

department of

# Medicine Newsletter

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BROWN  
Alpert Medical School

## Division of Hematology and Medical Oncology



Peter Quesenberry, M.D.

Dr Peter Quesenberry was recruited in October 2006 to head the Hematology/Oncology Divisions at Rhode Island Hospital, Miriam Hospital, the Veterans Administration Hospital and Memorial Hospital as the Calabresi Professor and Professor of Medicine at Brown. Joining Dr. Quesenberry are a group of outstanding clinical and research colleagues who were with him at Roger Williams Hospital. These include Drs. Gerry Colvin, Eric Winer, and Jason Aliotta. Basic research colleagues include Gerry Dooner, Mark Dooner, Kevin Johnson, and Michael Del Tatto. The goals of Dr. Quesenberry are to enhance and expand the clinical activities of the Division of Hematology Oncology, to expand the teaching purview and to establish a Center for Stem Cell Biology. In a more global sense he will be working with surgical, radiation oncology, pediatric oncology and pathology colleagues and administrative leaders to further develop the Lifespan Comprehensive Cancer Center.

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Dr. Quesenberry was head of the Research Department, the Cancer Center and Bone Marrow Transplantation at Roger Williams and has a lifetime interest in treatment of Blood and Cancer diseases with an emphasis on leukemia/lymphoma/myeloma and bone marrow transplantation. Both his basic and clinical research have revolved around marrow engraftment and the definition of adult bone marrow stem cells. Most recently he has focused on the capacity of marrow cells to restore damaged tissue in lung, skeletal muscle and wounds.

Dr. Quesenberry has 263 articles listed on Pubmed and has been continually funded by NIH since 1980. He was editor of Experimental Hematology from 1990 to 1998, President of the International Society of Experimental Hematology from 2003 to

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**His research has bridged basic and clinical fields. He has developed new protocols for the use of low dose radiotherapy and marrow infusions to treat refractory hematologic malignancies and with his colleagues Drs. Winer and Colvin is pursuing new approaches for treating cancer with purposeful marrow rejection.**

2004 and received the Lifetime Achievement Award from the Leukemia/Lymphoma society in March 2006. He was named as one of the two top hematologists/oncologists in Rhode Island for 2006. He is presently section editor or associate editor for Leukemia and for Experimental hematology and is on or has been on the editorial boards of Blood, Stem Cells, Am J Hematology and International Journal of Hematology. He has been on the hematology study section and the NHLBI program projects review group and continues on the Leukemia/Lymphoma Society Translational Research Study section and reviews for NASA, ACS and other groups. He was on the executive committee of the American society of Hematology and has trained a total of 24 research fellows, 22 of who remain in academic medicine.

His research has bridged basic and clinical fields. He has developed new protocols for the use of low dose radiotherapy and marrow infusions to treat refractory hematologic malignancies and with his colleagues Drs. Winer and Colvin is pursuing new approaches for treating cancer with purposeful marrow rejection. His basic research work has focused on stem cell engraftment, the definition of the stem cell, stem cell plasticity and the shifting phenotype of the marrow stem cell with cell cycle passage. He has developed a new theory of marrow stem cell biology called the "continuum theory" and in collaboration with Dr.

Aliotta is beginning to investigate information transfer between damaged tissue cells and marrow cells by microvesicles.

Dr. Gerry Colvin is a dedicated hematologist/oncologist with a productive history of research in stem cell biology and clinical translation of such research. He has 39 listed manuscripts on PubMed. He has collaborated with Dr. Quesenberry and is now leading efforts to translate basic insights in stem cell biology to application in human disease. He is head of the Translational Disease Program in the division of Hematology Oncology.

Dr. Eric Winer is a hematologist/oncologist with a focused interest in bone marrow transplantation. He is an outstanding clinician and clinical investigator. He is presently working on the development of clinical protocols for the treatment of hematologic malignancies.

Dr. Jason Aliotta was a post-doctoral fellow in Dr. Quesenberry's laboratory and was then recruited to be a faculty member at RWMC on the COBRE grant on which Dr. Quesenberry was principle investigator. He is a pulmonologist and will be 25% in the Pulmonary Division and 75% in the Hematology/Oncology Division. His major research interest relates to how bone marrow cells can form lung cells after in vivo irradiation. He has recently developed information that microvesicle transfer of information may

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be critical to these phenomena. He lists 7 articles on PubMed and just received a K08 award from NIH.

There are also a highly skilled coterie of research colleagues working with the team.

- Mr. Mark Dooner is overall manager of the Quesenberry Laboratory and an expert in cellular imaging, stem cell engraftment and cell sorting. He heads the Imaging Core in the Center for Stem Cell Biology.
- Ms Gerry Dooner is an accomplished molecular investigator and she heads the Molecular Biology Core of the Center.
- Mr. Kevin Johnson is an outstanding fluorescent activated cell sorter operator and cell biologist. He heads the Cell Sorter Core of the Center for Stem Cell Biology.
- Mr. DelTatto is a recent addition to the laboratory bringing a diverse array of experimental skills to the group.

The overall goals of Dr. Quesenberry and colleagues can be summarized in the following list:

1. Establish a critical mass of cancer clinicians to form the basis for a Cancer Center of high excellence and for cross-institutional cancer programs.
2. Recruit and grow a base of stem cell and cancer investigators both at the basic level and in translational research.
3. Establish a Center for Stem Cell Biology that will rank amongst the best in the world
4. Establish a world-class bone Marrow Stem Cell Program.
5. Establish a clinical Experimental Tissue Restoration Program.
6. Work with the institution and the state to develop a State Stem Cell Center.
7. Develop outstanding educational programs in Cancer And Stem Cell Biology.

8. Work cooperatively to develop an NCI funded Cancer Center and to submit a Cancer Center Support Grant (CCSG)
9. Work with Development and Marketing to enhance referrals to the institution and donations to the Cancer programs.
10. Develop new forms of Cancer therapy, in part revolving around immunotherapy and microvesicle biology.
11. Thoroughly enjoy the wonderful collegial atmosphere at the Lifespan institutions.

## Chairman's Message

### Edward J. Wing, MD



I came to Brown more than 10 years ago, and now am able to look back on remarkable achievements by the faculty, trainees, and staff of the Department in all Divisions and in each of the Hospitals. Despite occasional bumps in the road, all Divisions have shown growth clinically, educationally, and in research. The recent Biennial report highlights our success and everyone should be proud of the Department. An indication

of our success is our reputation locally and nationally, which has grown each year. This current newsletter illustrates examples of recent achievements.

The recruitment of Dr. Peter Quesenberry has revitalized the Hematology/Oncology Division. He has brought outstanding research along with energy and expertise on the clinical services. Peter's enthusiasm and outstanding people skills have focused the whole Division on common goals. He is also a wonderful collaborator who interacts with others in the institution in a very positive way.

