



(Left to Right)

Robin Millis, RN

Denise Henderson, RN

Diane Martel, RN

Alessandra Clark, CRA

Christine Maia-Acuna, RN

*Pam Bakalarski, CCRP, MPA,
Department Manager*

Jean Meglio, CRA

Lynn Shaw, RN

Frances D'Allesandro, CRA

Dina Sears, CRA

Lifespan Oncology Clinical Research Program

Alan Rosmarin, MD and Pamela Bakalarski, MPA, CCRP

Clinical oncology research can be best described as a team effort to develop new and more effective cancer treatments. It is built on the premise that scientifically rigorous clinical trials lead to the development of more effective and less toxic treatments for patients with cancer. This endeavor requires dedicated physicians, nurses, and research staff to evaluate new therapies.

The Brown Department of Medicine is actively engaged in clinical cancer research, and a linchpin in this effort is the Lifespan Clinical Oncology Research Office. The eleven staff members of the office include research nurses and data managers who are trained in the clinical trial design, data collection, and analysis. At monthly Joint Protocol Meetings, researchers and staff discuss new studies and their potential for patient treatment.

The Lifespan Clinical Oncology Research Office is led by Pam Bakalarski, an experienced oncology research administrator, and Alan Rosmarin, MD, a Hematologist-Oncologist in the Brown Department of Medicine. The Oncology Protocol office participates in a diverse array of clinical trials that range from large, nationwide studies to small, highly innovative trials of novel treatments. The office participates in three broad categories of oncology clinical trials: 1) cooperative group trials, 2) pharmaceutical-spon-

sored trials, and 3) investigator-initiated trials.

Studies that are sponsored by national cooperative groups are generally large, multi-center trials that might compare the state-of-the-art treatment to an emerging therapy. Cooperative group trials typically determine the standard treatment for a disease. For example, patients with advanced lung cancers may be randomly assigned to receive the current standard therapy, or that same treatment with the addition of a molecularly targeted compound that interferes with the growth of tumor cells. If the novel agent adds clinical benefit without causing significant side effects it might become the new standard treatment of lung cancer. Because such trials generally require large numbers of participants, no single institution, alone, could complete such a trial. Lifespan actively participates in several national cooperative groups, including CALGB (Cancer and Leukemia Group B), NSABP (National Surgical Adjuvant Breast and Bowel Project),

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Alan Rosmarin, MD

ONCOLOGY CLINICAL RESEARCH PROGRAM

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RTOG (Radiation Therapy Oncology Group) and ACOSOG (American College of Surgeons Oncology Group).

Pharmaceutical industry-sponsored trials are typically designed to evaluate novel medications in a large-scale trial format. Such studies may lead to the approval of new treatments by federal regulatory agencies. These trials are generally smaller in scale than cooperative group trials, and they may be available at only a limited number of clinical sites that have proven their ability to accrue patients to these studies.

Investigator-initiated trials are the most innovative of Lifespan cancer clinical studies. These studies are conceived, designed, performed, and analyzed by Brown Medical School faculty members. They are made possible by BrUOG (Brown University Oncology Group), a unique regional clinical trials network that was developed by Brown faculty members. BrUOG is a research organization that aids the physician in bringing his or her study concept to fruition as a clinical trial.



The Department of Medicine
Newsletter is published quarterly.

To submit an article or provide information contact Denise Lavelly-O'Hara at 444-5127, e-mail to dlavelly-ohara@Lifespan.org or contact Dan Bryant at 444-6893, e-mail to dbryant@Lifespan.org

Why is BrUOG so important? The demands for scientific rigor, trial supervision, and regulatory documentation of a clinical trial are daunting for an individual clinical investigator. BrUOG provides scientific expertise, clinical trial infrastructure, trial oversight, and data analysis for investigator initiated trials. Each clinical trial must be carefully evaluated to ensure that it is addressing a valid, scientific question. The BrUOG Scientific Advisory Board

carefully evaluates all trials to ensure that the treatments are appropriate, and that the trial design is rigorous. BrUOG assists with the regulatory documentation that is required by federal agencies and pharmaceutical sponsors. The BrUOG central office collects trial data from the participating clinical sites, and aids in the analysis of the study's outcomes. The Data Safety and Monitoring Board reviews the trial's progress and patient outcomes, and monitors the trial for adverse events. Thus, BrUOG aids the Principal Investigator in the development of innovative cancer clinical trials.

