

Pope adds to list of possible successors

BY NICOLE WINFIELD
THE ASSOCIATED PRESS

VATICAN CITY — His health failing, Pope John Paul II added 30 names to the list of his possible successors Tuesday, installing a diverse collection of cardinals in a consistory some say may be his last.

In a ritual-filled ceremony on the steps of St. Peter's Basilica, the 83-year-old pope was giving the new "princes of the church" their red hats and declaring them members of the elite band of churchmen who will elect the next pope.

"We don't know whether that will be in one month or five years," said Scottish Archbishop Keith O'Brien, one of the new cardinals. "But that's really the priority for cardinals."

The pope's increasing frailty, on display during a rigorous week of ceremonies surrounding his 25th anniversary, added poignancy to Tuesday's consistory.

As a result, the current roster of cardinals is considered to be the list of possible popes, since cardinals largely choose from among themselves for the top job in the Roman Catholic Church.

John Paul himself didn't read out the names of the new cardinals, leaving it to an aide. In the few prayers he did deliver, the pontiff slurred his words, symptoms of the Parkinson's disease which has made it difficult for him to speak.

Tuesday's ceremony brought to 194 the active members of the College of Cardinals, although only 135 of them are under age 80 and thus eligible to vote in a conclave. Of those 135, John Paul has named all but five.

Yet picking the next pope from among them is anyone's guess, since the group is still large and geographically diverse.

"It's funny, nobody is whispering 'he'll be the next man,'" said Cardinal Lubomyr Husar of Ukraine. "Nobody has arisen as a personality."

In fact, the college has gotten so large that cardinals wore tags with their names and home dioceses during meetings at the Vatican last week.

Certainly, there are a handful of contenders, or "papabili," including one of the new cardinals: Italy's Angelo Scola. He's the patriarch of Venice — a position that produced three popes in the 20th century.

The new candidates come from around the world, from Australia to Zagreb, Vietnam to Venice, and on the whole follow John Paul's conservative bent.

O'Brien, however, made waves a few weeks ago when he

suggested that celibacy and contraception should be up for discussion. Current church teaching requires celibacy for priests and bans contraception.

At a news conference Monday, O'Brien stressed that he merely meant that he would participate in a discussion of those topics if it arose, but that he fully obeyed John Paul's teachings.

"When a decision is made, I accept," he said.

O'Brien is the third Scottish cardinal since the Reformation. Ghana is getting its first with Peter Kodwo Appiah Turkson, the archbishop of Cape Coast. And the new Indian cardinal, Ranchi Archbishop Telesphore Placidus Toppo, is the first tribal cardinal.

"The Holy Father always looks around to make sure that every part of the human race within the church is recognized in the College of Cardinals," observed Cardinal Theodore McCarrick, archbishop of Washington, D.C. "And he's accomplished it really well."

Indeed, under John Paul the college has gotten more international and less Italian, although Europe as a whole still is the largest bloc, followed by the Latin Americans.

The Polish-born John Paul broke 455 years of Italian dominance of the papacy when he was elected pope in 1978.

One of the dominant questions now is whether the cardinals will return the papacy to the Italians or look for another nationality, perhaps someone from the developing world.

"This question of continents isn't so important," said Claudio Hummes of Brazil, himself considered a papal contender. "The important thing in this moment is to ask who could help the church and the world now and in the future."

John Paul named the new group on Sept. 28, acting months before he was expected to amid increasing concerns about the toll his Parkinson's disease was taking on him.

He also announced a 31st cardinal whose name was kept secret, or "in pectore." That's a Vatican formula often used when the pope wants to name a cardinal in a country where the church is oppressed.

The Vatican said John Paul was actually creating 31 cardinals Tuesday, even though only 30 were installed in their new posts. Under church law, an unnamed cardinal enjoys none of the rights or duties of a cardinal until his name is published. If he is under age 80, he wouldn't be able to vote in a conclave unless John Paul names him before he dies.



On the street that leads to Vatican City, Mother Teresa postcards are displayed for sale on Saturday.

John Paul talks about Mother Teresa's life

BY NICOLE WINFIELD
THE ASSOCIATED PRESS

VATICAN CITY — Pope John Paul II welcomed hundreds of nuns of the Missionaries of Charity order to the Vatican on Monday, telling them at a special audience a day after beatifying Mother Teresa that a life of charity was the true life of a Christian.