There have been large, important grants awarded to members of the Division of Geriatrics under Dr. Richard Besdine and the Division of Nephrology to Dr. Andy Bostom under the direction of Dr. Lance Dworkin. Dr. Sid Braman, Director of the Division of Pulmonary and Critical Care Medicine, received a very competitive award from the American College of Chest Physicians to study COPD. Many other grants are also listed in the body of the newsletter.

The Department of Medicine matched for over 60 interns and had an outstanding match with numerous students who are AOA or from the top of their classes at excellent schools. There were a total of five Brown students in the various tracks.

Each of us can look back at an outstanding record of achievement over the last 10 years.

As most of you know, I very recently accepted the position as Dean of Medicine and Biological Sciences at Brown University as of July 1. I want to thank each of you for your support during my time as Chairman.

*The Department of Medicine  
Newsletter is published quarterly.*

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# Working in Areas of Crisis: The Brown Kenya Program

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Janel O'Connell and E. Jane Carter, MD

With contributions from Dr. Joe Mamlin, US co-leader of the AMPATH HIV

Each academic year, the Brown Kenya exchange has 2 months dedicated time for our faculty, residents and students to work on the ground. For academic year 2007-08, Brown's months were January and February. This year was particular exciting for the program as the Psychiatry department, led by Dr. Martin Keller, was traveling to establish a much needed psychiatry exchange program. In addition, Dr. Michael Waxman was leading a group of international ER physicians to run an Emergency Medicine course for ER personnel through our western Kenya. For everyone involved, December brought significant excitement as plans, some two years in the making, were finally coming to fruition. Below is the timeline from our perspectives at the time the events were occurring.

- December 27th: Kenyan presidential elections are today. Following the unrest of 1992 elections, the exchange program has a policy to scale back. US individuals who live in Kenya are not required to leave. Dr. Joe and Sarah Ellen Mamlin remain. Record voter turnout has led to hours long wait times. The day passes peaceably.
- December 29th: Delays in counting the tallies are leading to rumors and tension.
- December 30th: It is announced that Mwi Kibacki, the incumbent, won. He is sworn in within the hour. Violence has broken out.

**Both in Kenya and at Brown, spirits moved through highs and lows. A quiet day brought joy while rumors and scenes of violence caused sadness and worry.**

- January 8th: "The first week of the violence resulted in < 10% of patients and staff able to get to clinic. The next week a rebound occurred in nearly all sites. We have multiple large displaced persons camps [10,000-20,000 people] around us. We work closely with relief agencies and have AMPATH teams engaged in every camp to reach the displaced. AMPATH creates a hotline for patients and launches a campaign advising HIV patients how to access medicine.

Both in Kenya and at Brown, spirits moved through highs and lows. A quiet day brought joy while rumors and scenes of violence caused sadness and worry. A low point for senior physicians was the discussion to delineate a "final exit plan" if all US personnel had to leave (i.e. civil war).

- January 18th: The news today was the most encouraging since before Kibacki was sworn in. The demonstrations in Eldoret were peaceful.
- January 24th: Former UN secretary-general Kofi Annan began mediating between Kibacki and Ralia Odinga. Both publicly asked for an end to the violence.

- January 27th: As the news headlines widespread ethnic violence, AMPATH continues to serve its patients. Naomi Lundman, of FPI wrote, "Imani (the crafts workshop) is a mixed-tribe enterprise. Benjamin [Naomi's Kenyan counterpart] stated he had to address this initially, but they are here working side-by-side. Everlyne [an Imani manager] stated they are giving hope and encouragement to others. Being HIV+, they were once considered death walking with no hope, and now they have hope, and going about their lives positively. In the same way those feeling devastated should not lose hope...the future can be bright. When all the chaos erupted after the elections, members of her estate got together and decided they were going to stand together against what may come, not divide along tribal lines. As a community, they stood watch during the night; men outside with simple weapons and the women and children in their homes. No homes have been destroyed and they are receiving 'refugees' from other parts of Eldoret."

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The Department of Medicine sincerely apologizes for the omission of the following Cardiology faculty members from our 2005-2007 Biennial Report.

James Robertson, MD  
Clinical Assistant Professor of Medicine  
Rhode Island Hospital

Hitesh Jindal, MD  
Assistant Professor of Medicine  
Rhode Island Hospital

Bum-Rak Choi, MD  
Assistant Professor of Medicine  
Rhode Island Hospital



- January 31st: Today's news is disappointing. After over a week of relative calm in Eldoret, a Parliament member was killed by a policeman. Violence and killings erupted. Joe reports that by evening, calm had returned after helicopters armed with police fired from the air at rogue gangs manning multiple roadblocks.
- February 1st: After the darkness of yesterday's violence in Eldoret and other parts of western Kenya, Kofi Annan announced talks are expected to last a month.
- February 4th: AMPATH continues to serve its patients, medical students return to class. 18 students are preparing to come to the US. The Kenyan government has lifted its ban on television broadcasts. An uneasy calm permeates Eldoret. Violence over the weekend punctuated the calm that Joe reported on Saturday: "I have been to town several times. Town is beautiful, jaywalking, traffic jams, all shops open like the old days. The weather is beautiful, the town is beautiful, and life is beautiful."
- February 28th: Rejoicing all over Kenya is the rule of the day. Odinga and Kibaki signed an historic agreement. Odinga referred to Mr. Kibaki as "President Kibaki", the first time he has uttered that salutation since late December "Prayers are answered, civil war is averted and Kenya is preparing to rise to heights never dreamed of in Africa. The IKenya Program celebrates this victory and resolves anew to give all that we have to the commitment to nation building. We will reach for the sick, the poor and the marginalized as partners with our Kenyan colleagues to do our part to make

sure the Kenyan dream is shared by all. We are overjoyed today and ready to work. Tonight, Sarah Ellen and I will unpack the bags beside our bed. We no longer need an emergency bag as we run for our lives. Our lives are beginning afresh today just as Kenya enters the first day of true independence."

- February 23rd: Joe writes: "I can't put into words the thanks all of us feel for the immediate and generous support that poured into our Crisis Relief Fund for our staff and patients at this time of urgent need. Dr. Kimaiyo has been a keen steward of these funds and I doubt if any gift in the history of Kenya has gone so directly to the heart of need. Thousands have been touched and each recipient would overcome their pain of the moment to embrace each of those who gave. Our task is not over.... whatever happens, no one can take away the peace in my heart today for having been able to bridge the hands that gave with those in such need."