BrUOG supports trials in a broad range of diseases, and it has achieved distinction in several areas, including upper gastrointestinal malignancies (esophageal, pancreatic, and gastric cancers), lung cancer, breast cancer, and cancers of the head and neck. BrUOG trials are often multidisciplinary, and may include new chemotherapeutic agents, radiation therapy, or molecularly targeted compounds. Several of the concepts that were pioneered at BrUOG have now become national standards through their validation in the large national cooperative groups. BrUOG has a second important role. By actively involving Brown Hematology-Oncology fellows in clinical trials, it serves as a platform for training the next generation of cancer researchers.

BrUOG was developed at Brown University and its affiliated hospitals but, increasingly, these studies include participating institutions from around the nation, such as MD Anderson Cancer Center, Vanderbilt University, and Mount Sinai Medical Center (NY), and others. This collaborative venture by Brown-based Oncologists is playing an increasingly important national role in innovative cancer treatment. BrUOG is led by its Administrator, Teresa Kennedy, RN, and its Director, Alan Rosmarin, MD.

This complex array of clinical oncology studies depends heavily on the experience, dedication, and hard work of the clinical research staff. The research nurses, data managers and regulatory staff work side-by-side with physicians in the overall research program. Patients rely on research nurses for support and guidance during their treatment. Research nurses obtain pertinent treatment data, assess toxicity, and notify trial supervisors of adverse events. Data managers are responsible for follow-up data (which may be required for many years), and work with research nurses to assess the patient's progress, determine the disease status, and obtain lab data. The regulatory staff works closely with the local Institutional Review Board and the Office of Research Administration to ensure that regulatory issues comply with federal and local guidelines.

Thus, clinical oncology research is a complex endeavor that requires the coordinated activities of an entire team of researchers. Investigators and patients alike benefit from the unique resources of BrUOG and from the talented and dedicated staff in the Lifespan Clinical Oncology Research Office. A complete list of current clinical trials is available from the Lifespan Clinical Oncology Research Office (444-6217). Pam Bakalarski, Dr. Rosmarin, and the entire staff of the Protocol Office are happy to answer any questions about clinical oncology research at Brown and Lifespan.

Brown Names Eli Y. Adashi Dean of Medicine and Biological Sciences

Dr. Eli Y. Adashi, currently the John A. Dixon Professor and Presidential Professor of Obstetrics and Gynecology at the University of Utah Health Sciences Center, will join the faculty and senior administration of Brown University as dean of medicine and biological sciences. Brown President Ruth J. Simmons announced the appointment on Wednesday, Dec. 1, 2004. Adashi will begin his work at Brown Jan. 18, 2005.

For more details about this appointment visit the Brown Medical School News Bureau at the following address: http://www.brown.edu/Administration/News_Bureau/2004-05/04-058.html

Rheumatology Division Director Named

Dr. Edward Wing recently announced the recruitment of Dr. Edward V. Lally to become the Director of Rheumatology at Brown University and the Rhode Island and Miriam hospitals, as well as the Executive Chief at Memorial Hospital and the VA Hospital.

Dr. Lally is an accomplished clinician and academician who has run a highly successful Rheumatology program at Roger Williams Hospital. Dr. Lally graduated from Brown University and received his Medical Degree from Boston University School of Medicine. Subsequently, he completed his internal medicine training at the Boston City Hospital and a Rheumatology fellowship at the University of Pennsylvania. He has published over 50 scientific ar-

ticles on a variety of topics in Rheumatology. Dr. Lally was on the faculty at Brown before moving to Roger Williams and joining the faculty at Boston University School of Medicine. Dr. Lally is well known throughout the region for his excellence as a clinician, clinical researcher, and teacher.

Dr. Lally will be taking over this post from Dr. Stuart Schwartz who has served as interim Division Director for the last several years. Dr. Schwartz has done an outstanding job during his tenure and the Department is very appreciative for his many contributions. With limited resources, Dr. Schwartz has been able to run a busy clinical practice, staff the Rheumatology Clinic, teach medical students, housestaff and fellows and we are very grateful for all he has done. We are pleased that he will continue as a member of the Division and the University Medicine Foundation.

