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Psychiatry
Vanderbilt
Univ Med Ctr
Nashville, TN

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U Texas SW Med Sch
Dallas, TX

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Seattle, WA

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Kansas City, MO
Ophthalmology
Univ of Missouri
Kansas City, MO

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UC San Diego Med Center
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Morgantown, WV

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George Washington U
Washington, DC

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Little Rock, AR

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Tripler AMC
Honolulu, HI

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Univ. Michigan
Ann Arbor, MI

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C. Pendleton, CA

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Memphis, TN

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Albany, NY

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NY Hosp/Medical Center
Flushing, NY

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New Orleans, LA

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Chapel Hill, NC
Dermatology
U. N. Carolina Hosp.
Chapel Hill, NC

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Colorado Health Foundation
Radiology - Diagnostic
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Philadelphia, PA

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Med. Coll. Of Georgia
Augusta, GA

Match Day

HUGH GILL
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Georgetown Univ
Washington, DC
Neurosurgery
Georgetown Univ
Washington, DC

LIAT GOLDMAN
Medicine - Prelim
LSU SOM
New Orleans, LA
Physical Med. & Rehab.
Temple Univ Hosp.
Philadelphia, PA

DALLIS GREEN
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Naval Med Center
Portsmouth, VA

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Tulane Univ SOM
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Tulane Univ SOM
New Orleans, LA

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Washington, DC

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LARKIN HOLT
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Ventura, CA

KRISTINA JOHANSEN
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Neurosurgery
U. Pittsburgh Med Cent.
Pittsburgh, PA

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Washington, DC

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Houston, TX

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Ophthalmology
Emory Univ SOM
Atlanta, GA

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Seattle, WA

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Portsmouth, VA

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Hosp. of U. Pennsylvania
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Tulane Univ SOM
New Orleans, LA

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Boston, MA

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New Orleans, LA
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Miami, FL

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Boston, MA

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Thomas Jefferson Univ
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SAUSHEC -
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Chicago, IL

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Washington, DC

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Salt Lake City, UT

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New Orleans, LA

LANDON TROST

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Mayo Sch. of Grad. Education
Rochester, MN
Urology
Mayo Sch. of Grad. Education
Rochester, MN

MICHAEL TUBIANOSA

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Cleveland, OH
Radiology-Diagnostic
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Cleveland, OH

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New Orleans, LA

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Richmond, VA

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Charleston, SC

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Providence, RI

BRIAN YOUNG

Pediatrics
Tulane Univ SOM
New Orleans, LA

AOA



Zeena Al-Dujali



Dudley Atkinson



April Bailey



Oscar R. Battle III



Elizabeth Borshard



Mandy Crause



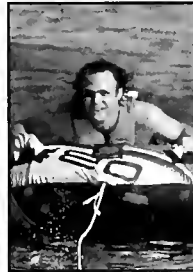
Craig Denlinger



Issam Eid



Jonathan Friedman



Aaron Fritts



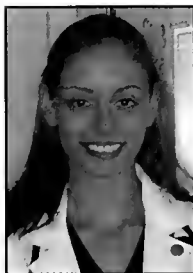
Morgan Haile



Jeffrey Harr



Jay Heintz



Jennifer Hewson



Kristen Jones



Douglas Lincoln



Mike Lindsey



Steph Malliaris



Erica Marin



Sarah Markley



Erik Martin Reite



Landon Trost

John Kim
Calvin Lee
Dan Mantuani

Administration and Staff



L. Lee Hamm, M.D.
Interim Dean



N. Kevin Krane, M.D., FACP
Vice Dean for Academic Affairs



Mark Kahn, M.D.
Associate Dean for Admissions and Student Affairs



Barbara Beckman, Ph.D.
Assistant Dean for Admissions



Ernest Sneed, M.D.
Assistant Dean for Student Affairs



Rondel Frank, M.A.
Registrar

Administration and Staff



Karen Joia



Kim Melerine



Melissa Riley



Susanna Vargas



Irene Melerine



Donald Owens, Ph.D



Betty Burton

Basic Sciences



Anatomy, Histology & Embryology



Biochemistry



Physiology

Basic Sciences



Pathology



Pharmacology



Microbiology

Clinical Sciences



Internal Medicine



Obstetrics & Gynecology



Family Medicine

Clinical Sciences



Surgery



Pediatrics



Psychiatry & Neurology



Chad Abbott
New Orleans, LA





Michael Abdulian
Los Angeles, CA



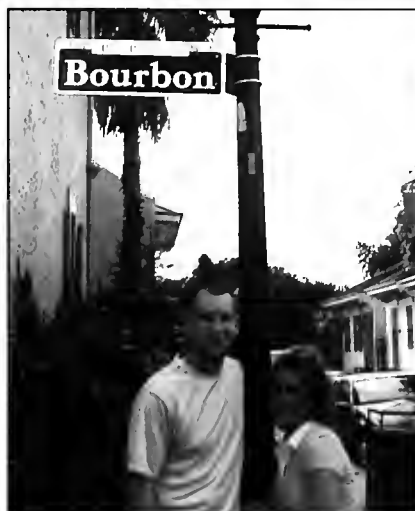


Zeena Al-Dujaili
Lafayette, LA





Matthew Alleman
Kemmerer, WY





Dudley Atkinson
Baton Rouge, LA



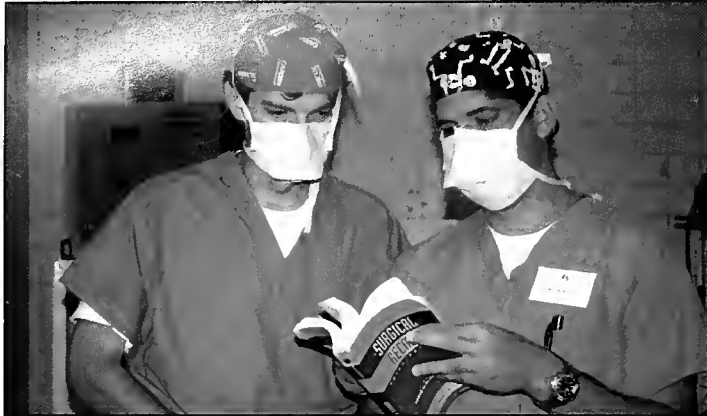


Justin Barker
Salt Lake City, UT





Oscar Batlle
Santo Domingo,
Dominican Republic





Robert Beck
Chattanooga, TN





Caren Becker
Dallas, TX



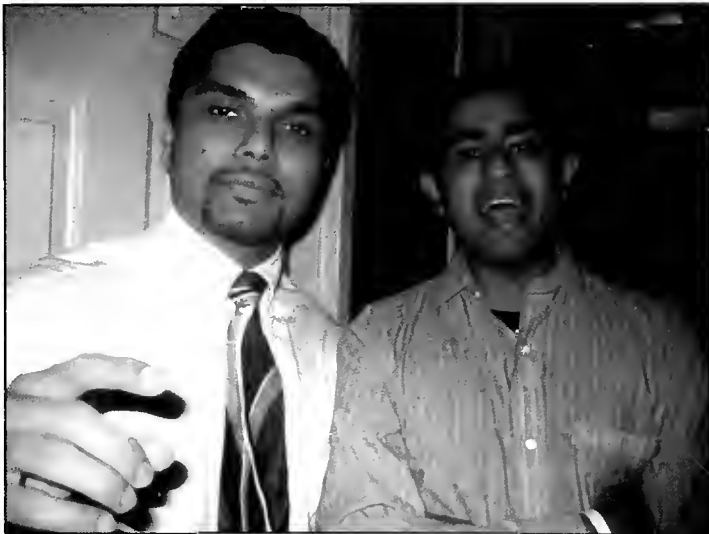


Jennifer Berumen
Fort Smith, AR





Junaid Bhutto
Karachi, Pakistan





Lauren Bleich
New Orleans, LA





Elizabeth Borshard
Plano, TX





Regina Bowe
Freeport, Bahamas





Ashley Broussard
Monroe, LA



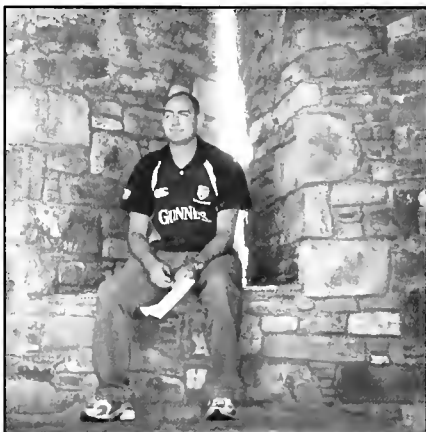
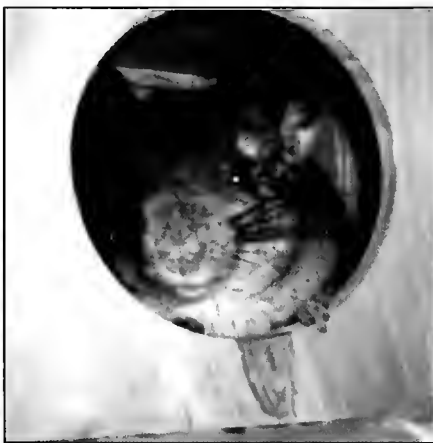