Over the past week, the celebration has continued. Yet, everyone understands that the work of rebuilding has just started. The Brown Kenya Recovery Fund raised over \$55,000. This support has gone to support 401 families with 1,978 dependents and those who sought refuge at IU House during the crisis (>200 individuals). For the full report of the Kenya Relief Fund with personal stories or to be added to the Kenya Program distribution list, contact JVOConnell@lifespan.org. The recent crisis serves to underscore both the importance and strength of the Kenya Program. The collaboration built over years is even more critical and stronger now.

## Full Time and Faculty Appointments

### Rhode Island Hospital

#### **Hematology/Oncology**

Karen Drumea, MD  
Assistant Professor (Res)

#### **Infectious Disease**

Staci Fischer, MD  
Associate Professor TST

#### **Rheumatology**

Edward Lally, MD  
Professor TST

#### **General Internal Medicine**

Kelly McGarry, MD  
Associate Professor TST

Cynthia Rosengard, Ph.D  
Associate Professor (Res)

### The Miriam Hospital

#### **Infectious Disease**

Fizza Gillani, Ph.D  
Assistant Professor (Res)

### Memorial Hospital of RI

#### **Infectious Disease**

Nicholas Zaller, Ph.D.  
Assistant Professor

## Full Time and (Research) Faculty Appointments

### Rhode Island Hospital

#### **Cardiology**

Victor Shin, MD  
Instructor

General Internal Medicine  
Rebecca Gardner, MD  
Assistant Professor

#### **Geriatrics**

Meg Bourbonniere, PhD., RN  
Assistant Professor (Res)

#### **Pulmonary**

Yaser El-Sameed, MD  
Assistant Professor

Mariam Louis, MD, FRCPC  
Assistant Professor TST

Katherine Sharkey, MD, Ph.D.  
Assistant Professor

### Memorial Hospital of RI

#### **Infectious Disease**

Aurora Pop-Vicas, MD, MPH  
Assistant Professor

### VAMC

#### **Pulmonary**

Mathew Jankowich, MD  
Instructor

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# Dr. Richard Besdine Receives Grant from The John A. Hartford Foundation

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By Felice J. Freyer, Providence Journal Medical Writer, Reprint courtesy of the Providence Journal

When Dr. Richard W. Besdine decided to leave a career in basic science research so he could study the health problems of elderly people, he faced two obstacles: he could not find a single U.S. medical training program in the field, and his colleagues thought he had lost his mind.

That was 1972, when fading old doctors—not hotshot young researchers—were the ones who took care of the old people.

Besdine was not deterred. He went to Scotland to train and came home to help establish at Harvard America's first medical training program in geriatrics—the branch of medicine concerned with the diseases and problems of old age.

Now, Besdine is director of the division of geriatrics at the Warren Alpert Medical School of Brown University. The medical school just won a \$450,000 grant from the John A. Hartford Foundation to enhance education in geriatrics. With the grant comes the foundation's designation of Brown as a Center of Excellence in Geriatric Medicine and Training, awarded to only 3 of the 27 medical schools that applied.

Geriatric medicine has come a long way since 1972. Today there are 5,000 board-certified geriatricians and Besdine calls the field “vibrant and exciting.” But most geriatricians are busy treating patients, not training the next generation of doctors.

That's where the Alpert Medical School and Hartford Foundation grant come in. The Hartford grant will help pay for part of the



Richard Besdine, MD

salaries of junior faculty, so they'll have protected time when they don't need to be making money by seeing patients. They'll use that time, Besdine says, to research aging issues and acquire the skills and knowledge to teach about aging.

“You need effective teachers who will consume the knowledge created and translate it and disseminate it to the clinicians who are going to keep you and me out of the nursing home,” Besdine says.

Additionally, the grant will help open up a dozen additional positions in a fellowship program in aging, in which internists who have completed their residency spend an additional year or two studying aging issues. The “very best” of those fellows, says Besdine, will stay on as Brown faculty.

The Hartford grant, to be spent over three years, works especially well in combination with a four-year \$2-million grant received last year from the Donald W. Reynolds Foundation, Besdine says. The Reynolds money is being used to incorporate aging-related information into every course for every year of medical school.

It's not a moment too soon. There are 75 million people in the baby boom generation, and nearly all will live to age 65. There will never be enough geriatricians to care for them all, Besdine says. Instead, all doctors need to know how medical needs differ in old age. Certain illnesses are much more common in elderly people, and diseases that

**“You need effective teachers who will consume the knowledge created and translate it and disseminate it to the clinicians who are going to keep you and me out of the nursing home,” Besdine says.**

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affect all ages often behave differently in the old.

"The more generalist physicians who are adequately educated in the care of the elderly, the fewer geriatricians we need," Besdine says. "Everything we're doing at Brown is aimed at equipping the generalist to do it right." Specialists and surgeons also need to understand that elderly people respond differently to medications and anesthesia, among other things.

For example, Besdine explains, even in a healthy person, the heart muscle becomes thicker and stiffer as it ages. As a result, the left ventricle, the big pumping chamber, fills with blood more slowly and needs longer to pump out the blood to the rest of the organs. That means that a rapid heart rate in an elderly person can be dangerous. "We are taught as physicians that the heart tolerates rates of 120, 130, even 140 pretty well," Besdine says. But that's not true for older people. When an infection, fever or other physiological stress in an old person causes the heart rate to accelerate, "getting that heart rate down is absolutely a high priority," he said. "If you don't know that,

every older person you take care of is going to be a catastrophe."

Besdine decided to go into geriatric medicine because he had found the greatest satisfaction when caring for older people; they were the ones "who pushed me to the very limits of my ability."

His enthusiasm has proven infectious, says Dr. Edward Wing, chairman of the department of medicine at Rhode Island Hospital and at the Alpert Medical School. "He's made medical students at Brown excited about geriatrics," Wing says. "It's not a popular field. Not many people go into it. He's gotten residents excited about it."

Geriatrics remains a comparatively low-paying field. Doctors get paid per patient visit, but with an old person each visit tends to take longer, because the person moves more slowly and is more likely to have multifaceted medical issues, Wing explains.

But doctors who choose the field love it, says Wing. "They get a lot of satisfaction. They have long-term relationships with fascinating people. ... They're wonderful to talk to."

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## Division of Endocrinology Faculty Honored in China

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*Robert Smith, MD*

**D**rs. Robert Smith and Haiyan Xu from the Division of Endocrinology gave a series of invited research lectures at four medical centers in China in October 2007. At the Affiliated Hospital of Luzhou Medical College in Luzhou City, Sichuan Province, they were joined by Dr. Eugene Chin from the Brown Department of Orthopedics as featured speakers at an international research symposium. They each spoke on their current research, and Dr. Smith also gave a clinical lecture on intensive blood glucose management in critical illness. The opening ceremony of the symposium included the awarding of honorary professorships to Drs. Smith, Xu and Chin. As a component of the visit, Dr. Smith participated in a series of consultative meetings with the Luzhou hospital and medical school leadership, and he also provided patient-based diabetes teaching in their Endocrinology Department. Dr. Smith has been named to a 3-year term as Honorary President of the Affiliated Hospital of Luzhou Medical College and will continue to advise the hospital on academic and research programs. As part of a developing cooperative research training program with Luzhou Medical College, Dr. Qui Chen from Luzhou Medical College currently is doing a research fellowship on obesity and insulin resistance with Dr. Xu in the Division of Endocrinology Research Laboratories in the Galletti Building.

