

Law & Order

Off-duty officer foils robber

When Francis Schuber walked into a Walgreen's and announced that it was a robbery Saturday evening, he didn't realize there was an off-duty police officer in the store, Lincoln Police said.

After Schuber, 35, did not get any money at Walgreen's at 17th and South streets, the officer followed him to a nearby residence, Capt. Al Wagner said.

Additional officers were summoned to the scene, and Schuber was arrested.

Schuber is also charged with two other weekend robberies: Friday night at Pizza Hut, 15th and South streets, and Saturday morning at Burger King, 2045 South 17th St.

Man arrested for DUI

A DUI arrest led to the discovery of more than four ounces of marijuana in a Norfolk man's car.

When Lincoln Police stopped Scott Lowry, 37, for a traffic offense Tuesday, they suspected he had been driving under the influence, Sgt. Ann Heermann said. Lowry was arrested, and police searched his car where they found 112 grams of suspected marijuana. Narcotics charges will likely follow, pending state laborato-

ry results.

Robber still at large

An unsuccessful robbery last week left the victim bleeding, and the robber was still at-large Sunday.

At 10:45 p.m. on March 22, a man was confronted on the 1400 block of O Street, Heermann said.

The robber threatened the man with a knife and demanded money.

When the victim said he had no money, the robber began slashing at him with his knife. The victim's hand was cut when he tried to protect himself from the attack, and then the robber fled on foot.

The robber is described as a 6-foot-tall black man with a thin build. He was wearing a dark jacket, jeans and a stocking cap.

Sales clerk robbed

After closing a store last week, a shoe sales clerk was forced back inside at gun point to empty the cash register.

The clerk was confronted after closing in the parking lot of Payless ShoeSource, 60th and O streets, at 9:30 p.m. March 21 by a man with a small, black handgun, Heermann said.

The robber forced the clerk back inside the store, took the cash and fled on foot.

The robber was a black man in his 20s, 5 feet 6 inches tall, and about 135 pounds. He was wearing a black cap, a nylon mask and a black, three-quarter-length coat.

Compiled by Senior Reporter Josh Funk

Legislature Briefs

Budget adjustments passed

Senators sent LB1108, a large budget adjustment package, to Gov. Ben Nelson last week.

The bill would cut the budget by more than \$790,000 for fiscal year 1997-98, but increase the budget for the following year by \$27.5 million.

The bill's main parts would fund:

- Creation of the Nebraska Technology Commission (LB924).

- Aid to school districts for core needs (LB1110).

- Building renewal projects at Peru State College (LB1138).

The bill also would cover costs for LB1100, which would provide funds to repair and replace University of Nebraska and state college buildings that have been deteriorating.

Senators also advanced LB63, which would transfer \$40 million from the state's general fund to pay for road construction and maintenance.

Funding for the road maintenance has been promised by Congress, which has been slow in approving the spending.

The money taken from the general funds would be reimbursed by the federal government when the measure passes.

Peru State gets funding

Senators approved a quick-fix bill to pay more than \$4 million to Peru State College for building development and renovation. The repairs will help keep the school running until its fate can be decided, pending a study by the Coordinating Commission for Postsecondary Education.

The study will analyze the college's role and mission and must be submitted to the governor by December before construction of a new science building can be approved.

"Brain Gain" fails to advance

Senators last week debated LB1173, the "Brain Gain" bill, but the bill failed to advance out of general file.

Bruning said the bill would help the state keep the best students in Nebraska and direct them into career fields that are suffering a worker shortage.

However, Sen. Bob Wickersham of Harrison said graduates should stay in Nebraska because they want to, not because they are required by a scholarship program.

"I simply don't think that the measure is a good one," Wickersham said.

20-year career in Legislature draws to close

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gate to the national convention and supporting other democratic candidates.

"Because of his record of leadership and excellence in the Legislature," Quirk said, "he'll really be missed."

But, she said, she expects to see him running for public office in the future.

Wesely's real ambition has been, and always will be, representing Nebraska in Congress, he said.

However, because he's taken on wealthy, powerful people in the past, Wesely said, he can't raise the large amount of money needed to launch a congressional campaign.

"I've abandoned the idea of running for high offices," Wesely said. "I have no personal wealth and I have no wealthy friends."