Jeffrey Burford
Lacombe, LA





John Campagna
Davenport, IA



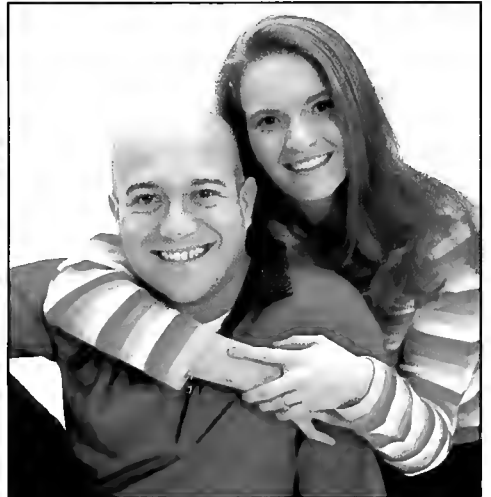


Mark Cavanaugh
Tuscon, AZ





Helen Rich Cavasin
Edgewood, KY



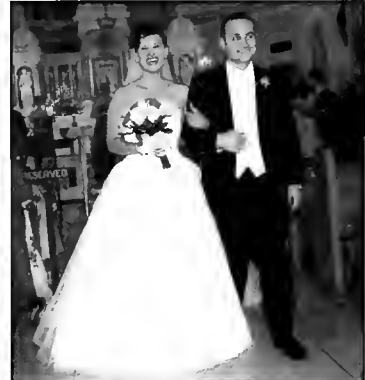


Seth Cohen
Scarsdale, NY





Mandy Crause
Albany, LA





Jasmeen Dara
Carlsbad, NM





Craig Denlinger
Princeton Junction, NJ



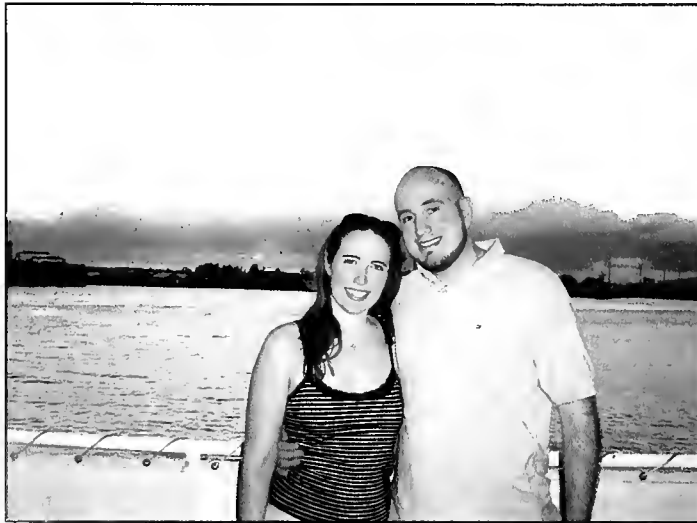


Issam Eid
Beirut, Lebanon





Gustavo Fabrega
Panama City, Panama



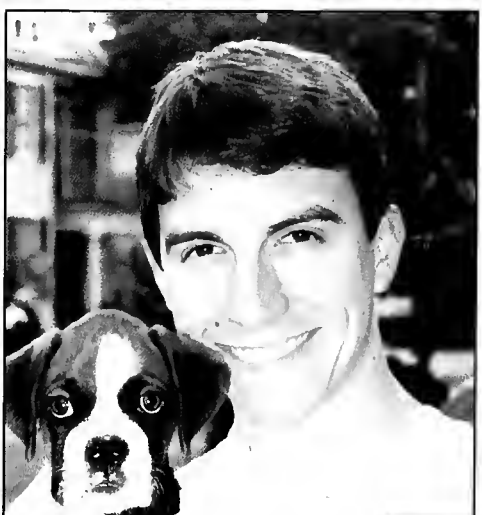


Michelle Fernandez
Covington, LA





Amy White Fox
High Point, NC





Aaron Fritts
Columbus, OH





Thomas B. Gallen
Philadelphia, PA





Hugh Gill

New Orleans, LA





Liat Goldman
Los Alamos, NM



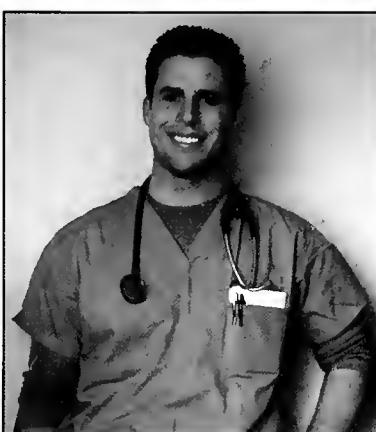


Morgan Haile
Marietta, GA





Jeffrey Harr
Las Vegas, NV





Stacy Heimburger
Mount Laurel, NJ





Jay Heintz
Aurora, CO





Jennifer Hewson
East Meadow, NY





Marco Hidalgo
New Orleans, LA





Vivian Hoang
Tulsa, OK





Abigail Hoffman
Chesterfield, MO





Larkin Holt Sheridan, AR





Kristina Johansen
Fresno, CA





Kristen Jones
Pittsburgh, PA





Maya Jones
Seattle, WA



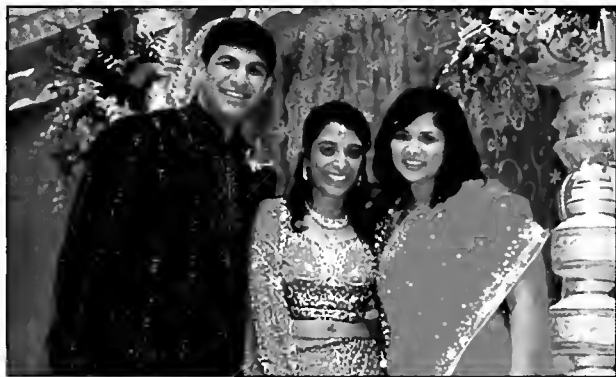


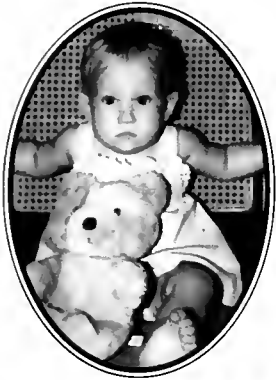
Sacha Junius
New Orleans, LA





Geeta Karnik
Metairie, LA



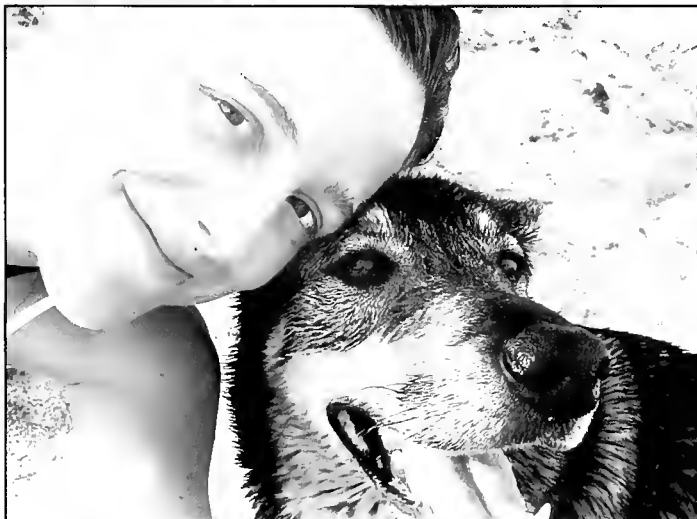


Stephanie Knight
Glen Burnie, MD





Sarah Koenig
Baton Rouge, LA





Justin Lafreniere
Oxford, ME





Travis Lee
Newcastle, WA





Douglas Lincoln
Albuquerque, NM



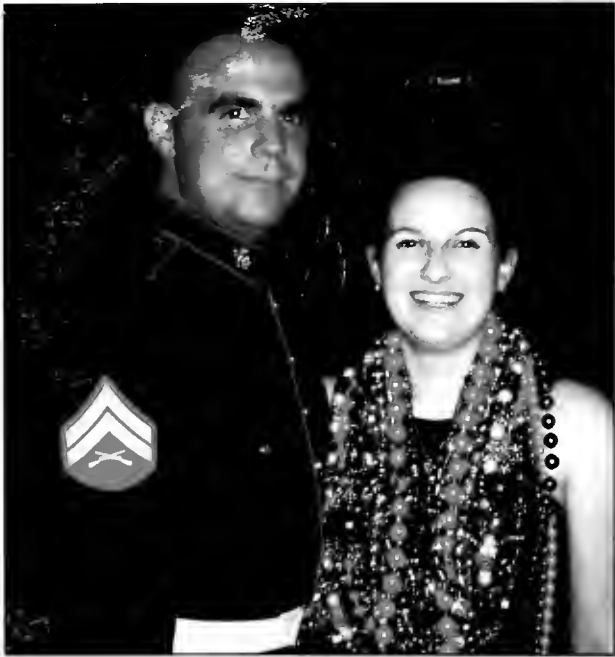


Mike Lindsey
Las Vegas, NV





Maud Liva
Los Altos, CA





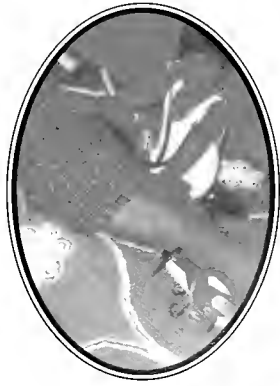
Stephanie Malliaris
Annisquam, MA



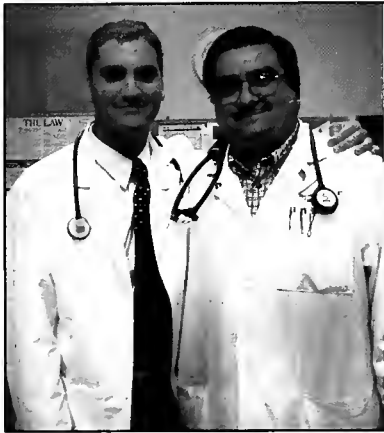


Sarah Markley
Sacramento, CA





Christian Mayorga
New Orleans, LA



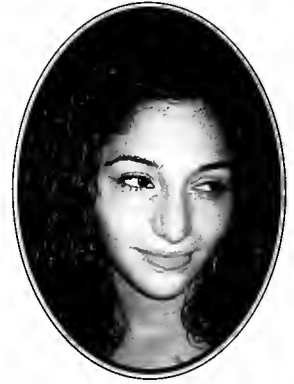


Jessica McDonald-Top
Denver, CO





Lynn Model
Scarsdale, NY



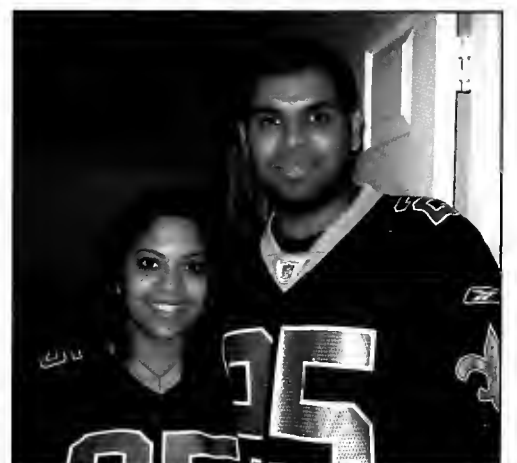


Aimee Montero
Napoleonville, LA





Deepa Reddy Moparty
Houston, TX





Benjamin Moses
St. Louis, MO



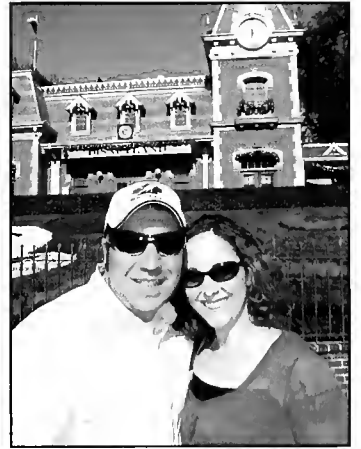


Biba Nijjar
Alexandria, LA





Eve Oster
Birmingham, AL



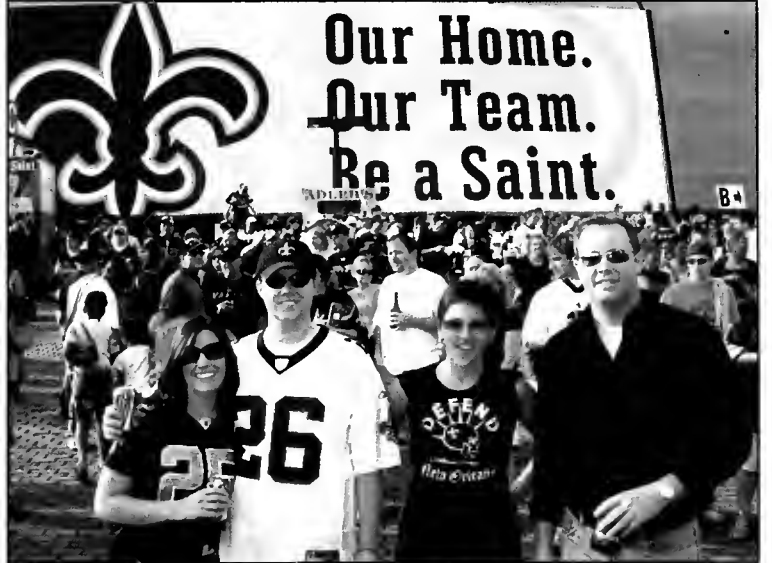


Leena Pande
Biloxi, MS





Matthew Patterson
New Orleans, LA





Rod Pellenberg
Houston, TX





Wynter Phoenix
San Diego, CA





Ulana Pogribna
Little Rock, AR



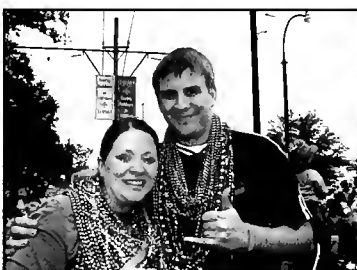


David Popoli
Libertyville, IL





Nathan Poulson
Salt Lake City, UT





Neema Pourtaheri
Buffalo, NY



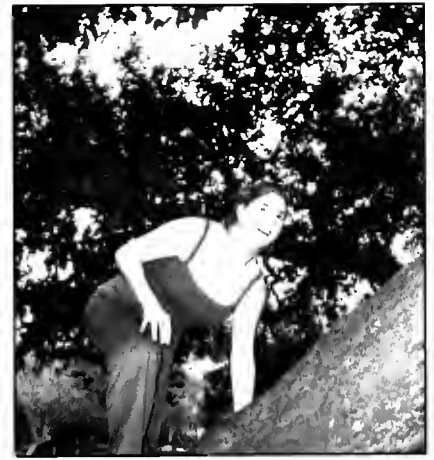


Sarah Present
Fairway, KS



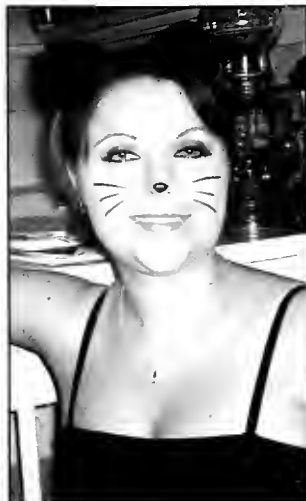


Lauren Rabin
New Orleans, LA



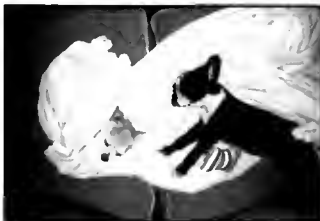


Kelly Rennie
Salt Lake City, UT





Adam Rives
Carpenteria, CA





Tanya Rogo
Nairobi, Kenya





Robin Roland
Mobile, AL





Achal Sahai Lido Beach, NY



New Orleans...there's no place I would've rather done it!

Jay- What can I say brother...4 years of friendship much appreciated. Congratulations on AOA, UMD-urology (keep your eye on the...), and meeting your lovely wife. You did well during these four years! Never forget though, no matter what, I'll always be taller (I don't care what your driver's license says), younger (by a year), and while we're at it more handsome. You owe me \$50 for Bonds...I'll take it out of the wedding gift. I will see you and Eva soon. **Megalo-** You'll always be very special to me. I wish you the best in all your pursuits and know you will find happiness...Your kind-heartedness (which is only rivaled by your lack of knowledge of the world-What language do we speak in India? In fact, where is India?) assures you of it. Also, you're a hippie, I think you look good in earrings, and it's about time you bought a big purse. I love you very much. **Kev-** Who's the biggest guy in the med school? Pound for pound you