

Medical Schools Boast Biggest Enrollment Ever

BY ALICIA AULT

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The number of students entering medical school this fall—17,759—is the largest ever, according to the Association of American Medical Colleges.

While that number represents only a 2.3% increase from the previous year, there was an 8% increase in applicants, with 42,300 seeking to enter medical school in 2007. It was the fourth consecutive year in which the number of applicants was on the rise, after a 6-year decline.

In a briefing with reporters, AAMC President Darrell G. Kirch said that the continuing increase in applicants and enrollees shows “that the interest in medi-

cine runs very strong in our country.”

Applicants and enrollees are more diverse than ever, according to the AAMC. While the number of applicants who identified themselves as white or white combined with another ethnicity—26,916—still dwarfs other races, there was an increase in the number of minority applicants. There were 2,999 applicants who identified themselves as Latino or Hispanic alone or in combination with another race, 3,471 African American/com-

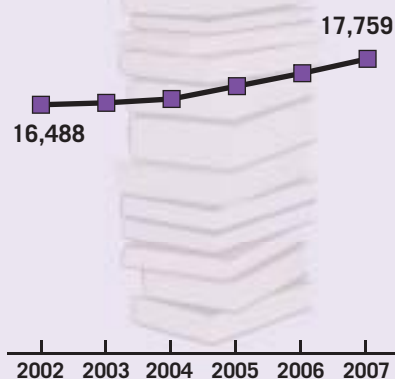
ination applicants, and 9,225 Asian/com-
bination applicants.

The number of black and Hispanic male applicants rose by 9.2%, which was larger than the growth of the overall applicant pool, according to the AAMC. Ultimately, black male acceptance and enrollment increased by 5.3%, and Hispanic male acceptance remained even with 2006 levels. There was an almost-even split among men and women applicants and enrollees. Men slightly edged out women, accounting for

51% of applicants and 51.7% of enrollees.

Eleven of the 126 medical schools increased class size by more than 10%: Michigan State University (47% increase), Texas A&M University System (24%), University of Arizona (22%), Florida State University (19%), Emory University (14%), Mount Sinai School of Medicine (14%), University of California, Davis (13%), Joan C. Edwards School of Medicine at Marshall University (12%), Drexel University (10%), and Howard University and Uni-

First-Year Enrollees in U.S. Medical Schools



Source: Association of American Medical Colleges

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High expectations

for lowering

very high triglycerides (≥ 500 mg/dL)

Important Safety Information:

1. LOVAZA is contraindicated in patients who exhibit hypersensitivity to any component of this medication.
2. Before instituting LOVAZA therapy, it should be confirmed that TG levels are consistently abnormal.
3. LOVAZA should be used with caution in patients with known sensitivity or allergy to fish.
4. The patient's TG, LDL-C and ALT levels should be monitored periodically during LOVAZA therapy. In some patients, LOVAZA increased LDL-C. LOVAZA therapy should be withdrawn in patients who do not have an adequate response after 2 months of treatment.
5. Some studies with omega-3-acids demonstrated prolongation of bleeding time, which did not exceed normal limits and did not produce clinically significant bleeding episodes. Patients receiving treatment with both LOVAZA and anticoagulants should be monitored periodically.
6. There are no adequate and well-controlled studies in pregnant women. Use LOVAZA during pregnancy only if the potential benefit justifies the potential risk to the fetus; and use with caution when administering LOVAZA to breastfeeding women.
7. LOVAZA was well-tolerated in controlled studies. The most common adverse events reported were: eructation, infection, flu syndrome, dyspepsia, rash, taste perversion, and back pain.
8. Please see full prescribing information.

References: 1. Lovaza Prescribing Information. Liberty Corner, NJ: Reliant Pharmaceuticals, Inc; 2007. 2. Data on file, Reliant Pharmaceuticals, Inc. 3. Ginsberg HN. Insulin resistance and cardiovascular disease. *J Clin Invest*. 2000;106:453-458. 4. Stalenhoef AFH, de Graaf JD, Wittekoek ME, Bredie SJH, Demacker PNM, Kastelein JJP. The effect of concentrated n-3 fatty acids versus gemfibrozil on plasma lipoproteins, low density lipoprotein heterogeneity and oxidizability in patients with hypertriglyceridemia. *Atherosclerosis*. 2000;153:129-138. 5. Garg R, Vasamreddy CR, Blumenthal RS. Non-high-density lipoprotein cholesterol: why lower is better. *Prev Cardiol*. 2005;8:173-177.



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versity of Minnesota (10%). Some of the increase in enrollment came through added capacity—both Michigan State and Arizona opened additional campuses. Six universities are currently seeking accreditation for a medical school, Dr. Kirch said.

The rise in applicants and enrollment represents some light at the end of the tunnel, he said. The AAMC and other organizations have warned of looming physician shortages. Depending on the estimates used, there will be a shortfall of 55,000-90,000 physicians across all specialties by 2020.

The AAMC has pushed for a 30% increase in enrollment by 2015, Dr. Kirch

said. He acknowledged that it can be difficult to accurately predict shortages, noting that medical school enrollment has waxed and waned over the years.

Even so, despite the many current challenges of being a physician—including a patchwork health care system and unpredictable reimbursement picture—it's still seen as an attractive career choice, Dr. Kirch said. "What I think is most striking here is to see the draw that medicine still has despite those environmental forces," he said. "I personally view this as a reflection that there are few careers that can be as meaningful, as fulfilling as pursuing medicine," he added. ■

UPCOMING MEETINGS

Canadian Psychiatric Association

Gerontological Society of America

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American Academy of Addiction Psychiatry

American Epilepsy Society

Southern Surgical Association

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We Are There For You

In the treatment of very high triglycerides (≥ 500 mg/dL)

- **LOVAZA** dramatically lowered triglycerides by 45%¹
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- **LOVAZA** demonstrates an excellent safety profile and proven tolerability¹
 - The most common adverse events reported were: eructation, infection, flu syndrome, dyspepsia, rash, taste perversion, and back pain

Indication:

LOVAZA™ (omega-3-acid ethyl esters) is indicated as an adjunct to diet to reduce very high (≥ 500 mg/dL) triglyceride (TG) levels in adult patients.

Usage Considerations:

In individuals with hypertriglyceridemia (HTG), address excess body weight and alcohol intake before initiating any drug therapy. Diet and exercise can be important ancillary measures. Look for and treat diseases contributory to hyperlipidemia, such as hypothyroidism or diabetes mellitus. Certain treatments (e.g., estrogen therapy, thiazide diuretics and beta blockers) are sometimes associated with very significant rises in serum triglyceride (TG) levels. Discontinuation of the specific agent may obviate the need for specific drug therapy for HTG.

Consider lipid-regulating agent use only when reasonable attempts have been made to obtain satisfactory results with non-drug methods. Advise patients that lipid-regulating agent use does not reduce the importance of adhering to diet. (See PRECAUTIONS section of full prescribing information.)

In patients with very high TG levels the effect of LOVAZA on the risk of pancreatitis has not been evaluated, nor has its effect on cardiovascular mortality and morbidity been determined.

Please see brief summary of full prescribing information on the adjacent page.

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