From Luzhou, Drs. Smith and Xu traveled to Chongqing Medical University in Sichuan Province and then Beijing Medical University



From left, Drs. Haiyan Xu, Robert Smith, and Qui Chen on the campus of Luzhou Medical College.

for invited research lectures and discussions on cooperative research and training programs. Dr. Smith also was invited to the Peking Union Medical College Hospital in Beijing. He has had a long association with PUMCH through research collaborations with Dr. Zhu-Ming Jiang, a distinguished professor who developed the nutrition support service at the hospital. Dr. Smith's former postdoctoral fellow, Dr. Yilei Mao, is Professor of Surgery and Chief of the Liver Transplantation Department at PUMCH.

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# Andrew Bostom, MD, MS receives \$19.6 million federal grant

## Multi-site trial aims to reduce cardiovascular disease in kidney transplant recipients

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Andrew G. Bostom, M.D., M.S., a specialist in the division of kidney disease and hypertension at Rhode Island Hospital, has received \$19.6 million from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) to fund another five years of his landmark study, which looks at ways to reduce heart attack and stroke in kidney transplant patients.

The Folic Acid for Vascular Outcome Reduction in Transplantation (FAVORIT) trial is critical because patients with chronic kidney disease, including those who have received kidney transplants, are at high risk for cardiovascular disease (CVD)—the nation's leading cause of death.

The multi-site FAVORIT trial, which began in 2002, is a double-blind, randomized controlled clinical trial designed to evaluate whether lowering an amino acid known as total homocysteine using vitamin supplements like folic acid can reduce CVD in kidney transplant recipients.

Elevated homocysteine—which is more prevalent in patients with chronic kidney disease—can increase the risk of coronary heart disease, stroke and peripheral vascular disease, while folic acid and other B vitamins help break it down.

Bostom, who is also an associate professor of medicine at The Warren Alpert Medical School of Brown University, initiated the trial five years ago and will continue to direct the clinical coordinating center at Rhode Island Hospital. Federal funding will be distributed to each of the 30 major kidney transplant centers in the United States, Canada and Brazil participating in this trial.

Because of their high rates of cardiovascular disease, kidney transplant recipients are a unique group for testing the theory that lowering total homocysteine may reduce the risk of heart attack, stroke and other cardiovascular events in the much larger population of people with chronic kidney disease, Bostom said.

“With a better understanding of why these patients are at significant risk for cardiovascular disease, we can develop more effective ways to prevent and treat it, enabling us to improve the overall health, as well as the quality of life, of people with chronic kidney disease,” he added.

In 2006, more than 17,000 people in the United States received a kidney transplant. Overall, 20 million Americans—or one in nine adults—have chronic kidney disease, which can often lead to kidney failure. Another 20 million are at increased risk. Kidney transplant recipients have nearly twice the incidence of CVD than the rest of the population.

**“With a better understanding of why these patients are at significant risk for cardiovascular disease, we can develop more effective ways to prevent and treat it, enabling us to improve the overall health, as well as the quality of life, of people with chronic kidney disease”**

Participants in the FAVORIT trial are clinically stable kidney transplant recipients who have had their new kidney for at least six months and who also have elevated total homocysteine. Patients are randomized to a multivitamin containing high doses of folic acid and vitamins B6 and B12 or a vitamin with no folic acid and the estimated average daily requirements of vitamins B6 and B12. To date, 42 percent of the randomized patients had a history of diabetes and 21 percent had prevalent CVD. Patients will be followed until June 2010.

The primary endpoint of the trial is a composite of incident or recurrent coronary heart, cerebrovascular, and abdominal/lower extremity events, such as stroke, heart attack, resuscitated sudden death, and limb amputation resulting from hardening of the arteries that supply blood to the legs and feet.

“Under Dr. Bostom’s leadership, the FAVORIT trial will undoubtedly play a major role in how we approach cardiovascular disease in patients with chronic kidney disease,” said Lance Dworkin, M.D., chief of the division of kidney disease and hypertension at Rhode Island Hospital and a professor of medicine at Alpert Medical School. “Patients and physicians will both benefit from this trial, even if the research suggests that lowering homocysteine does not, in fact, reduce the risk of cardiovascular disease.”



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# RESEARCH AWARDS

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**Jason Aliotta, MD**, in the Pulmonary Division and Hematology and Medical Oncology Division, has received a five-year K08 grant from the National Heart, Lung, and Blood Institute. Averaging \$120,000 per year in direct costs, this grant will be used for Dr. Aliotta to conduct research in the repair of acute lung injury. Specifically, the work will examine cell-to-cell communication between injured lung cells and bone marrow cells and mechanisms by which this communication aids in marrow cell-based lung injury and repair. The specific hypothesis is that injured lung cells induce phenotypic modifications of marrow cells by release from lung cells and subsequent uptake by marrow cells of lung cell-derived microvesicles, thereby inducing marrow cells to assume a lung cell phenotype.

**David Dosa, MD**, in the Geriatrics Division, has received funding from the California HealthCare Foundation via a subcontract from the Gerontology Center at Brown University for the project 'Evaluation of the "Reducing Potentially Preventable Transfers at End of Life" Project.' With \$24,000 in funding received, Dr. Dosa will be involved in advising the main project team in California on data collection, conducting interviews with stakeholders including nursing home staff, officials at area hospitals, and family members of patients at identified nursing homes. Finally, should the project be successful, Dr. Dosa will be involved in identifying how the project could be implemented in other areas of the country.

**Susan Kiene, PhD**, in the Division of General Internal Medicine, has received funding from the National Institutes of Health via a subcontract from the University of Connecticut Health Center. The \$10,000 per year in direct cost funding for the project 'Integrating HIV Prevention into Clinical Care for PLWHA in South Africa'

will be used for Dr. Kiene to continue her work in developing outcome measures, developing and implementing intervention program, and analyze data for this project based in South Africa.