RESEARCH AWARDS

DEVASIS CHATTERJEE, PHD, in the division of Medical Oncology, has received a grant from the Sigma Tau Foundation. The grant is titled 'The Evaluation of Novel Camptothecin Analogs in Camptothecin-Resistant DU 145 Human Prostate Cancer Cells.' Camptothecins (CPTs) are broad-spectrum anticancer drugs that specifically target DNA topoisomerase I. As with most clinical malignancies, de novo or acquired clinical resistance to CPTs is common. One approach will be to define the cellular resistance mechanisms associated with altered topI/CPL interactions is by selecting CPT resistant cell lines and determining putative topI mutations associated with resistance.

NANANDA COL, MD, a new recruit in the division of General Internal Medicine, has been awarded a 3-year grant from the Agency for Healthcare Research and Quality for a project titled 'Effective Brief Behavioral Interventions.' The project will use a tailored web based technology called 'Delivering Effective Brief Behavioral Interventions' (DEBBI) which delivers tailored counseling messages for patients and

PCP's. These brief clinical interventions are specific to young women who smoke or problem drink. This innovative approach to stimulating behavior change will hopefully provide a model to decrease smoking and risky alcohol use among your women.

TIMOTHY FLANIGAN, MD, in the division of Infectious Diseases, has received a grant from the Health and Human Resources Administration for a project titled: 'An Evaluation of Innovative Methods for Integrating Buprenorphine Opioid Abuse Treatment in HIV Primary Care Settings: Demonstration Model Site.' These funds will be used towards developing, implementing and evaluating an innovative and replicable 5-year intervention that integrates buprenorphine opioid abuse treatment into an HIV primary care setting at the Miriam Hospital Immunology Center. Patients who elect to enroll into this study will benefit from a specialized treatment team including 5 HIV physicians certified to provide buprenorphine, nursing staff, outreach workers and other experienced clinical research staff.

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Chairman's Message

Edward J. Wing, MD

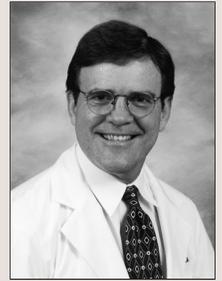
Tradition holds that at this time of year we not only look back but also look forward to all the opportunities, experiences and events that frame our lives

and aspirations. The past year has been an eventful one for my own personal experiences but for the Brown Medical School and the affiliated hospitals as well.

The Medical School has selected a new Dean, Dr. Ali Y. Adashi who will undoubtedly continue to build upon a firmly established legacy in medical education here, invigorating our faculty, residents, students and staff. We are very grateful for the stewardship that Dr. Richard Besdine has provided during his interim tenure and welcome him back to the guardianship of the Geriatrics Division.

Our affiliated hospitals continue to offer state of the art patient care with new construction, technology and additional programs in Cancer Care, Emergency Medicine and Women's Health to name just a few. The newly Combined General Cardiology Fellowship Program at Rhode Island Hospital and The Miriam Hospital recently headed by Dr. James Arrighi is off to a superb start through the dedicated work of the Cardiology Division and recently appointed Division Director, Dr. Alfred Buxton. Endeavors within the International Health sector are also being realized with the establishment of an educational opportunity in Santiago, Dominican Republic that will serve to complement the other sites in Kenya, India and Cambodia.

And finally we are very pleased to acknowledge the great generosity recently bestowed upon us. A wonderful donation from the Boesch family was made to our Moi/Kenya program directed by Dr. Jane Carter. In addition, The Beckwith Family Foundation has made a very generous gift to Brown Medical School and the Department of Medicine. With this gift, we have recently established the Beckwith Family Research and Education Fund which will be used to support our education and research mission emphasizing the education and training of medical residents. The Fund will allow us to support programs such as the Faculty Scholar and Teaching Awards Programs, a Visiting Professorship in Medicine and provided an endowment to enable residents to conduct research projects, attend national conferences or pursue studies in the international healthcare arena.



RESEARCH AWARDS

MICHAEL STEIN, MD, in the division of General Internal Medicine, has received a 5-year R01 grant from the National Institute on Drug Abuse titled 'Randomized Trial of a Brief Marijuana Intervention for Adolescent Women.' A randomized clinical trial will be conducted with 326 sexually active, marijuana-using young women (ages 15-24) recruited at a Women's Primary Care Center. By comparing a brief motivationally focused intervention with the current standard of care, the project's aim is to show if a brief marijuana intervention decreases marijuana use and sexual risk taking behaviors relative to standard of care. If effective, the intervention process can be readily integrated into existing women's primary care site.