John Paul again struggled to get through his remarks, slurring his words and occasionally getting lost in his text. He did greet dozens of prelates and nuns, and gave a particularly warm welcome to Sister Nirmala, the new superior of the order.

"The message of Mother Teresa, now more than ever, appears like an invitation to everyone," John Paul said. "Her entire existence reminds us that being Christian means being witness to charity."

On Sunday, the 83-year-old pope presided over Mother Teresa's beatification ceremony, but was unable to utter a word of his homily — a first for the pope during a major Vatican ceremony. Other prelates read the text, as they did Monday during the audience.

Mother Teresa, the 1979 Nobel Peace Prize winner, was particularly beloved by this pope for her life of service to the poor and steadfast adherence to church teaching on opposing contraception and abortion.

"She always spoke out in defense of human life, even when her message was unwelcome," the pope's text said. "Her daily encounters with death, leprosy, AIDS and every kind of human suffering made her a forceful witness to the gospel of life."

In Calcutta, India, her work went on Monday as nuns and vol-

unteers tended to the dying and destitute at "Nirmal Hriday," or "Holy Heart" — a center that was opened by Mother Teresa.

"The beatification gives us new vigor and zeal because Mother Teresa has been held up as a model of holiness by the Roman Catholic Church," said Sister Christie of the Missionaries of Charity.

"We express all our joy, sorrow, gratefulness through prayer and service. So, it's normal work for us now after a wonderful Sunday," added Sister Paula Marie.

The Roman Catholic Church considers the beatification ceremony the final step before sainthood for the ethnic Albanian nun born in Skopje, now the capital of Macedonia. It allows her to be called the "Blessed Teresa of Calcutta."

About 300,000 people turned

out for Sunday's ceremony, one of the largest crowds ever at the Vatican.

As they did on Sunday, the crowd attending Monday's audience applauded whenever John Paul stumbled over his words, encouraging him to continue on.

John Paul suffers from Parkinson's disease, which has made it increasingly difficult for him to speak. He also suffers from hip and knee ailments, which have made it impossible for him to walk or stand.

It has been a particularly grueling few days, and the long ceremonies seem to be taking their toll. John Paul celebrated a Mass marking the 25th anniversary of his pontificate Thursday and on Tuesday is to install 30 new cardinals.

Associated Press writer Narpur Banerjee contributed to this story from Calcutta, India.

N.C. State student fools papers worldwide with phony research

BY MICHELE DECAMP
TECHNICIAN (NORTH CAROLINA STATE U.)

RALEIGH, N.C. (U-WIRE) — On the surface, it is hard to tell that the story labeled "Study: Follatio may significantly decrease the risk of breast cancer in women," isn't real. The original Web version has the CNN.com banner along the top of the page, the stock CNN medical graphic along the right side of the article and credits North Carolina State

University with the study. But when readers scan the page, names like "Dr. B.J. Sooner" and "Dr. Inserta Shafteer" start to stand out as unusual.

However, nothing discredits it more than the fact that Brandon Williamson, a junior at N.C. State in materials science, is the one that wrote it.

"I was sitting in the Wolves Den and (the idea for the story) just sparked in my mind as a joke. It didn't have anything to do with

our conversation or anything; it was just something that popped in my head. I ran it by a couple of people, and they thought it would be pretty funny," Williamson says. He didn't realize that when he went to the school's honors lounge and wrote it that his "joke" would become an international news story.

"I sent it to 10 people that I thought might find it funny. And a couple of days later I put a thread about it on the Wolf Web.

That's all I did to tell anyone about it. I assumed that it was just going to be one of those things that would be left there and no one would ever see it," Williamson says.

And for a while, nothing did happen. Two weeks went by, and NCSU was preparing for fall break. However, on Oct. 9, Williamson found an unusually large amount of e-mails in his NCSU e-mail account about the fellatio story, and he also started to receive some phone calls from the media.

"On Thursday evening I talked to a guy from Wired News, an online news site, and he just asked me some questions. There were other people who reprinted it as a real story. I got an e-mail that a Chilean newspaper had reprinted it, and I got another e-mail with an actual picture of a Croatian newspaper that had printed it up as a real article, saying that it was from CNN," Williamson says.

"The thing was that what gave the article away originally were the names that I chose. I figured that people who read that would like 'ha — it's a joke,' and the fact that the URL wasn't a CNN URL. I think what happened was that they got e-mailed a copy of the article, and if it didn't have the URL with it or the names were lost in translation, they might not have picked up on it. I would hope that people would ask questions and not just accept what they read," Williamson says.