**Qing Lu, DVM, PhD**, Research Biologist in the Vascular Research Laboratory at the Providence VA Medical Center, has received funding co-sponsored by the American Thoracic Society and the Pulmonary Hypertension Association for her project 'TGFbeta1 and Pulmonary Arterial Hypertension.' This two-year award receives \$50,000 per year in funds. This grant will fund innovative research in the pathogenesis of Pulmonary Arterial Hypertension (PAH), a catastrophic disease that primarily affects young women. Dr. Lu will do animal and cell studies of the effect of Transforming Growth Factor beta on endothelial cell proliferation and formation of plexiform lesions in PAH. This work is co-sponsored by the American Thoracic Society and the Pulmonary Hypertension Association. The ATS is an international professional organization of respiratory physicians and scientists. The PHA is an organization of patients and families with PAH, dedicated to finding a cure for this disease.

**David Mills, PhD**, in the Division of Hematology and Medical Oncology, has received \$15,000 in funds from the University of Rhode Island for his project 'Surface Hsc70/OC.10 Confers a Growth and Survival Advantage to Oval Cells, Cholangiocytes and Hepatocellular Carcinomas.' The grant will examine the effects of a previously developed surface reactive monoclonal antibody, Mab OC.10, on proliferation and anoxia using the stem-like oval cell lines CDE6 and LE2, low passage and spontaneously transformed high passage BDE cells, and the rac HCC line,

H5D. Subsequently, the grant will examine the effect of siRNA knockdown of Hsc70/OC.10 on growth and survival using the same cell lines. The results could advance development of a therapeutic intervention in the treatment of liver cancer.

**Stephen Moss, MD**, from the Division of Gastroenterology, has received a two-year R-21 grant from the National Cancer Institute for a project titled 'Gastric cancer induced by H. pylori in p27-deficient mice.' The grant averages \$95,000 per year in direct cost funding. In most cases of gastric cancer, the disease is a consequence of decades of gastric infection by *Helicobacter pylori* and the associated inflammatory response. Using a recently developed novel murine model of gastric cancer in the p27-deficient mouse, the grant has the following specific aims: 1) Determine the effects of bone marrow transplantation from Rosa 26 wild type mice (prior to H. Pylori infection) to the p27-deficient mice on gastric cancer development. 2) Determine the effect of eradicating H. pylori on gastric cancer incidence using the p27-deficient mice infected with H. Pylori. These studies could lead to the development of new clinical strategies for the prevention, treatment, and diagnosis of gastric cancer.

**Robert Smith, MD**, Division Director for Endocrinology, has received \$11,000 in direct cost funding from the Juvenile Diabetes Foundation via a subcontract from Epivax for the project 'Immune System Modulation to Treat and Prevent Type 1 Diabetes.' The funds are to be used towards enrolling 20 recently diagnosed Type 1 Diabetes patients into a pilot study. Blood sample analysis from these patients and comparing to control specimens will be completed. The goal is to evaluate whether the immune response to islet cell antigens can be

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## RESEARCH AWARDS *continued*

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redirected by administration of T cell regulatory epitopes in conjunction with the Type 1 Diabetes antigen GAD65, thus leading to 'antigen-specific adaptive tolerance.'

**Haiyan Xu, MD/PhD**, in the Division of Endocrinology, has received three-year Scientist Development Grant from the American Heart Association for her grant 'Mechanism and consequence of obesity-related adipose macrophage infiltration.' With \$70,000 per year in direct cost funding, the grant will work on understanding the underlying molecular mechanism of obesity-related metabolic syndrome. The grant will specifically look into determining whether upregulation of multiple chemokines, with free fatty acids as potential trigger, is responsible for obesity-related adipose macrophage infiltration and whether ablation of adipose macrophages in obese mice will be more beneficial than targeting individual chemokine/ chemokine receptor for improving obesity-related metabolic syndrome. The results could lead to a novel insight into the therapeutic potential of improving obesity-related metabolic disorders by blocking macrophage trafficking.

**Dr. Karen Rosene-Montella, MD**, Chief of Medicine at Women & Infants Hospital and Professor of Medicine and Obstetrics & Gynecology at The Warren Alpert Medical School of Brown University, hosts the United States site for TIPPS: Thrombophilia in Pregnancy Prophylaxis and is entering its second year of recruitment. Women & Infants Hospital has the prestige of being chosen as the coordinating site for the United States. Dr. Marc Rodger, the Chief Investigator of this international study, will be visiting Women & Infants Hospital as a visiting professor and will be presenting W&I Grand Rounds as well as meeting with many of the divisions, March 4-6, 2008.

**Karen Rosene-Montella, MD**, Co-investigator of the grant "Maternal Hypothyroidism" has been awarded a \$1.3 million grant for a 3 year period from the CDC in September 2007. The purpose of the study funded by the CDC is to apply a standardized management protocol to better understand the short and long term health implications of maternal "subclinical hypothyroidism" in pregnancy.

The following Department of Medicine researchers each received a \$10,000 one-year grant from the Rhode Island Foundation to work on the project noted.

**Rujun Gong, PhD**, in the Division of Nephrology, for his project 'Role of glyco-gen synthase kinase 3B in pathogenesis of inflammatory kidney disease.'

**Susie Hu, MD**, in the Nephrology Division, for her project 'Impact of Sub clinical Chronic Kidney Disease and Progression on Cardiovascular Disease Outcomes.'

**Rami Kantor, MD**, in the Division of Infectious Diseases, for his project 'HIV-1 Genotypic diversity and drug resistance in Western Kenya.'

**Susan Kiene, PhD**, in the Division of General Internal Medicine, for her project 'Dynamics of Risky and Safer Sexual Behavior Among Couples in Rural Uganda.'

**Silvia Degli Esposti, MD**, Director of the Center for Women's Digestive Disorders and Associate Professor of Medicine (Clinical) at The Warren Alpert Medical School of Brown University and Sumona Saha, MD (GI Fellow) were selected in November 2007 for membership into the Crohn's and Colitis Foundation of America (CCFA) Research Alliance- a prestigious consortium of academic institutions throughout the country with the resources and interest to study inflammatory bowel disease. In addition, the

Center for Women's Digestive Disorders at Women and Infants Hospital was selected as a site for the Multi-Center National Prospective Study of Pregnancy and Neonatal Outcomes in Women with Inflammatory Bowel Disease. We are 6 months into recruitment for this 3-year study. The project is funded through the Crohn's and Colitis Foundation of America (CCFA).

**Dr. Gaurav Choudhary, MD**, Assistant Professor of Medicine and staff cardiologist at the Providence VAMC, has been awarded a Actelion Pharmaceuticals Young Investigator Award to study "Role of Endothelin-Induced PKC delta Activation in Right Ventricular Hypertrophy". Dr. James Klinger, Associate Professor of Medicine and staff pulmonologist at The Rhode Island Hospital, is mentor for Dr. Choudhary's work. The award is for \$75,000.