KAREN TASHIMA, MD, in the division of Infectious Diseases, has received a developmental grant from the Center for AIDS Research (CFAR). The study will examine the impact of comorbid hepatitis C and HIV infection on neurocognitive and neuroimaging indices. There are three specific aims: 1) Demonstrate significant impairments in cognitive function among individuals co-infected with HIV and Hep C compared to individuals infected with HIV or Hep C alone. 2) Demonstrate significant changes in neuroimaging indices between the three groups including expected reduced caudate volume, whole brain volume, and white matter volume. 3) Demonstrate a significant relationship between cognitive measures and neuroimaging measures with laboratory markers of HIV and Hep C viral load.

Dr. Michael Stein receives the Excellence in Mentorship Award

Michael Stein, MD was the recipient of the Excellence in Mentorship Award at the recent 28th Annual National Conference for AMERSA, Association for Medical Education and Research in Substance Abuse, held at the Hilton Embassy Row Hotel in Washington, DC on November 12, 2004. The award is given to an individual from any discipline who has provided outstanding mentoring to junior faculty and/or trainees, resulting in the faculty member's or trainee's increased scholastic productivity and career advancement in the area of substance abuse education or research.



Profiles



Christine Duffy

General Internal Medicine – Research Unit

Christine Duffy, MD joined the Department of Medicine Faculty as Assistant Professor in the Division of General Internal

Medicine in August 2004. She obtained her medical degree at Cornell University Medical College in 1998 and completed her General Internal Medicine Residency at Rhode Island Hospital in 2001. She completed a post-doctoral fellowship at the Center for Gerontology and Health Care Research at Brown University before joining the Division of General Internal Medicine, Rhode Island Hospital as a clinical researcher.

Dr. Duffy's research interest includes the health care of cancer survivors, in particular, breast cancer. During her time as a fellow at the Center for Gerontology and Health Care Research, she has collaborated with both Susan Allen PhD and Melissa Clarke PhD. Together they examined various aspects of the medical care of cancer survivors, including health maintenance and screening practices among women diagnosed with breast cancer in addition to the reproductive counseling young women receive after a diagnosis of breast cancer. Dr. Duffy also continues her collaboration with Dr. Annlouise Assaf, PhD and Michele Cyr, MD with the Women's Health Initiative, examining the relationship between alcohol and hormone related cancers. During her time as a fellow, Dr. Duffy completed her Masters Degree in Public Health at Brown University.

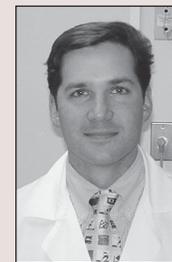
Dr. Duffy provides primary care to women in the community at the Women's Health Association, and precepts residents and medical students at the The Miriam Hospital Primary Care Clinic. Dr. Duffy can be reached by phone at 444-0360, or by email at cduffy@lifespan.org.

Cardiology

Brian G. Abbott, M.D., FACC, has joined the University Cardiology Foundation. He graduated

from the University of Florida College of Medicine, and completed his residency in Internal Medicine at Yale-New Haven Hospital. After completing Cardiology fellowship at the Yale University School of Medicine he was appointed Assistant Professor of Medicine (Cardiology) from 2001-2004. While at Yale, he served as Chief of the Cardiology Clinics and Medical Director of the Anticoagulation Clinics for the VA Connecticut Healthcare System, as well as Associate Program Director of the Yale Cardiology Fellowship.

His clinical research interests included the use of nuclear cardiology imaging modalities in the acute management of patients with chest pain as well as risk stratification of patients with coronary artery disease. He has



Brian Abbott

published on the utility of Emergency Department Chest Pain Centers, and more recently on the concept of acute imaging of myocardial ischemia and infarction ('hot spot' imaging), with SPECT and PET

imaging. In 2002 he received grant funding through the American Society of Nuclear Cardiology for a project entitled "18F-FDG as a Memory Marker of Transient Myocardial Ischemia". He has also been a primary investigator in a variety of large-scale clinical trials of atrial fibrillation (SAF-T, Azimilide in atrial fibrillation), anticoagulation (WATCH, THINRS), and drug trials of MRE-470 (Binodenosine), Ezetimibe (EASE trial), and Losartan (LIFE trial).