"But it's always been a dream of mine to go to Congress."

Instead, Wesely said he is contemplating running for mayor of Lincoln in 2000.

Wesely said he will leave the Legislature on a high note, before getting "burned out."

Looking back on his work in the Unicameral, Wesely said he is proud of his career.

"I think I did my best," he said. "I think I've remained true to my principles, and I feel really good about that."



Brief Summary—Consult package insert for full prescribing information.

DESCRIPTION
Aldara™ is the brand name for imiquimod which is an immune response modifier. Each gram of the 5% cream contains 50 mg of imiquimod in an off-white oil-in-water vanishing cream base.

INDICATIONS AND USAGE
Aldara 5% cream is indicated for the treatment of external genital and perianal warts (condyloma acuminata) in adults.

CONTRAINDICATIONS
None known.

WARNINGS

Aldara cream has not been evaluated for the treatment of urethral, intra-vaginal, cervical, rectal, or intra-anal human papilloma virus disease and is not recommended for these conditions.

PRECAUTIONS

General

Local skin reactions such as erythema, erosion, excoriation/flaking, and edema are common. Should severe local skin reaction occur, the cream should be removed by washing the treatment area with mild soap and water. Treatment with Aldara cream can be resumed after the skin reaction has subsided. There is no clinical experience with Aldara cream therapy immediately following the treatment of genital/perianal warts with other topically applied drugs; therefore, Aldara cream administration is not recommended until genital/perianal tissue is healed from any previous drug or surgical treatment. Aldara has the potential to exacerbate inflammatory conditions of the skin.

Information for Patients

Patients using Aldara 5% cream should receive the following information and instructions: The effect of Aldara 5% cream on the transmission of genital/perianal warts is unknown. Aldara 5% cream may weaken condoms and vaginal diaphragms. Therefore, concurrent use is not recommended.

1. This medication is to be used as directed by a physician. It is for external use only. Eye contact should be avoided.
2. The treatment area should not be bandaged or otherwise covered or wrapped so as to be occlusive.
3. Sexual (genital, anal, oral) contact should be avoided while the cream is on the skin.
4. It is recommended that 6-10 hours following Aldara 5% cream application the treatment area be washed with mild soap and water.
5. It is common for patients to experience local skin reactions such as erythema, erosion, excoriation/flaking, and edema at the site of application or surrounding areas. Most skin reactions are mild to moderate. Severe skin reactions can occur and should be reported promptly to the prescribing physician.
6. Uncircumcised males treating warts under the foreskin should retract the foreskin and clean the area daily.
7. Patients should be aware that new warts may develop during therapy, as Aldara is not a cure.

Carcinogenicity, Mutagenicity, and Impairment of Fertility
Rodent carcinogenicity data are not available. Imiquimod was without effect in a series of eight different mutagenicity assays including Ames, mouse lymphoma, CHO chromosome aberration, human lymphocyte chromosome aberration, SHE cell transformation, rat and hamster bone marrow cytogenetics, and mouse dominant lethal test. Daily oral administration of imiquimod to rats, at doses up to 8 times the recommended human dose on a mg/m² basis throughout mating, gestation, parturition and lactation, demonstrated no impairment of reproduction.

Pregnancy

Pregnancy Category B: There are no adequate and well-controlled studies in pregnant women. Imiquimod was not found to be teratogenic in rat or rabbit teratology studies. In rats at a high maternally toxic dose (28 times human dose on a mg/m² basis), reduced pup weights and delayed ossification were observed. In developmental studies with offspring of pregnant rats treated with imiquimod (8 times human dose), no adverse effects were demonstrated.

Nursing Mothers

It is not known whether topically applied imiquimod is excreted in breast milk.

Pediatric Use

Safety and efficacy in patients below the age of 18 years have not been established.

ADVERSE REACTIONS

In controlled clinical trials, the most frequently reported adverse reactions were those of local skin and application site reactions; some patients also reported systemic reactions. These reactions were usually mild to moderate in intensity; however, severe reactions were reported with 3X/week application. These reactions were more frequent and more intense with daily applications than with 3X/week applications. Overall, in the 3X/week application clinical studies, 1.2% (4/327) of the patients discontinued due to local skin/application site reactions. The incidence and severity of local skin reactions during controlled clinical trials are shown in the following table.