know the truth. I missed you third year, but I guess if you were around all we would've done is drink protein shakes, eat Roly Poly, and talk about your girl troubles. Thanks for everything man. **AY, AY-** I'm glad we were able to spend these last four years building on what has to my delight turned into a lifelong friendship. I'm sorry about the Chinese food, but I wonder "are you not entertained?" Oh and "guys if I wasn't, like, her sister I would totally..." **Ap-** Lab partners to great friends. It's like destiny. Houston was the best, once you got rid of that ball and chain. Who else can I daydream about being filthy rich with while lying in the sun, poolside. "Go away from my window..." And don't worry, I was only joking when I said getting dogs cuts your dating pool in half. See you somewhere in the sun. My girls+1...I couldn't have asked for better roommates. **Jess-** I think you are one of the sweetest and kindest souls I have ever met, who can also cook with the best of them. Please try to hold your vodka down and keep the dogs in the front of the house like you promised! **Nate-** You're not in school with us, but how can I leave you out. You want to walk up the off ramp to meet Jess in the middle of the highway? I don't get it, smoke dawg. I know that you and Jess are going to be great together and I look forward to visiting you guys over the years. **Kathryn-** "I don't know what it is, but I want it." I love listening to you speak. I'm so glad that you came back to us. Cool to chill out with, cool to go out with, and cool to spend New Year's with. You've got it all. **Marco-** We had great times 1st year...then you got married, had a kid, moved to Metairie all in the blink of an eye and I never saw you again. Just joking, I look forward to always keeping in touch and I wish yourself, Barrie, and Riley (the cutest kid I know) all the happiness in the world. You'll be good in whatever you chose to do. And **Barrie-** Thanks for your friendship. You'll always be a southern belle with social standing in my eyes. **Art-** It was good to know you buddy. Wake boarding, Centreville, making you cry on the golf course, tennis court, and racket-ball court. I enjoyed it all. If anybody did medical school the right way, it was you. **Fritts-** One of my favorite memories remains playing pool, eating a cheeseburger, and having a beer at Igor's. You're a great person, which is maybe why you're so terrible at talking trash. I'm always there for you. **Gopi...**come on be honest-who talks more? I wish you guys the best of luck together. **MJ-** Who's got a chip on their shoulder? Thanks for taking care of me when I was sick 1st year and for everything since! It's too bad you moved to the Marigny...You like my jokes, come on! **Roddy-** I'll never bet with you again, but I love you never the less. My mom is still worried that you're going into pediatrics. I know you'll do great though. Go Hoyas! **Nicole-** Your charm is in your cynicism...but don't forget that you're destiny is a happy one. Thanks for picking me up on St. Charles at 6am. **Zeena-** You're not high maintenance. I loved all the time we spent together 1st year and you get a standing happy birthday from me on Feb 23rd of every year. **Lauren/Liat/Geeta-** I only lump you guys together b/c you're such good friends, yet I had separate friendships with each of you and appreciated each one of them. Thanks. **Pinner-** Hey man, you made my third year of medical school easy. **Lab A2 Craig, Amy, Aimee, Ap, RJ-** Let's just start by asking which lab group was the best in our class? You guys were the beginning of a great experience. **Others,** all of whom I thank for your friendship-AB,AH,AS,BB,BM,BN,BY,CBx2,CD,CJ,DB,DG,DM,FaDO,DW,HU,IG,JBx4,JC,JD,JF,JG,JWx2,DrJW,KJ,KK,LM,LP,MD,MA,MC,ML,NG,NM,NN,NP,OB,RB,RK,RR,SB,SC,SK,SL,SM,SY,SW,TB,TG,TI,TR,WP.