J. Dawn Abbott, MD joined the Department of Medicine as an Assistant Professor in the Division of Cardiology. She specializes in interventional cardiology and peripheral vascular interventions She has an



Dawn Abbott

outpatient practice and is on staff at Rhode Island Hospital. Dr. Abbott can be reached at 401-444-8540 or jabbott@lifespan.org.

She is a graduate of The University of Chicago Pritzker School of Medicine and completed her internal medicine residency and a chief residency at Yale New Haven Hospital. She continued on at Yale University for Cardiology Fellowship and received advanced training in coronary and peripheral interventions. She is board certified in Internal Medicine, Cardiovascular Disease and Interventional Cardiology.

In addition to her clinical work Dr. Abbott is involved in cardiovascular research. At Yale University she received a two year NIH (T32) Vascular Research Training Grant. Her research focused on understanding the factors involved in the recruitment of bone marrow derived cells to the injured heart, specifically the role of chemokines in this process. She also worked on improving methods of cardiovascular gene delivery. She is currently involved in database research defining the importance of several factors such as gender and collateral circulation on outcomes in percutaneous intervention. Future projects including evaluation of coronary distensibility will involve the animal research laboratory.

Gaurav Choudhary M.D. has joined the Department of Medicine, Division of Cardiology as an Assistant Professor of Medicine and will be located at the Providence VA Medical Center. Dr. Choudhary graduated from All India Institute of Medical Sciences, New Delhi and completed residency in internal medicine at University of Illinois at Chicago/Michael Reese Hospital Program and cardiovascular diseases fellowship at Emory University, Atlanta.



Gaurav Choudhary

Dr. Choudhary has been actively involved in basic science and clinical research in cardiology. His interests include using cellular electrophysiological techniques in investigation of the sodium channel and its blockers. He is also interested in investigation of newer modalities to evaluate endothelial function and its relationship with arrhythmic disorders.

Ian Woollett, MD joined the Department of Medicine as an assistant professor in the Division of Cardiology in August 2004. His primary clinical and research responsibilities will be in the area of cardiac electrophysiology. Dr. Woollett graduated from the University of Colorado School of Medicine and sub-



Ian Woollett

sequently completed a residency in Internal Medicine at the University of Washington, a fellowship in cardiovascular diseases at Yale University, and a fellowship in cardiac electrophysiology at Columbia University and New York Presbyterian Hospital.

Clinically, much of Dr. Woollett's time will be spent in the electrophysiology laboratory, both implanting pacemakers and defibrillators and performing electrical mapping and radio-frequency ablation of various tachycardias including atrial fibrillation. His research interests include the anatomic and physiological basis for reentrant tachycardias and risk stratification for identifying patients at risk for sudden cardiac death.

In addition, Dr. Woollett will have an active role in teaching students and residents both at Rhode Island Hospital and Miriam Hospital. He can be reached at 444-3020.

Infectious Diseases

Steven P. LaRosa, MD received his medical degree in 1992 from Boston University School of Medicine. He completed a residency in internal medicine at The Cleveland Clinic Foundation in 1996 and a clinical and research fellowship in Infectious Disease at the Mass. General Hospital in 1998. Following his fellowship Dr. LaRosa spent 3 years as a Clinical Research Physician at Eli Lilly and Company. In this capacity, he was the lead physician for the successful Phase III trial of Recombinant Human Activated Protein C (rhAPC) in severe sepsis (PROWESS Trial). Dr. LaRosa authored a protocol amendment for the study, trained investigators, monitored the day-to-day conduct of the study, served as the global safety officer for the study, and authored many of the sections of the Biologic License Application (BLA) submitted to the FDA.

Dr. LaRosa went on from Lilly to join the Infectious Disease Department at The Cleveland Clinic Foundation as an Associate Staff Physician in April 2001. In this capacity, Dr. LaRosa was involved in patient care and clinical research and served as a principal investigator on

2 multi-center late stage sepsis trials.