	3X/WEEK APPLICATION WART SITE REACTION AS ASSESSED BY INVESTIGATOR			
	MILD/MODERATE		SEVERE	
	FEMALES 5% Imiquimod N=114	MALES 5% Vehicle N=99	FEMALES 5% Imiquimod N=114	MALES 5% Vehicle N=97
Erythema	61%	21%	54%	22%
Erosion	30%	8%	29%	6%
Excoriation/Flaking	18%	8%	25%	8%
Edema	17%	1%	12%	1%
Induration	5%	2%	7%	2%
Ulceration	5%	1%	4%	1%
Scabbing	4%	0%	13%	3%
Vesicles	3%	0%	2%	0%

Remote site skin reactions were also reported in female and male patients treated 3X/week with imiquimod 5% cream. The severe remote site skin reactions reported for females were erythema (3%), ulceration (2%), and edema (1%); and for males, erosion (2%), and erythema, edema, induration, and excoriation/flaking (each 1%).

Adverse events judged to be probably or possibly related to Aldara reported by more than 5% of patients are listed below; also included are serious, influenza-like symptoms and myalgia.

	3X/WEEK APPLICATION			
	FEMALES 5% Imiquimod (n=117)	MALES 5% Vehicle (n=183)	FEMALES 5% Imiquimod (n=156)	MALES 5% Vehicle (n=158)
APPLICATION SITE DISORDERS:				
APPLICATION SITE REACTIONS:				
Wart Site:				
Itching	32%	20%	22%	10%
Burning	26%	12%	9%	5%
Pain	8%	7%	2%	1%
Soreness	3%	0%	0%	1%
FUNGAL INFECTION:	11%	3%	2%	1%
SYSTEMIC REACTIONS:				
Headache	4%	3%	5%	2%
Influenza-like symptoms	3%	2%	1%	0%
Myalgia	1%	0%	1%	1%

Incidence reported without regard to causality with Aldara.

Adverse events judged to be probably or possibly related to Aldara and reported by more than 1% of patients include: Application Site Disorders: Wart Site Reactions (burning, hypopigmentation, irritation, itching, pain, rash, sensitivity, soreness, stinging, tenderness); Remote Site Reactions (bleeding, burning, itching, pain, tenderness, throbbing); Body as a Whole: Fatigue, fever, influenza-like symptoms; Central and Peripheral Nervous System Disorders: Headache; Gastro-Intestinal System Disorders: diarrhea; Musculo-Skeletal System Disorders: myalgia.

OVERDOSSAGE

Overdosage of Aldara 5% cream is unlikely due to minimal percutaneous absorption. However, persistent topical over-dosing of Aldara 5% cream could result in severe local skin reactions. Hypotension was reported following multiple oral doses of >200 mg of imiquimod and was resolved following oral or intravenous fluid administration.

DOSE AND ADMINISTRATION

Aldara cream is to be applied 3 times per week, prior to normal sleeping hours, and left on the skin for 6-10 hours.

Distributed by:

3M Pharmaceuticals
Northridge, CA 91324
797 ALBS

3M Pharmaceuticals
275-3W-01 3M Center
St. Paul, MN 55144-1000

Reference: 1. Data on file (1004-IMQ), 3M Pharmaceuticals.



UNL Buses run from City (Lyman) to East Campus @ 6:55 & 7:35 and return @ 9:15 & 9:55

Free Door Prizes!

SWING!

Swing Dance Lessons
Tuesday, March 31
Great Plains Room (East Union)
7:30

Free Lessons!

SPENDING A LOT OF TIME LOOKING IN THE MIRROR MAY NOT BE A SIGN OF VANITY.

IT MAY BE A SIGN OF INTELLIGENCE.

Examine yourself regularly, and see your dermatologist.

AMERICAN ACADEMY OF DERMATOLOGY
AAD
www.aad.org

If you have Genital Warts

(the fastest growing sexually transmitted disease)

ask your doctor about...

a new patient-applied treatment for genital warts.

Please see accompanying brief summary of patient information.

Most local skin reactions are mild to moderate and include erythema, erosion, flaking, edema, scabbing and induration at the wart site. Most common application-site reactions were itching (26%), burning (16%), and pain (4%) at the wart site.

3M Pharmaceuticals