**Dr. Qing Lu, DVM, PHD**, Assistant Professor of Medicine (Research) has been awarded a research grant from the American Thoracic Society/Pulmonary Hypertension Association, to study "TGF-beta1 and Pulmonary Artery Hypertension". This award is for \$50,000 per year in direct costs from January 1, 2008-December 31, 2011.

**Katie Grinell, PhD**, Research Associate in Medicine based in the Vascular Research Laboratory at the Providence VA Medical Center, was just informed that she has been awarded a Ruth L. Kirschstein National Research Service Award from the NHLBI. The title of the proposal is: "PKC delta modulation of pulmonary endothelial barrier function via SHP2 and Src." The percentile was 2.1 and the funding is for a period of 3 years. Dr. Elizabeth Harrington, Associate Professor of Medicine (Research) is the mentor for this award.

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# RIH Improves Heart-Attack Treatment

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By Felice J. Freyer, Journal Medical Writer, Reprint courtesy of the Providence Journal

It's called "door-to-balloon time" and, no, it has nothing to do with your kid's birthday party. It does, however, have a lot to do with whether you survive a heart attack.

"Door-to-balloon time" refers to the number of minutes that elapse between when a heart-attack patient arrives at a hospital's door and when the patient's blocked heart artery is reopened with a balloon-tipped catheter. The fewer the minutes, the lower the risk of damage to the heart muscle.

For years, groups concerned with improving the quality of health care have been pushing hospitals to shrink their door-to-balloon times. In 2006, the American College of Cardiology and the American Heart Association recommended that it be no more than 90 minutes. Even so, around the country, half or fewer of the heart attack patients who need the treatment get it that fast.

But at Rhode Island Hospital, according to Dr. David O. Williams, director of the cardiovascular laboratory and interventional cardiology, 92 percent of appropriate heart-attack patients have their arteries opened in less than 90 minutes, with an average door-to-balloon time of less than 70 minutes. A few years ago, the hospital's record was not so good. The hospital administration formed a committee to fix the problem, and it did. Because of this successful turnaround, a team from Rhode Island Hospital was invited to present a "blueprint" of how they improved at a conference of the Voluntary Hospital Association earlier this month. Rhode Island was one of two hospitals that gave presentations on heart-attack care on Feb. 7.

An association spokesman said that Rhode Island Hospital was probably among the top 20 in the country in heart-attack care, and was further distinguished by its willingness to help the association develop its blueprint. "It's one thing to know how to do something well," said VHA spokesman Lynn Gentry, "and quite another to be willing to share your secrets for the good of all." But why would it take more than 90 minutes to deliver urgent, life-saving care? Rhode Island Hospital's Williams explains what has to happen between the door and the balloon.

The patient arrives and gets a bed in the emergency room. An EKG is performed and interpreted. A physician conducts a physical and gets a medical history. If he determines the patient is having a certain type of heart attack, the interventional cardiology team is summoned. If they're not in the building, they have to get to the hospital from wherever they are. They have to set up the catheterization laboratory, bring in the patient, and get the patient's consent to perform the procedure,

known a balloon angioplasty. A needle is inserted into the groin and a slender tube threaded through the femoral artery toward the heart. Dye is injected and a picture taken to confirm which artery is blocked. A tiny wire is advanced through the catheter into the artery, a balloon-tipped catheter is slipped over the wire, and the balloon is inflated, clearing the blockage. "That's when the clock stops," Williams said.

In 2004, that clock was stopping too late too often, Williams said. The hospital improved its performance, only to fall below par when the standard was lowered to 90 minutes two years later. Step by step, a team put new processes in place. All the interventional cardiologists had to carry a pager and get to the hospital within 30 minutes of it going off. "When I'm on call," Williams said, "I cannot go out to eat. I cannot drive to Newport. I cannot go very far. That was a demanding but important maneuver." A list of steps that must take place with each heart-attack patient was posted on the wall, to make sure everyone responded consistently. And finally, a year ago, the hospital moved the catheterization lab, where the balloon angioplasty takes place, down to the emergency room. Before, it had been in the Ambulatory Patient Center, a 10- to 20-minute walk from the emergency room.

Williams said that a group from the VHA spent two days last month at Rhode Island Hospital interviewing everyone involved with heart-attack care to develop a blueprint that other hospitals can use to improve their door-to-balloon times. Meanwhile, Rhode Island Hospital has been working with Sturdy Memorial Hospital, in Attleboro, which does not have a cath lab, to set up a system for quickly sending appropriate patients 15 miles south to Rhode Island Hospital. "We took 27 patients last year from Sturdy," Williams said. "The average door-to-balloon time was 89 minutes. Their door, our balloon."



David O. Williams, MD, Director of the Cardiovascular Laboratory and Interventional Cardiology



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# Distinguished Scholar in Respiratory Health Award

## The development of a COPD Chronic Care Model

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*Sidney S. Braman, MD FCCP*

The American College of Chest Physicians (ACCP) and The CHEST Foundation, its philanthropic arm, have created an endowed scholars program with a goal to provide a three-year interval of financial support for clinical educational projects that will improve patient care. The ACCP, CHEST Foundation and GlaxoSmithKline created the Distinguished Scholar in Respiratory Health Award to reflect the importance of developing new scientific innovations, to educate physicians and their patients and to heighten public awareness about airway disorders. I became the recipient of this award in October 2007. The goal of my Distinguished Scholar project is to develop a COPD Chronic Care Model. The vision is to have this integrative model of care for COPD patients used by primary care physicians and other health care providers throughout the country. The Model will encourage high quality, evidence-based and guideline driven chronic disease management and the use of ACCP educational resources.

COPD is defined as “a disease state characterized by airflow limitation that is not fully reversible”. The airflow limitation is usually both progressive and associated with an abnormal inflammatory response of the lungs to noxious particles or gases”. It is a preventable and treatable disease responsible for a large human and economic burden around the world. The most important risk factor for COPD in the developed world is cigarette smoking, but other factors such as occupational or environmental exposures to dusts, gasses, vapors or fumes, exposure to biomass smoke, malnutrition, early life infections, genetic predisposition, increased airways responsiveness, and asthma are also important in some individuals.

The Third National Health Interview Survey has estimated that 23.6 million adults in the United States have COPD. Lung function impairment in patients with COPD is associated with lower quality of life and severe limitations that grow worse as the disease progresses. In 2000 in the US, COPD was responsible for the following: 8 million physician office and hospital outpatient visits, 1.5 million emergency department visits, 726,000 hospitalizations, and 119,000 deaths.