Dr. LaRosa is an Assistant Professor of Medicine at Brown Medical School in the Division of Infectious Diseases and co-directs the Brown Clinical Trials Coordinating Center for a worldwide randomized, placebo-controlled Phase III trial of Tifacogin in severe community-acquired pneumonia (Captivate Trial). He works very closely with Doctors Opal and Levy at Brown in this important endeavor, as well as other members of the Division of Infectious Diseases and Pulmonary/Critical Care Medicine.

Nephrology

John W. O'Bell, MD joined the Department of Medicine as an assistant professor of medicine in the Division of Renal Diseases. His office is at The Miriam Hospital, where he sees inpatient consults as well as outpatients.



John O'Bell

Dr. O'Bell is a graduate of Harvard College (A.B. 1994) and Case Western Reserve University School of Medicine (M.D. 1998). He completed his residency in Internal Medicine at Beth Israel-Deaconess Medical Center in Boston. He then worked as an ICU Hospitalist prior to completing a clinical fellowship in Nephrology at Tufts-New England Medical Center.

During his residency, Dr. O'Bell received a teaching award from Harvard Medical School for his involvement with medical students. He participated in the second year Renal Pathophysiology course at Tufts Medical School and lectured to the Physician Assistant Program at Massachusetts College of Pharmacy during his fellowship. He plans to be actively involved in the education of residents and medical students and will help coordinate resident lectures in electrolytes, acid-base disorders and other aspects of Nephrology. Dr. O'Bell is a full-time academic physician and hopes to expand the division's clinical research in Nephrology to The Miriam Hospital as well as to collaborate with other academic divisions. He can be reached at 401-793-5745 or jobell@lifespan.org.

Division of Obstetric Medicine,
Women & Infants Hospital

The Division of Obstetric Medicine faculty at Women & Infants Hospital have traveled extensively over the last few months from North America to Europe, the Middle East and to the Far East.

■ Dr. Raymond Powrie presented, “Causes of pulmonary edema in the pregnant patient at the North American Society for the Study of Hypertension in Pregnancy.” Department of Obstetrics & Gynecology, University of British Columbia. Vancouver, B.C. Canada.

“Medical Care of the Pregnant Women for the Primary Care Provider” at Beth Israel Deaconess Medical Center’s Primary Care Conference. Boston, MA

“Ten Things Every Clinician Should Know about Medical Issues in Pregnancy” at Practi-Med Tokyo at the Shin Yokohama Prince Hotel. Presented by Harvard Medical International and St. Luke’s Life Science Institute in collaboration with The New England Journal of Medicine and Kyoto University Graduate School of Medicine, Shin Yokohama, Kohoku-Ku, Yokohama, Japan

He also introduced the “Urinary protein to creatinine ratio is a clinically useful test in pregnancy” - Website. Presentation at: 14th World Congress of the International Society for the Study of Hypertension, ISSHP 2004 Vienna – Austria.

And, gave an invited presentation, “Acute Lung Injury in Pregnancy” at: Al Corniche Hospital. Abu Dhabi, United Arab Emirates.

■ Dr. Karen Rosene-Montella presented “Update in SLE and Lupus Nephritis,” at the North American Society for the Study of Hypertension in Pregnancy. Department of Obstetrics & Gynecology, University of British Columbia. Vancouver, B.C. Canada.

She also presented “Diagnosing and Managing Heart Disease During Pregnancy,” at the New York Chapter of the American College of Physicians. Saratoga Springs, NY

■ Drs. Karen Rosene-Montella, Raymond Powrie and Lucia Larson presented and were active participants at the Internal Society for

This Room is Yours — By Michael Stein, MD

Review Reprinted from *Publishers Weekly* (July 12, 2004 Issue)

Stein’s fourth novel (after 2000’s *The Lynching Tree*) is a sensitive meditation on the trials of caring for a deteriorating parent. The story begins as the unnamed narrator arranges for his estranged mother to move into a retirement community near his home, where “every vent—blew hot air that smelled like pot roast.” His visits are regular, perfunctory and emotionally confusing: “I could now tell my mother all my most private thoughts because she would remember none of them.” At first uncertain only about names and dates, his mother eventually needs constant supervision and care. Poignantly, the narrator grows closer to her, cultivating forgiveness for a childhood filled with betrayal and abandonment, and nurturing a love he has not felt in decades. Stein paints a clear, insightful portrait of the frustrations and indignities experienced by Alzheimer’s sufferers and caregivers alike, and he also muses on the

craft of writing itself. In regular interludes labeled “Reader’s Guide,” the narrator questions aspects of his story including his choice of viewpoint, tone and form. These interruptions are odd, but offer a surprising intimacy: “Imagine the literary problems set before an author, who wants to write a narrative about Alzheimer’s disease,” he writes. But Stein’s prose is always sharp and assured, even in its moments of query.