Dad, Mom, Anuj, Rohan, as well as family and friends from further away- I'm where I am today because of all your help. Thank you!

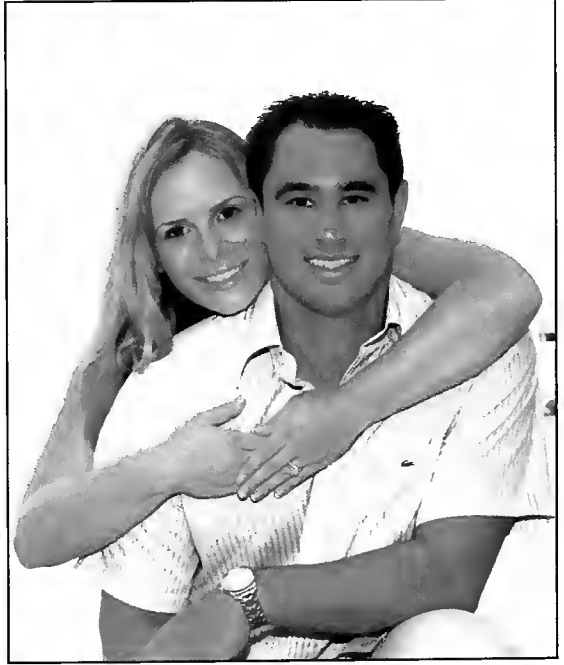
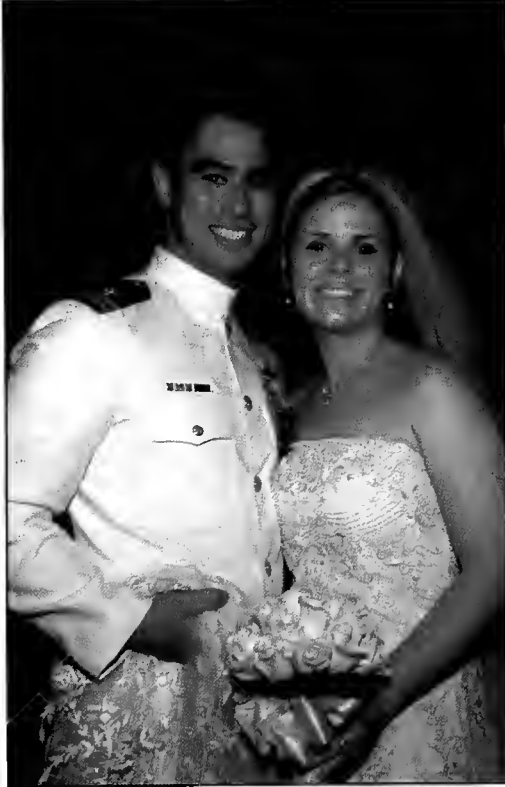


Gopi Shah
Shreveport, LA



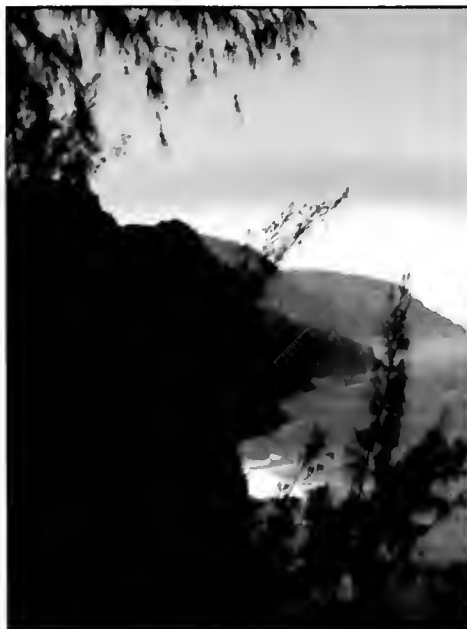


Rebecca Stackhouse
Sterling Heights, MI





Jeffrey Stimac
 Bellingham, WA





Jennifer Torp
Watertown, CT





Landon Trost
Lindon, UT





Michael Tubianosa
Farmington, CT





Harmeeth Uppal
Yorba Linda, CA





Adam Van Den Boom
Cherry Valley, IL



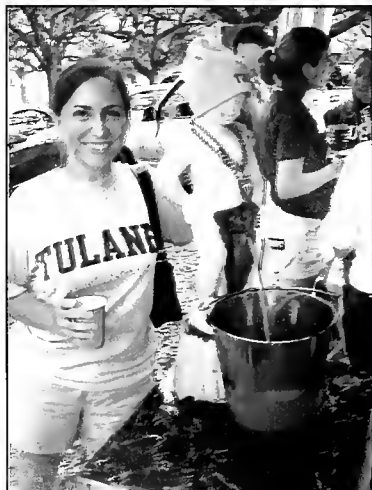


Rosalba Vargas
New Orleans, LA





Shannon Wagner
Long Beach, MS





Jared Wakeman
New Orleans, LA



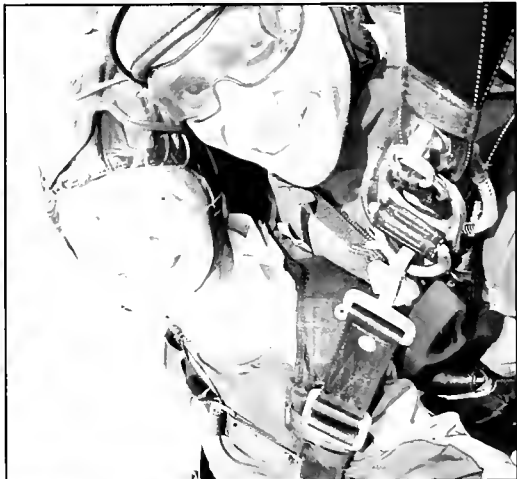


Kathryn Watts
Carrollton, GA



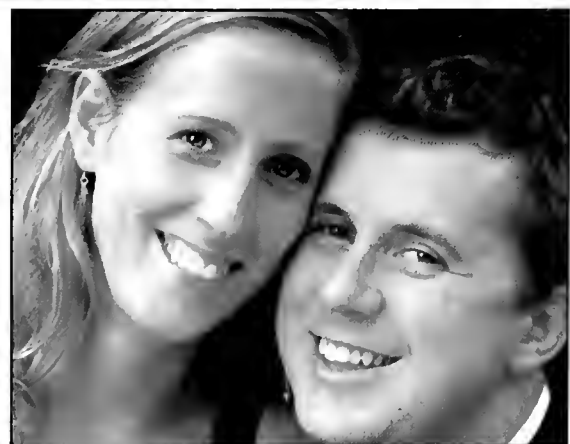
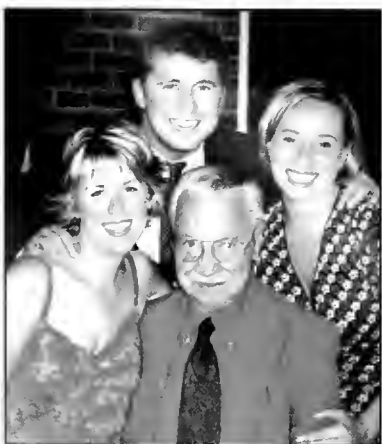


Megan Westbrook
Anchorage, AK





Jeffrey Wolters
Pensacola Beach, FL





Amy Yang
East Windsor, NJ

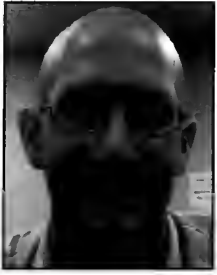




Steve Yevich



Everyone Else



Stephen Agans



Jean Auzenne
Opelousas, LA



April Bailey
Wenatchee, WA



Julia Barnett
Houston, TX



William Beck
Stayton, OR



John Bernard
Boston, MA



Oren Bernstein
Oahu, HI



Luisa Berry
Boulder, CO



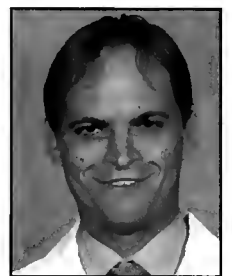
David Bowden
Decatur, GA



Ash Bowen



Arthur Caire
Slidell, LA



Craig Conard



Bennett Davis
Orange Park, FL



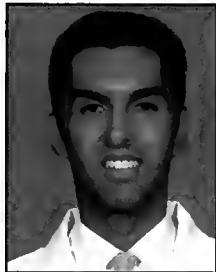
Kapil Dhingra



Renee Doll
Millington, NJ



Meenakshi Dutta
Palo Alto, CA



Adil Fatakia



Joshua Fowler
Gladstone, OR



Jonathan Friedman
Franklin, LA



Dallis Green
Fayette, MS



Robert Jungman
Ruston, LA



Kiran Kaur
Houston, TX



John Kim
Pearl City, HI



Brenna Klovning
Charlottesville, VA



Scott Bourgeois



Natalia Hannan
New Orleans, LA

Everyone Else



Spencer Krane
Metairie, LA



Matthew Ladra



Nicole Lazarciuc
Toronto, Ontario



Liet Le



Thu-Ba Leba



Calvin Lee
Houston, TX



Kristina Lewis
Chapel Hill, NC



Steven Ludwin
Randolph, NJ



Daniel Mantuani



Erica Marin
Rochester, MI



Alexander Matthews



Ethan Moses
Denver, CO



Andrea Montis Beck



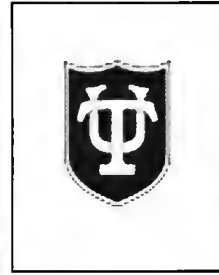
Aye Myint-U
New York, NY



Christopher O'Brien



Szekim Pang



Anthony Perry



Gayle Pletsch
Baton Rouge, LA



Erik Reite
Denver, CO



Margaret Soulen
Columbus, OH



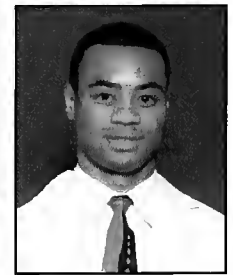
Luke Wilkins
Adrian, MI



Aaron Wilson



Daniel Womac
New Orleans, LA



Brian Young
San Antonio, TX

Yearbook Committe



Stacy Heimburger



Jennifer Hewson



Douglas Lincoln



Stephanie Malliaris



Jennifer Torp



Shannon Wagner



*We are so proud
of our big sister
Stacy Heimburger, M.D.*

Congratulations!

