

Senate brief

ADFC tells senate it will hand out fliers at Autzen

The ASUO Student Senate met last night to approve appointments and hear special requests from the Asian/Pacific American Student Union and the Asian Pacific American Law Student Association.

The ASUO Program Finance Committee announced they will

go over the Clark Document at the ASUO Programs Council meeting Nov. 7. University President Dave Frohnmayer will attend the meeting.

The Athletic Department Finance Committee announced it will work to inform students about the ADFC ballot measure in the upcoming special election. Fliers will be handed out on the footbridge near Autzen Stadium on Saturday.

For appointments, two students were approved to the ASUO

Elections Board.

Christina Diss's appointment as ASUO Elections Board publicity coordinator was approved 16 to 1.

Stephanie Day's appointment as office manager was also approved 16 to 1.

The Senate also heard and approved two special requests for APASU and APULSA.

APASU requested a transfer of \$300 from their food holding account for their fall reception taking place Nov. 6. The request was approved 16 to 1.

APULSA requested \$984 from the surplus to four members to a law conference and competition.

Senate Ombudsman Andrew Elliott suggested that senate give \$484 from surplus and \$500 as a loan to be repaid Dec. 1. The loan would allow APULSA to approach other funding sources for matching funds, but could still be paid back with their fundraising budget if they can't match the funds.

APULSA members stated they didn't want to use their fundraising budget because of future events

they have planned for this year.

The two motions to give APULSA \$484 from the surplus, as well as a \$500 loan, passed 15 to 2.

An ASUO Executive open house Oct. 24 was also announced. The event will take place in the Ben Linder Room and be open to the public.

The Senate also announced that the surplus for fall term — not counting business done at the meeting — is \$11,447.71.

— Jan Montry

Candidates

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training and experience and knowledge that they need to be able to compete in today's society," Prozanski said.

Prozanski said he wouldn't be opposed to dedicated funding — perhaps a state sales tax, gross receipts tax or added value tax — to help stabilize Oregon's higher educational system. Meanwhile, McNeill said he'd like to model the state's structure based on Penn State University.

"The way they do it, they have feeder schools," McNeill said. "Most

people don't go to Penn State for four years. They go two years to a satellite school and then the remaining two (at) the main campus. So I'd kind of like to turn what I call our satellite schools, Western, Southern and Eastern, into more satellite schools, which would free up a lot of money to better UO

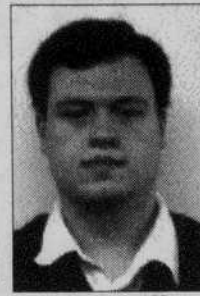


Prozanski

and OSU, (and) also help lower tuition."

Come Nov. 5, both candidates hope to be victorious. But more than anything, both hope voters follow their hearts.

"I'm asking voters to look at the individuals that are running and to their abilities and their experiences in life, and who is best



McNeill

equipped to represent them in getting the job done," Prozanski said.

A concurring McNeill:

"From the beginning I've said, 'Yes I'm a Republican, but I'm more of an Oregonian than anything,'" he said. "When my opponent started out, he started saying, 'You need to elect Democrats.'"

"I'm saying, 'No, you need to elect the best person.' And maybe he is the best person, but I'd rather see people choose one of us based on our views and not based on our parties."

Contact the senior news reporter at bradschmidt@dailyemerald.com.

Read more

The full transcripts of the interviews with the candidates are available online.

More coverage

Today and Friday, the Emerald will post its Q & A sessions with the state's two write-in candidates for governor, Richard Alevizos and Gary Alan Spanovich. Continue to follow the gubernatorial coverage online at www.dailyemerald.com.

Breast cancer

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Better program with the Willamette Valley Cancer Center. The program provides wigs and cosmetics for women who have had or are undergoing chemotherapy. Cynthia's Fine Lingerie will provide prosthetics for women who have had mastectomies.

In addition, Dochnahl said the show will delineate preventative behavior as well as offer current information on breast cancer.

"It is my belief that everyone will learn something of value," Dochnahl said. She said preventative behavior includes limited alcohol intake and

good nutrition and diet.

Risk increases with age, and women older than 40 should have yearly physicals and perform monthly breast self-exams.

People whose family members have developed the disease may also be at an increased risk.

Eugene office ACS community cancer control manager Kay Hilsenkopf said women should check carefully when doing a breast exam.

"It's not just your breast — it's a whole area," Hilsenkopf said. "Although we say to check your breast, you also need to check the area around that."

She said that area is a square-

shaped region that encompasses the area beneath the collarbone, down to the waist and under the arm.

"You can also get (a lump) under your arm because that's the closest lymph node to your breast," she said.

To assess one's risk, Hilsenkopf recommends visiting www.yourcancerrisk.harvard.edu or calling (800) ACS-2345.

Informational pamphlets will also be available at the fashion show.

In addition to learning about the risks, attendees may also enjoy the clothes modeled by students and volunteers.

While designing her part of the program, Skinner had a unique plan

for determining which retailers to feature in the show.

"I took an informal poll of what people wear on campus," she said.

The retail stores who will be displaying their garments are Sweet Potato Pie, Buffalo Exchange Ltd., Folkways, Greater Goods, Recreational Equipment Inc. and Emporium Department Store.

Organizers say they feel satisfied with the show's progress.

"It's been a whirlwind of planning, but I think it's coming together very nicely," Dochnahl said.

Contact the reporter at jillandaley@dailyemerald.com.

Patriot

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The Patriot Act was passed by Congress a year ago in the wake of the September 2001 terrorist attacks.

"The meeting will provide an opportunity for students to learn how the Patriot Act has decimated our Bill of Rights and to clarify the significance of this unconstitutional legislation," said Nathaniel N-T, co-director of the University of Oregon Survival Center, the event's sponsor.

— Dave Goldberg
for the Emerald

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).

Percent of Women Experiencing an Unplanned Pregnancy
in the First Year of Continuous Use

Method	Lowest Expected	Typical
DEPO-PROVERA	0.3	0.3
Implants (Norplant)	0.2*	0.2*
Female sterilization	0.2	0.4
Male sterilization	0.1	0.15
Oral contraceptive (pill)	-	3
Combined	0.1	-
Progestogen only	0.5	-
IUD	-	3
Progestasert	2.0	-
Copper T 380A	0.8	-
Condom (without 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	-	-
used before childbirth	6	18
used after childbirth	9	28
No method	85	85

Source: Trussell et al. *Obstet Gynecol.* 1990;76:558-567.

*From Norplant[®] package insert.

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:

- if you think you might be pregnant
- if 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
- This product is intended to prevent pregnancy. It does not protect against transmission of HIV (AIDS) and other sexually transmitted diseases such as chlamydia, genital herpes, genital warts, gonorrhea, hepatitis B, and syphilis.**

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, for women who stop using DEPO-PROVERA in order to become pregnant, it is expected that about half of those who become pregnant will do so in about 10 months after their last injection; about two thirds of those who become pregnant will do so in about 12 months; about 83% of those who become pregnant will do so in about 15 months; and about 93% of those who become pregnant will do so in about 18 months after their last injection. The length of time you use DEPO-PROVERA has no effect on how long it takes you to become pregnant after you stop using it.

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. Unexplained 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 stroke. 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 swelling in the calf (indicating a possible clot in the leg)
- unusually 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, insomnia, 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 that 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

Cytarabine (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 until 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 in 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.

Rx only.

CB-7-5

Pharmacia & Upjohn Company
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