Review from Camilla Farrell, Development Director, Alzheimer’s Association RIH Chapter

Dr. Stein’s portrayal of caring for a loved one with dementia is both insightful and helpful. Many caregivers know the frustration of dealing with the challenges of Alzheimer’s and other dementia’s, but are afraid to express their feelings to others. *This Room Is Yours* is an honest account of what it feels like in many cases from the caregiver’s perspective. Dr. Stein has offered to donate a portion of the proceeds from the sale of his book to the Alzheimer’s Association.

Obstetric Medicine (ISOM) in Vienna, Austria from November 14-17, 2004. Dr.

Rosene-Montella chaired a plenary session on thrombosis in pregnancy. The three attendees ran a focus group and training workshop in obstetric medicine. In addition Dr. Powrie presented the unveiling of the new ISOM website www.isomnet.org developed by Drs. Powrie, Larson, Rosene-Montella and Margaret Miller. The site, designed to serve as an educational and collaborative tool to further the field of Obstetric Medicine includes:

- OB Medicine Journal Watch
- OB Medicine Forum offering an on-line discussion of difficult cases and issues
- Access to educational resources and patient information
- Access to Standardized Reviews in Obstetric Medicine (SROMS)
- Information about opportunities for research collaboration

Full Time and (Research) Faculty Appointments

The Miriam Hospital
INFECTIOUS DISEASES

Fizza S. Gillani, PhD, Instructor (Research)

Rhode Island Hospital
CARDIOLOGY

James Arrighi, MD, Associate Professor, Teaching Scholar
Jinette Dawn Abbott, MD, Assistant Professor
General Internal Medicine
Nananda Col, MD, MPP, MPH, Associate Professor, Research Scholar

ENDOCRINOLOGY

Leslie DeGroot, MD, Professor (Research)

Memorial Hospital of RI
INFECTIOUS DISEASES

Troy Martin, MD, Instructor

PULMONARY

Kenneth Casey, MD, MPH, Associate Professor (Clinical)

Graduate Medical Education

Brown Medical School
Internal Medicine Residency Program
Rhode Island Hospital – The Miriam Hospital – VA Medical Center

Cardiology Fellowship Program

James A. Arrighi, M.D.

The Brown Cardiology Fellowship Training Program is a three-year, ACGME accredited program that leads to eligibility for certification in Cardiovascular Disease. The main objective of the fellowship is to provide an academically and clinically rigorous training experience, offering the trainee opportunity for exposure in general cardiology, as well as focused learning in either a cardiology subspecialty or cardiovascular research. Essential goals of this training include the development of basic and clinical knowledge, procedural skills, clinical judgment, professionalism and interpersonal skills required as a specialist in cardiovascular medicine.

Three hospitals participate in the combined fellowship training program: Rhode Island Hospital, Miriam Hospital, and the Providence VA Medical Center. This combination creates a rich environment for training, with unparalleled breadth and opportunity. Over 30 faculty members, covering all areas of cardiology, participate in training of our fellows. The Division of Cardiology is dedicated to excellence in teaching and research, maintains a scholarly academic atmosphere, and ensures a wide exposure to all aspects of cardiovascular medicine. We are committed to the personal growth and development of each fellow as an individual, and strive towards constant improvement in the training environment. Input from fellows is critical in maintaining a dynamic, positive program.

The core fellowship program includes 6 trainees per year for a minimum of three years. The first 2 years are dedicated to mastering the core aspects of clinical cardiology, and are comprised of required rotations in each of the major disciplines of cardiology (consultative and diag-



nostic cardiology, noninvasive imaging, heart failure, electrophysiology, and catheterization). The third year is tailored to the individual's career goals. Third year fellows may seek advanced training in one particular sub-area of cardiology, or focus on mentored cardiovascular research. In general, fellows interested in clinical non-invasive cardiology will complete training within 3 years. Fellows antici-

pating a career in basic or clinical cardiovascular research generally will require additional years of training. All fellows maintain an outpatient clinic for one-half day per week for the entire 3 years of training. The overall structure of the program follows guidelines outlined in the Guidelines for Training in Adult Cardiovascular Medicine Core Cardiology Training Symposium (COCATS-2), published by the American Heart Association and the American College of Cardiology. These guidelines are available for download at <http://www.acc.org/clinical/training/cocats2.pdf>.