Love Becky & Rich

*This thing that you've accomplished
isn't merely unbelievable...
it's far beyond amazing-
it's just downright...
Inconceivable*

*Congratulations Dr. Heimburger,
we are so very proud of you.
We love you.*

*Uncle, Aunt Ronn, Madison, your
goddaughter Jacky and Arthur
XOXO*

Doug,

*Congratulations on your graduation from Medical School!
We wish you all the best as you reach the new goals you set for
yourself and use the talents that God gave you to help others.
We are so proud of you!*

Love, Dad, Mom, and Brian



Great work, Stephy!

*We are so incredibly
proud of you!*

Love, Moo, Ted, and Ivy



Congratulations to our son Seth and to the Class of 2007



We wish you all the best and for a successful and rewarding career in medicine. May the legacy of Tulane Medical School continue to live on.

From the Cohen Family: Eileen, Elliot, Seth and Dina



Mandy,

We are so proud of you and we love you
with all of our hearts!

Mom, Dad, Ashley, Kati, and Dee



You may encounter many defeats, but you must not be defeated. In fact, it may be necessary to encounter the defeats, so you can know who you are, what you can rise from, how you can still come out of it.
-Maya Angelou

Dear Stephanie Rose,

You have encountered more in the past four years than many see in a lifetime, and you have not been defeated. You have risen from your experiences in New Orleans and, through it all, you know who you are more than ever before. We have always been and continue to be your proud and loving parents. You are a phenomenal woman!

XOXO, Mom and Dad

Congratulations
Morgan and Jenn!

We are so incredibly
proud of you!

With all of our love,

From your entire Haile family



*The early carvings of a future
brain surgeon.*

*Congratulations Pumpkin,
we're so proud of you!*

Love,

Mom and John

Michael,

Love of my life, our journey together started when we were 18 years old. In the last decade we have grown together and achieved our dreams hand and hand. I will always be your #1 fan and will support you in any endeavor you undertake. Thank you for letting me walk this journey full of joy and laughter with you. I am so proud and honored to have you as my husband. Congratulations!

Your best friend and wife

Love always,
Sylvia





Dear Mark,

It is with a heart overflowing with great pride and joy in all your accomplishments that I congratulate you and send you all my love. May God richly bless you in all your endeavors to make a positive difference in those whose lives you touch.

Mom

Congratulations to my incredible daughter, Becky!

I am so proud of you. When you were just a little girl dreaming of what you may someday become, I knew you would find yourself helping others. You have always been so caring and compassionate, coupled with drive and determination. You have accomplished what is attainable by only a few. I will never forget how I helped you learn how to walk, and then you helped me walk again. You are my bright and shining star!

All my love,

Mom



Dear Leena,

Congratulations on all of your accomplishments! You have overcome all kinds of obstacles with your usual style and grace. We know you will be an excellent physician, and are very proud of you. Good luck, Dr. Pande!

Love, Perry, Mom, and Dad



Congratulations Jennifer and Morgan. All your hard work has certainly paid off. You will both be wonderful physicians because you are both wonderful people. We're very proud of you.

All our love. Mom, Dad and Brian.



Dear Jeff,

We feel such pride and happiness for you. You kept smiling, believing in yourself, and following that third grade dream of becoming a doctor. You are there! CONGRATULATIONS

We love you.
Mom and Dad

Seize the Moment

Seize the moment before its gone / for another day begins at dawn. / Embrace the night which brings you rest / awake and know you did your best. / Fight each fight and run each race-it matters not if you win or place. / Seize the moment.....you'll be blest / then rest assured you passed the test, / for he who tries can never fail / when God directs the ship we sail. / Seize the moment and hold it dear / and rise by faith above your fear.



Dearest Becky,

I'm so very proud of you and all you've accomplished! I'd be remiss if I didn't take credit for a little moral support here and there, but you're the one who did the studying, endured all the crappy residences and spent endless nights on call. The time I've spent with you has been the best three years of my life. I can't wait to start the rest of our life, finally and really, together, forever.

Congratulations, I love you with all my heart,

Don



*Spencer - With Great Pride and Love,
Mom, Dad, Abby, and Stev!*





"You've come a long way, baby! We're very proud of you, Jessica!"

Love, Mom and Kim



'Way to go Johnnie Dog!'

Love, Titan and Oreo Campagna



"You are and always have been a shining light in our lives."

"We are so very proud of you."

Love, Mom and Dad

Becky,

At this time, I am reminded of the variation of the poem, "Footsteps" where at times there were chaotic steps and when questioned, God responded that those were times when we danced! This is one of those times in addition to June 14, 1980. You have made me proud in your athletics, music, academics and in every day life! You were then, now and will always be my baby.

*Love Forever,
Dad*





Congratulations to Dr. Stacy Heimbürger, my smart, beautiful and talented daughter; a good and kind sister who overcame many obstacles to achieve this great success.

Love Mom, Adam, and Rommel.



*Sarah,
Congratulations, we are proud of you!
Wherever your path may lead, enjoy life,
explore and do your own thing.
We love you, Dr. Present!*

Mom and Reed

Adam (The Trophy Husband)

You have made me so proud. From the moment that I met you, I knew that my life would never be the same. The courage and endurance that you showed during this journey is inspiring. You are a strong, beautiful, loving, and brilliant man; and I have never been happier to call someone my own.

**All of My Love,
Marylyn (The Babe)**

From the very beginning there
was a dream.....



*Yesterday is already a dream, and tomorrow is only a vision; but today,
well-lived, makes every yesterday a dream of happiness, and every
tomorrow a vision of hope.*

-from the Sanskrit

CONGRATULATIONS KELLY!! LOVE, MOM, DAD, LIAM, SCOTT & RACHAEL

Congratulations Dr. Chad Abbott!

I am so proud of you and your many accomplishments in life. Graduating from Tulane Medical School is a big one!

As a teenager, you showed a great love for people and helping others. I was thrilled when you volunteered with me, coaching the Special Olympics Track team. And, you honed your dancing skills at the Adaptive Program dances. How does the 'Running Man' go again?

You will have many more life experiences that I hope you learn from and treasure. I know losing your father was tough, but you followed your dream to attend medical school. Your father would have been very proud of you. He's keeping an eye on you from above.

You know I will be there for you every step of the way.

Lovingly, your step-mom,
Lisa Kadowaki



Congratulations, Shannon!

You are going to be an exceptional doctor because of your compassion, intelligence, and enthusiasm! You always give your heart and soul. We love you and are so very proud of you! Way to go, Dr. Wagner!

Love,

Mama, Daddy, Anna, Derek, Keith, and Morgan



Jennifer,

Even as young as seven you had dreams. Through your perseverance, hard work, gentle personality and intelligence, you have earned your own cap...and a white coat to go along with it. We are so very proud of you. We wish you happiness and we know you will be a competent and caring physician. Your patients will love you almost as much as we do.

Love,

Mom and Dad



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Jennifer,

Life is a series of beginnings. Your graduation from the Tulane School of Medicine is no exception. You begin another phase of your life, a life filled with privileges society confers to only the very best, only to those who have earned them. Along with the privileges comes a great burden of responsibility. We know you will serve your patients to the best of your ability; they will be fortunate to have you as their physician. We will always be there to support you in any way we can.

Love,

Dad and Mom





Jessica,
I've never been more proud of you than I am today. You have accomplished much but your best days are yet to come. Take time to stop and smell the roses along the way (seriously). Family is very important to you and know that I will always be there for you. That's what dads are for! I wish you as much joy as you have given me. If you ever get tired of practicing medicine, I know where you and I can get a great paper route. Let me leave you with one piece of advice that I'm sure they never covered in med school - never put salt on a wound.