Once NCSU's fall break was over, Williamson started to receive a different kind of e-mail from David Drooz, the school's general counsel.

"CNN went through David Drooz. They weren't happy, and they called it an intellectual property infringement. And the way it works they would pull up litigation on the school (since the article was on the NCSU Web space). The Associated Press said the same thing," Williamson says.

The article has now been stripped of any connection to real media organizations.

Williamson also has been asked by Drooz to remove the NCSU references as well.

Depo-Provera[®] Contraceptive Injection

medroxyprogesterone acetate injectable suspension

DEPO-PROVERA[®] Contraceptive Injection (medroxyprogesterone acetate injectable suspension, USP)

This product is intended to prevent pregnancy. It does not protect against HIV infection (AIDS) and other sexually transmitted diseases.

What is DEPO-PROVERA Contraceptive Injection?
DEPO-PROVERA Contraceptive Injection is a form of birth control that is given as an intramuscular injection (a shot) in the buttock or upper arm once every 3 months (13 weeks). To continue your contraceptive protection, you must return for your next injection promptly at the end of 3 months (13 weeks). DEPO-PROVERA contains medroxyprogesterone acetate, a chemical similar to (but not the same as) the natural hormone progesterone, which is produced by your ovaries during the second half of your menstrual cycle. DEPO-PROVERA acts by preventing your egg cells from ripening. If an egg is not released from the ovaries during your menstrual cycle, it cannot become fertilized by sperm and result in pregnancy. DEPO-PROVERA also causes changes in the lining of your uterus that make it less likely for pregnancy to occur.

How effective is DEPO-PROVERA Contraceptive Injection?
The efficacy of DEPO-PROVERA Contraceptive Injection depends on following the recommended dosage schedule exactly. (See "How often do I get my shot of DEPO-PROVERA Contraceptive Injection?") To make sure you are not pregnant when you first get DEPO-PROVERA Contraceptive Injection, your first injection must be given ONLY during the first 5 days of a normal menstrual period ONLY within the first 5 days after childbirth if not breast-feeding and if exclusively breast-feeding. ONLY at the sixth week after childbirth. It is a long-term injectable contraceptive when administered at 3-month (13-week) intervals. DEPO-PROVERA Contraceptive Injection is over 99% effective, making it one of the most reliable methods of birth control available. This means that the average annual pregnancy rate is less than one for every 100 women who use DEPO-PROVERA. The effectiveness of most contraceptive methods depends in part on how reliably each woman uses the method. The effectiveness of DEPO-PROVERA depends only on the patient returning every 3 months (13 weeks) for her next injection. Your health-care provider will help you compare DEPO-PROVERA with other contraceptive methods and give you the information you need in order to decide which contraceptive method is the right choice for you.

The following table shows the percent of women who got pregnant while using different kinds of contraceptive methods. It gives both the lowest expected rate of pregnancy (the rate expected in women who use each method exactly as it should be used) and the typical rate of pregnancy (which includes women who became pregnant because they forgot to use their birth control or because they did not follow the directions exactly).

Method	Lowest Expected	Typical
DEPO-PROVERA	0.1	0.3
Injections (non-steroid)	0.2*	0.2*
Female sterilization	0.2	0.4
Male sterilization	0.1	0.15
Oral contraceptive (pill)	0.1	3
Condom	0.1	3
Progestin only	0.5	3
IUD	0.1	3
Progesteron	2.0	3
Copper T 380A	0.8	3
Condom (with spermicide)	2	12
Diaphragm (with spermicide)	6	18
Cervical cap	6	18
Withdrawal	4	18
Periodic abstinence	1-9	20
Spermicide alone	3	21
Vaginal sponge	6	18
used before childbirth	9	28
used after childbirth	9	28
No method	85	85

*From "Fertility and Oral Contraception" 1990;16:558-567.

Who should not use DEPO-PROVERA Contraceptive Injection?
Not all women should use DEPO-PROVERA. You should not use DEPO-PROVERA if you have any of the following conditions:

- you think you might be pregnant
- you have any vaginal bleeding without a known reason

Birth control you think about just 4 x a year.