Trainees interested in a career in clinical electrophysiology or interventional cardiology require a minimum dedicated 4th year of training in these areas, which is both an ABIM and ACGME requirement. Accredited programs in interventional cardiology are offered both at RI Hospital and at Miriam Hospital. Fellows must complete 3 years of general cardiology prior to entering the programs in interventional cardiology. An accredited program in clinical cardiac electrophysiology is offered in a combined program. Electrophysiology training spans two years. Fellows who do both their general and electrophysiology training at Brown may complete the entire sequence over 4 years; fellows who complete general cardiology in another program generally will complete their 2 years of electrophysiology training after 3 years of general cardiology. Both of these programs have separate

STACI A. FISCHER, MD was recently appointed as the Infectious Disease Society of America (IDSA) representative to the Center for Disease Control (CDC) Organ Transplant Infection Prevention and Detection Program.

ABIM examinations that lead to Certificates of Added Qualifications in these areas.

Participation of fellows in a research experience within the Division and Department is expected, and provides a foundation of ongoing scholarship and critical thinking that is required for any career in medicine. Faculty within the Division are involved in a wide range of clinical research, including noninvasive imaging, heart failure, interventional cardiology, acute ischemic heart disease and electrophysiology. Division resources include a dedicated large animal laboratory, which has been involved in basic research in imaging and interventional cardiology.

The clinical and research rotations are complemented by an extensive conference structure. These include didactic conferences covering core topics in cardiology, cardiology grand rounds, case conference, journal club, and subspecialty conferences in nuclear, echo, catheterization/interventional, and electrophysiology.

The program participates in the Medical Specialties Match of the National Residency Matching Program. The vast majority of cardiology programs in the US participate in the match. Applicants must have successfully completed an ACGME-approved residency in internal medicine prior to starting cardiology fellowship training. In general, applications are due in January of the year before the anticipated July 1 start date (i.e. approximately 18 months before starting fellowship). Selected applicants are granted interviews in late winter/early spring. Match day is in late June, approximately 1 year before fellowship begins.

Medical residents who are interested in careers in cardiology are encouraged to meet with any of the members of the faculty, including the program director, Dr. James Arrighi, for advice and guidance. Dr. Arrighi can be reached at (401) 444-8041.

Office of the Chairman of Medicine
Rhode Island Hospital
593 Eddy Street
Providence, RI 02903

Department of Medicine Grand Rounds – Tuesday Mornings at 8:00 AM

George Auditorium, Rhode Island Hospital • Lecture Hall, The Miriam Hospital (teleconferenced from RIH)
Room 653, VA Medical Center (teleconferenced from RIH)

- January 25** "Kenya, The Dominican Republic, and Others: The International Experience of the Brown Department of Medicine"
Edward J. Wing, M.D., Physician-in-Chief, Department of Medicine, Rhode Island Hospital and The Miriam Hospital, Executive Physician-in-Chief, Memorial Hospital of Rhode Island, VA Medical Center, and Women & Infants Hospital, Chairman and Joukowsky Family Professor, Department of Medicine, Brown Medical School
- February 1** Morbidity & Mortality Conference
- February 8** Cardiology Update
- February 15** Hematology/Oncology Update
William Sikov, M.D., Brown Medical School and Anthony Mega, M.D., Brown Medical School
- February 22** CANCELED – President's Day
- March 8** General Internal Medicine Update
Mark Fagan, M.D., Brown Medical School, Mark Schleinitz, M.D., Brown Medical School and Nananda Col, M.D., Brown Medical School
- March 22** Morbidity & Mortality Conference
- March 29** "Venous Thromboembolic Disease"
Victor Tapson, M.D.

The Rhode Island Hospital fully intends to comply with the legal requirements of the Americans with Disabilities Act. If any participant of this conference is in need of accommodation, please contact the Rhode Island Hospital CME office at (401) 444-4260.

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