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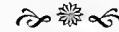
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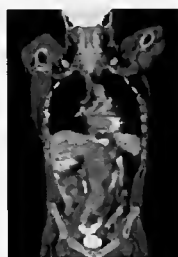


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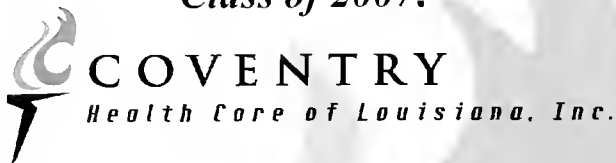
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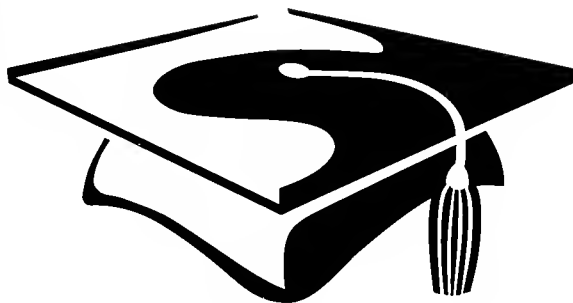


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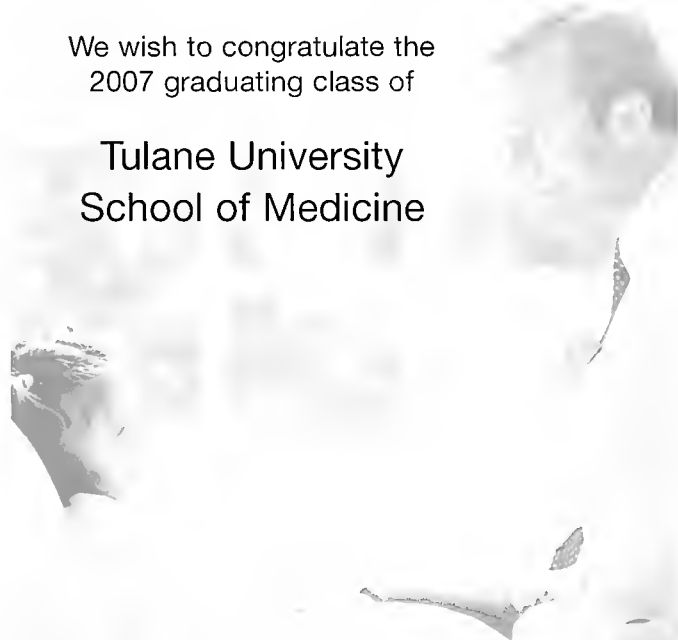
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- CRESTOR is indicated as an adjunct to diet to reduce elevated levels of total-C, LDL-C, ApoB, non-HDL-C, and TG, and to increase HDL-C in patients with primary hypercholesterolemia (heterozygous familial and nonfamilial) and mixed dyslipidemia
- CRESTOR is contraindicated in patients with a known hypersensitivity to any component of this product, in patients with active liver disease or with unexplained persistent elevations of serum transaminases, in women who are or may become pregnant, and in nursing mothers
- It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (eg, semiannually) thereafter. Should an increase in ALT or AST of >3 times ULN persist, reduction of dose or withdrawal of CRESTOR is recommended
- The effect of CRESTOR on cardiovascular morbidity and mortality has not been determined; long-term outcome studies are currently under way

- Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with CRESTOR and with other drugs in this class. Patients should be advised to promptly report unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. Therapy with CRESTOR should be discontinued if markedly elevated CK levels occur or myopathy is diagnosed or suspected
- CRESTOR 40 mg is reserved only for those patients not achieving LDL-C goal at 20 mg. Patients initiating statin therapy or switching from another statin should begin treatment with CRESTOR at the appropriate starting dose
- Adverse reactions were usually mild and transient; the most frequent adverse events thought to be related to CRESTOR were myalgia (3.3%), constipation (1.4%), asthenia (1.3%), abdominal pain (1.3%), and nausea (1.3%)^{1,2}

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INDICATIONS AND USAGE CRESTOR is indicated: 1. as an adjunct to diet to reduce elevated total-C, LDL-C, ApoB, nonHDL-C, and TG levels and to increase HDL-C in patients with primary hypercholesterolemia (heterozygous familial and nonfamilial) and mixed dyslipidemia (Fredrickson Type IIa and IIb); 2. as an adjunct to diet for the treatment of patients with elevated serum TG levels (Fredrickson Type IV); 3. to reduce LDL-C, total-C, and ApoB in patients with homozygous familial hypercholesterolemia as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable.

CONTRAINDICATIONS CRESTOR is contraindicated in patients with a known hypersensitivity to any component of this product. Rosuvastatin is contraindicated in patients with active liver disease or with unexplained persistent elevations of serum transaminases (see WARNINGS, Liver Enzymes). **Pregnancy and Lactation** Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. ROSUVASTATIN SHOULD BE ADMINISTERED TO WOMEN OF CHILDBEARING AGE ONLY WHEN SUCH PATIENTS ARE HIGHLY UNLIKELY TO CONCEIVE AND HAVE BEEN INFORMED OF THE POTENTIAL HAZARDS. If the patient becomes pregnant while taking this drug, therapy should be discontinued immediately and the patient apprised of the potential hazard to the fetus. **WARNINGS** **Liver Enzymes** HMG-CoA reductase inhibitors, like other potent lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. The incidence of persistent elevations (>3 times the upper limit of normal [ULN]) occurring on 2 or more consecutive occasions in serum transaminases in liver dose studies was 0.4, 0.0, and 0.1% in patients who received rosuvastatin 5, 10, 20, and 40 mg, respectively. In most cases, the elevations were transient and resolved or improved on continued therapy or after a brief interruption in therapy. There were two cases of jaundice, for which a relationship to rosuvastatin therapy could not be determined, which resolved after discontinuation of therapy. There were no cases of liver failure or irreversible liver disease in these trials. It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (e.g., semiannually) thereafter. Liver enzyme changes generally occur in the first 3 months of treatment with rosuvastatin. Patients who develop increased transaminase levels should be monitored until the abnormalities have resolved. Should an increase in ALT or AST of >3 times ULN persist, reduction of dose or withdrawal of rosuvastatin is recommended. Rosuvastatin should be used with caution in patients who consume substantial quantities of alcohol and/or have a history of liver disease (see CLINICAL PHARMACOLOGY, Special Populations, Hepatic Insufficiency). Active liver disease or unexplained persistent transaminase elevations are contraindications to the use of rosuvastatin (see CONTRAINDICATIONS). **Myopathy/Rhabdomyolysis** Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with rosuvastatin and with other drugs in this class. Uncomplicated myalgia has been reported in rosuvastatin-treated patients (see ADVERSE REACTIONS). Creatine kinase (CK) elevations (>10 times upper limit of normal) occurred in 0.2% to 0.4% of patients taking rosuvastatin at doses up to 40 mg in clinical studies. Treatment-related myopathy, defined as muscle aches or muscle weakness in conjunction with increases in CK values >10 times upper limit of normal, was reported in up to 0.1% of patients taking rosuvastatin doses of up to 40 mg in clinical studies. In clinical trials, the incidence of myopathy and rhabdomyolysis increased at doses of rosuvastatin above the recommended dosage range (5 to 40 mg). In postmarketing experience, effects on skeletal muscle, e.g., unexplained myalgia, myopathy, and rarely, rhabdomyolysis have been reported in patients treated with HMG-CoA reductase inhibitors including rosuvastatin. As with other HMG-CoA reductase inhibitors, reports of rhabdomyolysis with rosuvastatin are rare, but higher at the highest marketed dose (40 mg). Factors that may predispose patients to myopathy with HMG-CoA reductase inhibitors include advanced age (≥ 65 years), hypothyroidism, and renal insufficiency. Consequently, 1. Rosuvastatin should be prescribed with caution in patients with predisposing factors for myopathy, such as, renal impairment (see DOSAGE AND ADMINISTRATION), advanced age, and inadequately treated hypothyroidism. 2. Patients should be advised to promptly report unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. Rosuvastatin therapy should be discontinued if markedly elevated CK levels occur or myopathy is diagnosed or suspected. 3. The 40 mg dose of rosuvastatin is reserved only for those patients who have not achieved their LDL-C goal utilizing the 20 mg dose of rosuvastatin once daily (see DOSAGE AND ADMINISTRATION). 4. The risk of myopathy during treatment with rosuvastatin may be increased with concurrent administration of other lipid-lowering therapies or cyclosporine (see CLINICAL PHARMACOLOGY, Drug Interactions, PRECAUTIONS, Drug Interactions, and DOSAGE AND ADMINISTRATION). The benefit of further alterations in lipid levels by the combined use of rosuvastatin with fibrates or niacin should be carefully weighed against the potential risks of this combination. **Combination therapy with rosuvastatin and gemfibrozil should generally be avoided.** (See DOSAGE AND ADMINISTRATION and PRECAUTIONS, Drug Interactions). 5. The risk of myopathy during treatment with rosuvastatin may be increased in circumstances which increase rosuvastatin drug levels (see CLINICAL PHARMACOLOGY, Special Populations, Race and Renal Insufficiency, and PRECAUTIONS, General). 6. Rosuvastatin therapy should also be temporarily withheld in any patient with an acute, serious condition suggestive of myopathy or predisposing to the development of renal failure secondary to rhabdomyolysis (e.g., sepsis, hypotension, dehydration, major surgery, trauma, severe metabolic, endocrine, and electrolyte disorders, or uncontrolled seizures). **PRECAUTIONS** **General** Before instituting therapy with rosuvastatin, an attempt should be made to control hypercholesterolemia with appropriate diet and exercise, weight reduction in obese patients, and treatment of underlying medical problems (see INDICATIONS AND USAGE). Administration of rosuvastatin 20 mg to patients with severe renal impairment ($CL_{CR} < 30$ mL/min/1.73 m²) resulted in a 3-fold increase in plasma concentrations of rosuvastatin compared with healthy volunteers (see WARNINGS, Myopathy/Rhabdomyolysis and DOSAGE AND ADMINISTRATION). The result of a large pharmacokinetic study conducted in the US demonstrated an approximate 2-fold elevation in median exposure in Asian subjects (having either Filipino, Chinese, Japanese, Korean, Vietnamese or Asian-Indian origin) compared with a Caucasian control group. This increase should be considered when making rosuvastatin dosing decisions for Asian patients. (See WARNINGS, Myopathy/Rhabdomyolysis; CLINICAL PHARMACOLOGY, Special Populations, Race, and DOSAGE AND ADMINISTRATION.) **Information for Patients** Patients should be advised to report promptly unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. When taking rosuvastatin with aluminum and magnesium hydroxide combination antacid, the antacid should be taken at least 2 hours after rosuvastatin administration (see CLINICAL PHARMACOLOGY, Drug Interactions). **Laboratory Tests** In the rosuvastatin clinical trial program, dipstick positive proteinuria and microscopic hematuria were observed among rosuvastatin-treated patients, predominantly in patients dosed above the recommended dose range (i.e., 30 mg). However, this finding was more frequent in patients taking rosuvastatin 40 mg, when compared to lower doses of rosuvastatin or comparator statins, though it was generally transient and was not associated with worsening renal function. Although the clinical significance of this finding is unknown, a dose reduction should be considered for patients on rosuvastatin 40 mg therapy with unexplained persistent proteinuria during routine urinalysis testing. **Drug Interactions** **Cyclosporine:** When rosuvastatin 10 mg was administered with cyclosporine in cardiac transplant patients, rosuvastatin mean C_{max} and mean AUC were increased 11-fold and 7-fold, respectively, compared with healthy volunteers. These increases are considered to be clinically significant and require special consideration in the dosing of rosuvastatin to patients taking concomitant