The burden of disease associated with COPD is largely underestimated since having a diagnosis of COPD is associated with increase risk for hospitalization and in-hospital mortality from other common diagnoses. In addition, patients with COPD are more likely to be hospitalized with pneumonia, hypertension, heart failure, ischemic heart disease, pulmonary vascular disease, thoracic malignancies, and ventilatory failure, when compared to age-adjusted patients discharged without COPD. Depression and anxiety are 4 to 5 times more prevalent in



Sidney S. Braman, MD, FCCP, Professor and Director, Division of Pulmonary & Critical Care

COPD patients, compared to matched controls, and COPD is also linked to a number of co-morbid diseases such as cardiovascular disease, osteoporosis and the metabolic syndrome. Better public health and integrative care are needed to; 1) stress early disease discovery of COPD and its associated co-morbidities 2) target the risk factors for COPD and 3) provide comprehensive evidence-based treatment programs.

Despite the enormous impact of COPD on the health of millions of patients in the US and around the globe, considerable evidence exists that patients, physicians and other health care providers and the public at large do not recognize what COPD is and greatly underestimate its impact. One successful approach to disease management of chronic illnesses is to implement a chronic care model (CCM). Implementation of the chronic care model has been shown to be an effective preventative strategy to improve outcomes in diabetes mellitus, depression, and congestive heart failure, but data are lacking regarding the effectiveness of this model in preventing complications in patients with chronic obstructive pulmonary disease.

The COPD Chronic Care Model that I am developing will be accomplished by a partnership with members of the ACCP Airways Disorders Network and health professionals of the Institute for Health Care Improvement (IHI), Cambridge, and Ma. The creation and implementation of this model will provide an excellent opportunity to conduct health services research on COPD and its co-morbidities.



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## PROFILES

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**Dr. Ivana Lukacova-Zib** joined the Division of Endocrinology in November 2007 as Clinical Assistant Professor Medicine. Dr. Zib received her MD in Prague, did medical residency training at McKeesport Hospital in the University of Pittsburgh system, and completed three years of clinical and research training

in endocrinology and diabetes at the University of Texas Southwestern in Dallas. Prior to coming to the Department of Medicine, she was in practice in North Dartmouth, MA. She will provide endocrine and diabetes specialty care in the Hallett Center, participate in the teaching programs of the Division of Endocrinology, and pursue research interests in thyroid disease and diabetes. Dr. Zib has broad interests in clinical endocrinology and diabetes, and she brings special expertise in thyroid disease management and ultrasound-guided thyroid needle biopsy.

**The Division of Gastroenterology**, Department of Medicine at the Warren Alpert Medical School of Brown University, and the University Medical Foundation (Gastroenterology) is pleased to announce the addition of **Hatem Shoukeir, M.D.** to the faculty. Dr. Shoukeir is a graduate of the Residency and Gastroenterology Fellowship Program(s) at the State University of New York, Health Science Center at Brooklyn. His office is within the Division of Gastroenterology stationed at the Providence Veteran's Administration Hospital, and he has joint clinical and teaching activities at the Rhode Island Hospital. Dr. Shoukeir's clinical interests are in general gastroenterology and endoscopy as well as acute and chronic liver disease. Patient referrals and consultations may be made through the University Medical Foundation (Gastroenterology), 110 Lockwood St., Suite 116, Providence, RI [telephone 444-3717]. Dr. Shoukeir is Board certified in Internal Medicine and Gastroenterology.

**Dr. Kimberly Babb** recently joined the Division of General Internal Medicine at Rhode Island Hospital as a Clinical Instructor. Kim is a graduate of Boston University School of Medicine School and completed her residency in Internal Medicine and Pediatrics at the University of Michigan. She will primarily be splitting her time as an attending at Women's Health Associates and the Med-Peds Primary Care Center, with some additional time on the inpatient wards at Rhode Island Hospital. She is originally from the Boston area and moved to Providence with her husband and 2 young children. Her husband is on the faculty at the University of Rhode Island.



**Dr. Rebekah Gardner** joins the Division of General Internal Medicine at Rhode Island Hospital as an Assistant Professor of Medicine. Dr. Gardner is a graduate of the New York University School of Medicine. Prior to coming to Providence, she completed her Internal Medicine residency and a two-year

research fellowship at the University of California, San Francisco. In addition to her clinical and education duties at Brown, Dr. Gardner is a Senior Medical Scientist at Quality Partners of Rhode Island, a healthcare quality improvement organization, where she will be focusing on transitions of care, patient safety, and the implementation of a statewide health information exchange. Dr. Gardner moved to Providence with her husband, who is on the Brown faculty in the Department of Emergency Medicine, and their son.

**Bashar Bash, MD, FCCP** - has joined the Department of Medicine, Memorial Hospital of RI as an Intensivist. Dr. Bash earned his MD Diploma at Damascus University Faculty of Medicine in Syria. He completed his Internal Medicine residency training at Michigan State University Flint Campus/McLaren Regional Medical Center where he also served as Chief Medical Resident. Dr. Bash did his fellowship training in Pulmonary/Critical Care/Sleep Medicine at Henry Ford Hospital in Detroit, Michigan. He is board certified in Internal Medicine, Pulmonary, and Critical Care Medicine. Dr. Bash is also certified by the American Board of Sleep Medicine.

Besides being an Intensivist, Dr. Bash is providing Pulmonary outpatient services as well. His special interest in Critical Care Medicine includes Early Goal Directed Therapy and Sepsis, as well as Ventilator Associated Pneumonias. In Pulmonary Medicine, his areas of interest include Interstitial Lung Disease and Pulmonary Vascular Diseases. In Sleep Medicine, he has special interest in Circadian Sleep Disorders. At Memorial Hospital of RI he will be practicing mostly Critical Care Medicine in its multidisciplinary ICU providing care for medical as well as surgical critically ill patients. Some of his goals include helping create a rapid response team, incorporate different and innovative modalities in hemodynamic monitoring in patients with shock, and promote infection control and different methods to minimize hospital acquired infections. His outpatient practice is open to receive new consultations in Pulmonary and Sleep Medicine.