• if you have had cancer of the breast
• if you have had a stroke
• if you have or have had blood clots (phlebitis) in your legs
• if you have problems with your liver or liver disease
• if you are allergic to DEPO-PROVERA (medroxyprogesterone acetate) or any of its other ingredients

What other things should I consider before using DEPO-PROVERA Contraceptive Injection?
You will have a physical examination before your doctor prescribes DEPO-PROVERA. It is important to tell your health-care provider if you have any of the following:

- a family history of breast cancer
- an abnormal mammogram (breast x-ray), fibrocystic breast disease, breast nodules or lumps, or bleeding from your nipples
- kidney disease
- irregular or scanty menstrual periods
- high blood pressure
- migraine headaches
- asthma
- epilepsy (convulsions or seizures)
- diabetes or a family history of diabetes
- a history of depression
- if you are taking any prescription or over-the-counter medications

What if I want to become pregnant after using DEPO-PROVERA Contraceptive Injection?
Because DEPO-PROVERA is a long-acting birth control method, it takes some time after your last injection for its effect to wear off. Based on the results from a large study done in the United States, if all, unusually heavy or continuous bleeding, however, is not a usual effect of DEPO-PROVERA, and if this happens, you should see your health-care provider right away. With continued use of DEPO-PROVERA, bleeding usually decreases, and many women stop having periods completely. In clinical studies of DEPO-PROVERA, 55% of the women studied reported no menstrual bleeding (amenorrhea) after 1 year of use, and 68% of the women studied reported no menstrual bleeding after 2 years of use. The reason that your periods stop is because DEPO-PROVERA causes a resting state in your ovaries. When your ovaries do not release an egg monthly, the regular monthly growth of the lining of your uterus does not occur and, therefore, the bleeding that comes with your normal menstruation does not take place. When you stop using DEPO-PROVERA your menstrual period will usually, in time, return to its normal cycle.

What are the risks of using DEPO-PROVERA Contraceptive Injection?
1. Irregular Menstrual Bleeding
The side effect reported most frequently by women who use DEPO-PROVERA for contraception is a change in their normal menstrual cycle. During the first year of using DEPO-PROVERA, you might have one or more of the following changes: irregular or unpredictable bleeding or spotting, an increase or decrease in menstrual bleeding, or no bleeding at all. Unusually heavy or continuous bleeding, however, is not a usual effect of DEPO-PROVERA, and if this happens, you should see your health-care provider right away. With continued use of DEPO-PROVERA, bleeding usually decreases, and many women stop having periods completely. In clinical studies of DEPO-PROVERA, 55% of the women studied reported no menstrual bleeding (amenorrhea) after 1 year of use, and 68% of the women studied reported no menstrual bleeding after 2 years of use. The reason that your periods stop is because DEPO-PROVERA causes a resting state in your ovaries. When your ovaries do not release an egg monthly, the regular monthly growth of the lining of your uterus does not occur and, therefore, the bleeding that comes with your normal menstruation does not take place. When you stop using DEPO-PROVERA your menstrual period will usually, in time, return to its normal cycle.

2. Bone Mineral Changes
Use of DEPO-PROVERA may be associated with a decrease in the amount of mineral stored in your bones. This could increase your risk of developing bone fractures. The rate of bone mineral loss is greatest in the early years of DEPO-PROVERA use, but after that, it begins to resemble the normal rate of age-related bone mineral loss.

3. Cancer
Studies of women who have used different forms of contraception found that women who used DEPO-PROVERA for contraception had no increased overall risk of developing cancer of the breast, ovary, uterus, cervix or liver. However, women under 35 years of age whose first exposure to DEPO-PROVERA was within the previous 4 to 5 years may have a slightly increased risk of developing breast cancer similar to that seen with oral contraceptives. You should discuss this with your health-care provider.

4. Unexpected Pregnancy
Because DEPO-PROVERA is such an effective contraceptive method, the risk of accidental pregnancy for women who get their shots regularly (every 3 months [13 weeks]) is very low. While there have been reports of an increased risk of low birth weight and neonatal infant death or other health problems in infants conceived close to the time of injection, such pregnancies are uncommon. If you think you may have become pregnant while using DEPO-PROVERA for contraception, see your health-care provider as soon as possible.

5. Allergic Reactions
Some women using DEPO-PROVERA Contraceptive Injection have reported severe and potentially life-threatening allergic reactions known as anaphylaxis and anaphylactoid reactions. Symptoms include the sudden onset of hives or swelling and itching of the skin, breathing difficulties, and a drop in blood pressure.