cyclosporine (see WARNINGS, Myopathy/Rhabdomyolysis, and DOSAGE AND ADMINISTRATION). **Warfarin:** Coadministration of rosuvastatin to patients on stable warfarin therapy resulted in clinically significant rises in INR (>4, baseline 2-3). In patients taking coumatin anticoagulants and rosuvastatin concomitantly, INR should be determined before starting rosuvastatin and frequently enough during early therapy to ensure that no significant alteration of INR occurs. Once a stable INR has been documented, INR can be monitored at the intervals usually recommended for patients on coumatin anticoagulants. If the dose of rosuvastatin is changed, the same procedure should be repeated. Rosuvastatin therapy has not been associated with bleeding or with changes in INR in patients not taking anticoagulants. **Gemfibrozil:** Coadministration of a single rosuvastatin dose to healthy volunteers on gemfibrozil (600 mg twice daily) resulted in a 2.2- and 1.9-fold, respectively, increase in mean C_{max} and mean AUC of rosuvastatin (see DOSAGE AND ADMINISTRATION). **Endocrine Function** Although clinical studies have shown that rosuvastatin alone does not reduce basal plasma cortisol concentration or impair adrenal reserve, caution should be exercised if any HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered concomitantly with drugs that may decrease the levels or activity of endogenous steroid hormones such as ketoconazole, spironolactone, and mifepristone. **CNS Toxicity** CNS vascular lesions, characterized by perivascular hemorrhages, edema, and mononuclear cell infiltration of perivascular spaces, have been observed in dogs treated with several other members of this drug class. A chemically similar drug in this class produced dose-dependent optic nerve degeneration (Wallerian degeneration of retinogenicular fibers) in dogs, at a dose that produced plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose. Edema, hemorrhage, and partial necrosis in the interstitium of the choroid plexus was observed in a female dog sacrificed moribund at day 24 at 90 mg/kg/day by oral gavage (systemic exposures 100 times the human exposure at 40 mg/day based on AUC comparisons). Corneal opacity was seen in dogs treated for 52 weeks at 6 mg/kg/day by oral gavage (systemic exposures 20 times the human exposure at 40 mg/day based on AUC comparisons). Cataracts were seen in dogs treated for 12 weeks by oral gavage at 30 mg/kg/day (systemic exposures 60 times the human exposure at 40 mg/day based on AUC comparisons). Retinal dysplasia and retinal loss were seen in dogs treated for 4 weeks

of patients in placebo-controlled clinical studies of rosuvastatin are shown in Table 1; discontinuations due to adverse events in these studies of up to 12 weeks duration occurred in 3% of patients on rosuvastatin and 5% on placebo.

Table 1. Adverse Events in Placebo-Controlled Studies

Adverse event	Rosuvastatin N=744	Placebo N=382
Pharyngitis	9.0	7.6
Headache	5.5	5.0
Diarrhea	3.4	2.9
Dyspepsia	3.4	3.1
Nausea	3.4	3.1
Myalgia	2.8	1.3
Asthenia	2.7	2.6
Back pain	2.6	2.4
Flu syndrome	2.3	1.8
Urinary tract infection	2.3	1.6
Rhinitis	2.2	2.1
Sinusitis	2.0	1.8

In addition, the following adverse events were reported, regardless of causality assessment, in $\geq 1\%$ of 10,275 patients treated with rosuvastatin in clinical studies. The events in *italics* occurred in $\geq 2\%$ of these patients. **Body as a Whole:** Abdominal pain, accidental injury, chest pain, infection, pain, pelvic pain, and neck pain. **Cardiovascular System:** Hypertension, angina pectoris, vasodilatation, and palpitation. **Digestive System:** Constipation, gastroenteritis, vomiting, flatulence, peridontal abscess, and gastritis. **Endocrine:** Diabetes mellitus. **Hemic and Lymphatic System:** Anemia and ecchymosis. **Metabolic and Nutritional Disorders:** Peripheral edema. **Musculoskeletal System:** Arthritis, arthralgia, and pathological fracture. **Nervous System:** Dizziness, insomnia, hypertonia, parosmia, depression, anxiety, vertigo, and neuralgia. **Respiratory System:** Bronchitis, cough increased, dyspnea, pneumonia, and asthma. **Skin and Appendages:** Rash and pruritus. **Laboratory Abnormalities:** In the rosuvastatin clinical trial program, dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin-treated patients, predominantly in patients dosed above the recommended dose range (i.e., 30 mg). However, this finding was more frequent in patients taking rosuvastatin 40 mg, when compared to lower doses of rosuvastatin or comparator statins, though it was generally transient and was not associated with worsening renal function. (See PRECAUTIONS, Laboratory Tests.) Other abnormal laboratory values reported were elevated creatinine phosphokinase, transaminases, hyperkalemia, glutamyl transferase, alkaline phosphatase, bilirubin, and thyroid function abnormalities. Other adverse events reported less frequently than 1% in the rosuvastatin clinical study program, regardless of causality assessment, included arrhythmia, hepatitis, hypersensitivity reactions (i.e., face edema, thrombocytopenia, leukopenia, vesiculobullous rash, urticaria, and angioedema), kidney failure, syncope, myasthenia, myositis, pancreatitis, photosensitivity reaction, myopathy, and rhabdomyolysis. **Postmarketing Experience** In addition to the events reported above, as with other drugs in this class, the following event has been reported during post-marketing experience with CRESTOR, regardless of causality assessment: very rare cases of jaundice. **OVERDOSAGE** There is no specific treatment in the event of overdose. In the event of overdose, the patient should be treated symptomatically and supportive measures instituted as required. Hemodialysis does not significantly enhance clearance of rosuvastatin. **DOSAGE AND ADMINISTRATION** The patient should be placed on a standard cholesterol-lowering diet before receiving CRESTOR and should continue on this diet during treatment. CRESTOR can be administered as a single dose at any time of day, with or without food. **Hypercholesterolemia (Heterozygous Familial and Nonfamilial) and Mixed Dyslipidemia (Fredrickson Type IIa and IIb)** The dose range for CRESTOR is 5 to 40 mg once daily. Therapy with CRESTOR should be individualized according to goal of therapy and response. The usual recommended starting dose of CRESTOR is 10 mg once daily. However, initiation of therapy with 5 mg once daily should be considered for patients requiring less aggressive LDL-C reductions, who have predisposing factors for myopathy, and as noted below for special populations such as patients taking cyclosporine, Asian patients, and patients with severe renal insufficiency (see CLINICAL PHARMACOLOGY, Race, and Renal Insufficiency, and Drug Interactions). For patients with marked hypercholesterolemia (LDL-C > 190 mg/dL) and aggressive lipid targets, a 20-mg starting dose may be considered. After initiation and/or upon titration of CRESTOR, lipid levels should be analyzed within 2 to 4 weeks and dosage adjusted accordingly. The 40-mg dose of CRESTOR is reserved only for those patients who have not achieved their LDL-C goal utilizing the 20 mg dose of CRESTOR once daily (see WARNINGS, Myopathy/Rhabdomyolysis). When initiating statin therapy or switching from another statin therapy, the appropriate CRESTOR starting dose should first be utilized, and only then titrated according to the patient's individualized goal of therapy. **Homozygous Familial Hypercholesterolemia** The recommended starting dose of CRESTOR is 20 mg once daily in patients with homozygous FH. The maximum recommended daily dose is 40 mg. CRESTOR should be used in these patients as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable. Response to therapy should be estimated from pre-apheresis LDL-C levels. **Dosage in Asian Patients** Initiation of CRESTOR therapy with 5 mg once daily should be considered for Asian patients. The potential for increased systemic exposures relative to Caucasians is relevant when considering escalation of dose in cases where hypercholesterolemia is not adequately controlled at doses of 5, 10, or 20 mg once daily. (See WARNINGS, Myopathy/Rhabdomyolysis; CLINICAL PHARMACOLOGY, Special Populations, Race, and PRECAUTIONS, General). **Dosage in Patients Taking Cyclosporine** In patients taking cyclosporine, therapy should be limited to CRESTOR 5 mg once daily (see WARNINGS, Myopathy/Rhabdomyolysis, and PRECAUTIONS, Drug Interactions). **Concomitant Lipid-Lowering Therapy** The effect of CRESTOR on LDL-C and total-C may be enhanced when used in combination with a bile acid binding resin. If CRESTOR is used in combination with gemfibrozil, the dose of CRESTOR should be limited to 10 mg once daily (see WARNINGS, Myopathy/Rhabdomyolysis, and PRECAUTIONS, Drug Interactions). **Dosage in Patients With Renal Insufficiency** No modification of dosage is necessary for patients with mild to moderate renal insufficiency. For patients with severe renal impairment ($CL_{CR} < 30$ mL/min/1.73 m²) not on hemodialysis, dosing of CRESTOR should be started at 5 mg once daily and not to exceed 10 mg once daily (see PRECAUTIONS, General, and CLINICAL PHARMACOLOGY, Special Populations, Renal Insufficiency).