Visit our website at: [www.brownmedicine.org](http://www.brownmedicine.org)

# Rhode Island Hospital and The Miriam Hospital

## Internal Medicine Residency Match 2008

### General Internal Medicine/Primary Care

Christina Beyer  
University of Pittsburgh

Aruna Chandrasekhar  
University of Texas, San Antonio

Katherine Fox  
UMDNJ – Robert Wood Johnson

Brian Hollenbeck  
University of Kansas, Kansas City

Emily LeVeen  
University of Pennsylvania

Katherine Moore  
University of Kansas, Kansas City

Maria Robles  
Indiana University

Helen Soto Walsh  
University of South Florida

### Internal Medicine/Categorical

Matthew Baker  
University of Pittsburgh

Brian Barr  
Stony Brook University  
Health Sciences

Kenneth Bishop  
University of Massachusetts

Nida Chaudhary  
Drexel University

Philip Choi  
Mount Sinai School of Medicine

Jennifer Colvin  
Loyola University

Lauren Dudley  
University of Connecticut

Samuel Evans  
SUNY Downstate

Arkadiy Finn  
Tufts University

Kristen Hagar  
University of Miami

Christine Ho  
Albert Einstein College of Medicine

Alina Huang  
University of Pittsburgh

Matthew Hudson  
University of Pittsburgh

Jennifer Hwang  
Chicago Medical School

Omar Hyder  
Alpert Medical School

Mahim Kapoor  
UMDNJ – New Jersey Medical School

Richard LaRue  
University of Tennessee

Syed Latif  
Brown Medical School

Joanna Mecca  
UMDNJ – Robert Wood Johnson

Nikhil Mull  
Drexel University

Melissa Pabalan  
University of Pittsburgh

Lakshmi Ravindran  
University of Missouri

Katharine Robertson  
New York Medical College

Naseem Sunnoqrot  
Mustansiriyah Medical College

Larry Siu  
SUNY Downstate

Rebecca Soinski  
Jefferson Medical College

Sharmila Subaran  
University of Connecticut

Jeremy Thaden  
Mt Sinai School of Medicine

Paul Trowbridge  
Wayne State University

Chia-Ching “Jackie” Wang  
SUNY Stony Brook

Lauren Welicky  
Stony Brook University  
Health Sciences

### Medicine Pediatrics

Sarah Bagley  
Georgetown University

Alexander Diaz de Villalvilla  
Yale University

Pooja Rao  
University of Rochester

Natthapol Songdej  
University of Rochester

### Internal Medicine/Preliminary

Azin Azma  
University of Kansas, Kansas City

Benjamin Barnes  
University of Louisville

Franklin Chiao  
Stony Brook University  
Health Sciences

Valerie Gendron  
University of Virginia

Rebecca Gerber  
Brown Medical School

Ellen Koo  
Eastern Virginia Medical School

Austin Liu  
SUNY Upstate

Casey Maks  
Northeastern Ohio Universities

Albert Scappaticci  
Brown Medical School

Michael Wang  
Brown Medical School

Xiao-Qing Wang  
New York Medical College

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## Memorial Hospital of Rhode Island - Internal Medicine Residency Match 2008

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### Chief Resident

Rami Eltibi, MD  
University of Jordan

Pavan Kumar AVS, MD  
Kasturba Medical College,  
India

Anas Al-Sadi, MD  
King Edward Medical  
College, Pakistan

Mosaab Bagegni, MD  
University of Al Fateh, Libya

Zeeshan Chauhan, MD  
Kind Edward Medical  
College, Pakistan

Haitham Dababneh, MD  
University of Jordan

Sankalp Gokhale, MD  
Seth G.S. Medical College,  
India

Navin Kaini, MD  
B.P. Koirala Institute of  
Health Sciences, Nepal

Feras Karadsheh, MD  
Jordan University of Science  
& Technology

Sajid Saraf, MD  
Army Medical College,  
Pakistan

Aravind Sekhar, MD  
Bangalore Medical College,  
India

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## David Altshuler, MD, PhD to Deliver Keynote Address on Tuesday, June 10, 2008 at the 14th Annual Department of Medicine Research Forum

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The Annual Department of Medicine Research Forum will take place on Tuesday, June 10, 2008 from 4 P.M. until 7 P.M. at Smith-Buonanno Hall and Andrews Hall on campus at Brown University. Dr. Lance Dworkin, Professor of Medicine is Chairman of the event.

Dr. David Altshuler MD, PhD, Associate Professor of Genetics and Medicine, Harvard Medical School, Massachusetts General Hospital and Director of the Program in Medical and Population Genetics at the Broad Institute of Harvard and MIT will deliver the keynote address entitled "Human Genome Sequence Variation And The Inherited Basis Of Disease."



David Altshuler, MD, PhD

Members of the Department of Medicine are invited to participate in the poster session that follows the guest speaker presentation. In past years, many students, trainees and faculty from Brown University-affiliated hospitals have participated. Investigators present new posters or material that has been presented at other regional and national meetings in the past year. Beverages and hors d'oeuvres will be provided during the poster session.

Application forms for the submission of poster titles will be circulated throughout the Department and are available by email from Kristine Brown at [Kbrown10@lifespan.org](mailto:Kbrown10@lifespan.org) and phone 444-8409

Deadline for submissions is Tuesday, May 27, 2007.

We look forward to your participation at this exciting annual event.

## SAVE THE DATE Tuesday, May 20, 2008

### RIH Internal Medicine Senior Resident Research Day

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*Anne W. Moulton, M.D.*

The Rhode Island Hospital Department of Medicine's Senior Resident Research Program will be held on Tuesday, May 20, 2008. For the second year, it will be presented at Grand Rounds, 7:30-9:30 A.M.

The top 3-4 previously chosen senior resident clinical research abstracts will be presented orally in the George Auditorium. A simultaneous poster session will be held in the lobby. Come support and review your junior colleagues' academic accomplishments! Au Bon Pain breakfast will be served at this CME accredited event.

Again this year, there will be formal judging for the best oral presentation, best research poster, and best poster of a clinical vignette. Unlike last year, the winners will be announced after the program and prizes will be awarded at graduation.

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, Room 653, VA Medical Center • Library Video Room, Newport Hospital (teleconferenced from RIH)

May 6, 2008:

The Beckwith Visiting Professorship Lecture  
Robert Moellering, M.D., Beth Israel Deaconess;  
Massachusetts General Hospital, Boston, MA

- Presentation of the Eighth Annual Alpert Medical School of Brown University, Department of Medicine
- Beckwith Family Awards for Outstanding Teaching

May 13, 2007:

Rheumatology Update  
Edward Lally, M.D., Associate Professor,  
Rheumatology, The Warren Alpert Medical School  
of Brown University,  
Kerri Batra, M.D., The Warren Alpert Medical  
School of Brown University

May 20, 2008:

Senior Residents' Research Day  
Three oral presentations made by Senior Medical Residents with names to be announced at a later date. Poster session to follow.

May 27, 2008:

Canceled

June 3, 2008:

Guest Lecture  
Robert O. Bonow, M.D., Goldberg Distinguished  
Professor, Northwestern U. Feinberg, SOM, Chief,  
Division of Cardiology

June 10, 2008: Guest Lecture

Michael Emmett, M.D., MACP, Chairman,  
Department of Internal Medicine, Baylor  
University Medical Center, Dallas, Texas

June 17, 2008:

Morbidity & Mortality Conference

June 24, 2008:

Guest Lecture

Om P. Sharma, M.D., Professor, Pulmonary and  
Critical Care Medicine, University of Southern  
California