6. Other Risks
Women who use hormone-based contraceptives may have an increased risk of blood clots or strokes. Also, if a contraceptive method fails, there is a possibility that the fertilized egg will begin to develop outside of the uterus (ectopic pregnancy). While these events are rare, you should tell your health-care provider if you have any of the problems listed in the next section.

What symptoms may signal problems while using DEPO-PROVERA Contraceptive Injection?
Call your health-care provider immediately if any of these problems occur following an injection of DEPO-PROVERA:

- sharp chest pain, coughing up of blood, or sudden shortness of breath (indicating a possible clot in the lung)
- sudden severe headache or vomiting, dizziness or fainting, problems with your eyesight or speech, weakness, or numbness in an arm or leg (indicating a possible stroke)
- severe pain or tenderness in the calf (indicating a possible clot in the leg)
- unusual or heavy vaginal bleeding
- severe pain or tenderness in the lower abdominal area
- persistent pain, pus, or bleeding at the injection site

What are the possible side effects of DEPO-PROVERA Contraceptive Injection?

1. Weight Gain
You may experience a weight gain while you are using DEPO-PROVERA. About two thirds of the women who used DEPO-PROVERA in clinical trials reported a weight gain of about 5 pounds during the first year of use. You may continue to gain weight after the first year. Women in one large study who used DEPO-PROVERA for 2 years gained an average total of 8.1 pounds over those 2 years, or approximately 4 pounds per year. Women who continued for 4 years gained an average total of 13.8 pounds over those 4 years, or approximately 3.5 pounds per year. Women who continued for 6 years gained an average total of 16.5 pounds over those 6 years, or approximately 2.75 pounds per year.

2. Other Side Effects
In a clinical study of over 3,900 women who used DEPO-PROVERA for up to 7 years, some women reported the following effects that may or may not have been related to their use of DEPO-PROVERA: irregular menstrual bleeding, amenorrhea, headache, nervousness, abdominal cramps, dizziness, weakness or fatigue, decreased sexual desire, leg cramps, nausea, vaginal discharge or irritation, breast swelling and tenderness, bloating, swelling of the hands or feet, backache, depression, eczema, acne, pelvic pain, no hair growth or excessive hair loss, rash, hot flashes, and joint pain. Other problems were reported by very few of the women in the clinical trials, but some of these could be serious. These include convulsions, jaundice, urinary tract infections, allergic reactions, fainting, paralysis, osteoporosis, lack of return to fertility deep vein thrombosis, pulmonary embolism, breast cancer or cervical cancer. If these or any other problems occur during your use of DEPO-PROVERA, discuss them with your health-care provider.

Should any precautions be followed during use of DEPO-PROVERA Contraceptive Injection?
1. Missed Periods
During the time you are using DEPO-PROVERA for contraception, you may skip a period, or your periods may stop completely. If you have been receiving your DEPO-PROVERA injections regularly every 3 months (13 weeks), then you are probably not pregnant. However, if you think you may be pregnant, see your health-care provider.

2. Laboratory Test Interactions
If you are scheduled for any laboratory tests, tell your health-care provider that you are using DEPO-PROVERA for contraception. Certain blood tests are affected by hormones such as DEPO-PROVERA.

3. Drug Interactions
Cytadren (aminoglutethimide) is an anticancer drug that may significantly decrease the effectiveness of DEPO-PROVERA if the two drugs are given during the same time.

4. Nursing Mothers
Although DEPO-PROVERA can be passed to the nursing infant in the breast milk, no harmful effects have been found in these children. DEPO-PROVERA does not prevent the breasts from producing milk, so it can be used by nursing mothers. However, to minimize the amount of DEPO-PROVERA that is passed to the infant in the first weeks after birth, you should wait 6 weeks after childbirth before you start using DEPO-PROVERA for contraception.

How often do I get my shot of DEPO-PROVERA Contraceptive Injection?
The recommended dose of DEPO-PROVERA is 150 mg every 3 months (13 weeks) given as a single intramuscular injection in the buttock or upper arm. To make sure that you are not pregnant at the time of the first injection, it is essential that the injection be given ONLY during the first 5 days of a normal menstrual period. If used following the delivery of a child, the first injection of DEPO-PROVERA MUST be given within 5 days after childbirth if you are not breast-feeding or 6 weeks after childbirth if you are exclusively breast-feeding. If you wait longer than 3 months (13 weeks) between injections, or longer than 6 weeks after delivery your health-care provider should determine that you are not pregnant before giving you your injection of DEPO-PROVERA.

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