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References: 1. Prescribing Information for CRESTOR AstraZeneca Pharmaceuticals LP, Wilmington, DE 2. Data on file, DA-CRS-01.
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rosuvastatin calcium

by oral gavage at 90 mg/kg/day (systemic exposures 100 times the human exposure at 40 mg/day based on AUC). Doses ≤ 30 mg/kg/day (systemic exposures ≤ 60 times the human exposure at 40 mg/day based on AUC comparisons) following treatment up to one year, did not reveal renal findings. **Carcinogenesis, Mutagenesis, Impairment of Fertility** In a 104-week carcinogenicity study in rats at dose levels of 2, 20, 60, or 90 mg/kg/day by oral gavage, the incidence of uterine stromal polyps was significantly increased in females at 80 mg/kg/day at systemic exposure 20 times the human exposure at 40 mg/day based on AUC. Increased incidence of polyps was not seen at lower doses. In a 107-week carcinogenicity study in mice given 10, 60, 200 mg/kg/day by oral gavage, an increased incidence of hepatocellular adenoma/carcinoma was observed at 200 mg/kg/day at systemic exposures 20 times human exposure at 40 mg/day based on AUC. An increased incidence of hepatocellular tumors was not seen at lower doses. Rosuvastatin was not mutagenic or clastogenic with or without metabolic activation in the Ames test with *Salmonella typhimurium* and *Escherichia coli*, the mouse lymphoma assay, and the chromosomal aberration assay in Chinese hamster lung cells. Rosuvastatin was negative in the *in vivo* mouse micronucleus test. In rat fertility studies with oral gavage doses of 5, 15, 50 mg/kg/day, males were treated for 9 weeks prior to and throughout mating and females were treated 2 weeks prior to mating and throughout mating until gestation day 7. No adverse effect on fertility was observed at 50 mg/kg/day (systemic exposures up to 10 times human exposure at 40 mg/day based on AUC comparisons). In testicles of dogs treated with rosuvastatin at 30 mg/kg/day for one month, spermatid giant cells were seen. Spermatid giant cells were observed in monkeys after 6-month treatment at 30 mg/kg/day in addition to vacuolation of seminiferous tubular epithelium. Exposures in the dog were 20 times and in the monkey 10 times human exposure at 40 mg/day based on body surface area comparisons. Similar findings have been seen with other drugs in this class. **Pregnancy** **Pregnancy Category X** See CONTRAINDICATIONS. Rosuvastatin may cause fetal harm when administered to a pregnant woman. Rosuvastatin is contraindicated in women who are or may become pregnant. Safety in pregnant women has not been established. There are no adequate and well-controlled studies of rosuvastatin in pregnant women. Rosuvastatin crosses the placenta and is found in fetal tissue and amniotic fluid at 3% and 20%, respectively, of the maternal plasma concentration following a single 25 mg/kg oral gavage dose on gestation day 16 in rats. A higher fetal tissue distribution (25% maternal plasma concentration) was observed in rabbits after a single oral gavage dose of 1 mg/kg on gestation day 18. If this drug is administered to a woman with reproductive potential, the patient should be apprised of the potential hazard to a fetus. In female rats given oral gavage doses of 5, 15, 50 mg/kg/day rosuvastatin before mating and continuing through day 7 postcoitus results in decreased fetal body weight (female pups) and delayed ossification at the high dose (systemic exposures 10 times human exposure at 40 mg/day based on AUC comparisons). In pregnant rats given oral gavage doses of 2, 20, 50 mg/kg/day from gestation day 7 through lactation day 21 (weaning), decreased pup survival occurred in groups given 50 mg/kg/day, systemic exposures ≥ 12 times human exposure at 40 mg/day based on body surface area comparisons. In pregnant rabbits given oral gavage doses of 0.3, 1.3 mg/kg/day from gestation day 6 to lactation day 18 (weaning), exposures equivalent to human exposure at 40 mg/day based on body surface area comparisons, decreased fetal viability and maternal mortality was observed. Rosuvastatin was not teratogenic in rats at ≤ 25 mg/kg/day or in rabbits ≤ 3 mg/kg/day (systemic exposures equivalent to human exposure at 40 mg/day based on AUC or body surface area comparison, respectively). **Nursing Mothers** It is not known whether rosuvastatin is excreted in human milk. Studies in lactating rats have demonstrated that rosuvastatin is secreted into breast milk at levels 3 times higher than that obtained in the plasma following oral gavage dosing. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from rosuvastatin, a decision should be made whether to discontinue nursing or administration of rosuvastatin taking into account the importance of the drug to the lactating woman. **Pediatric Use** The safety and effectiveness in pediatric patients have not been established. Treatment experience with rosuvastatin in a pediatric population is limited to 8 patients with homozygous FH. None of these patients was below 8 years of age. **Geriatric Use** Of the 10,275 patients in clinical studies with rosuvastatin, 3,159 (31%) were 65 years and older, and 688 (6.8%) were 75 years and older. The overall frequency of adverse events and types of adverse events were similar in patients above and below 65 years of age. (See WARNINGS, Myopathy/Rhabdomyolysis.) The efficacy of rosuvastatin in the geriatric population (≥ 65 years of age) was comparable to the efficacy observed in the non-elderly. **ADVERSE REACTIONS** Rosuvastatin is generally well tolerated. Adverse reactions have usually been mild and transient. In clinical studies of 10,275 patients, 3.7% were discontinued due to adverse experiences attributable to rosuvastatin. The most frequent adverse events thought to be related to rosuvastatin were myalgia, constipation, asthenia, abdominal pain, and nausea. **Clinical Adverse Experiences** Adverse experiences, regardless of causality assessment, reported in $\geq 2\%$




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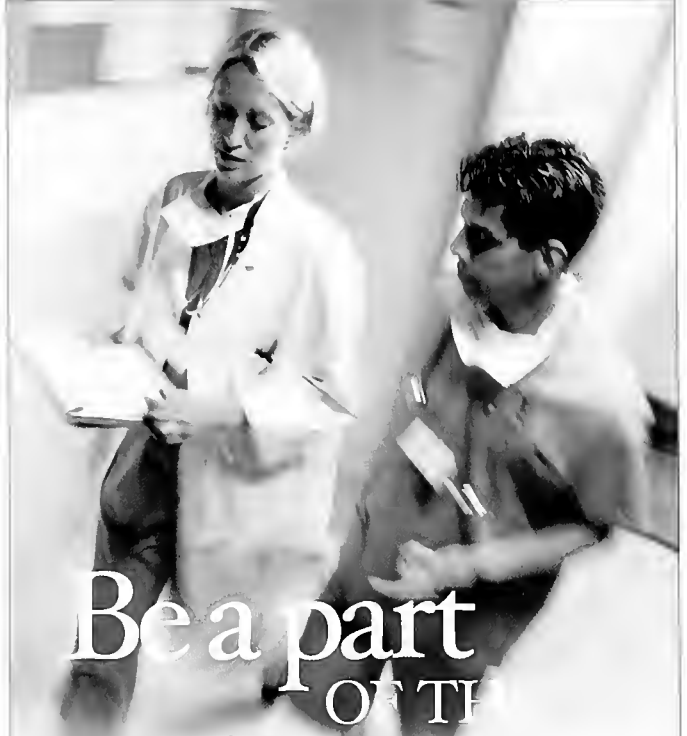


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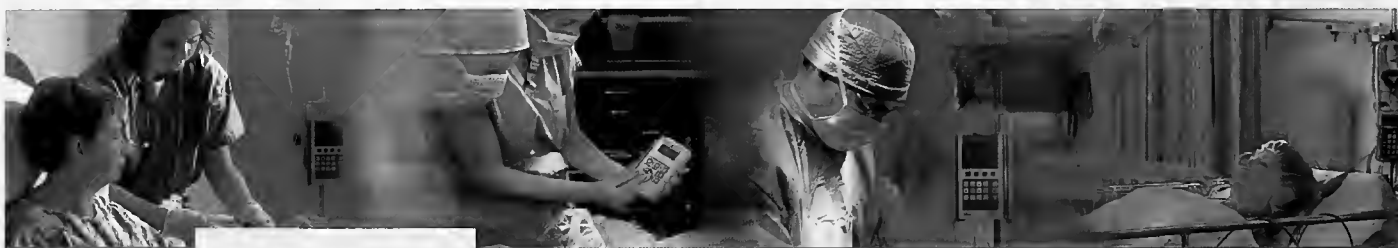
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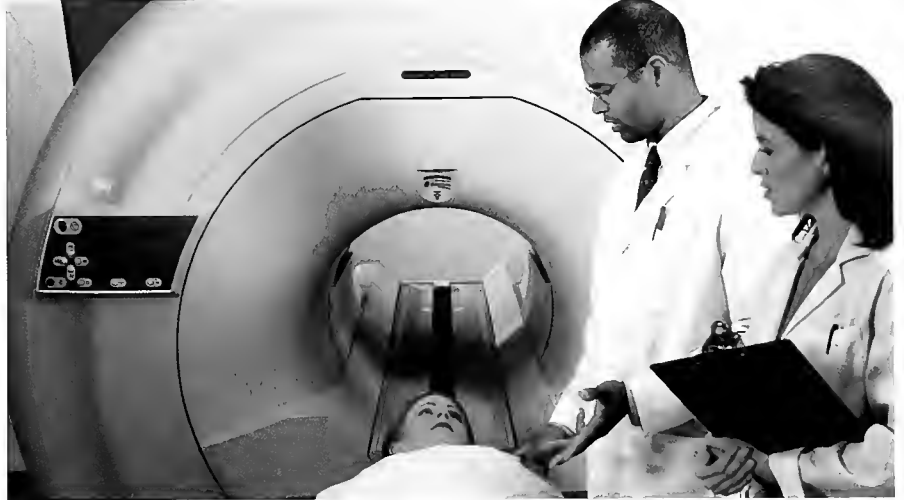
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