

WORD ON THE STRIET

THE NEWSLETTER OF THE DEPARTMENT OF MEDICINE

SEPT/OCT 2007



THE FIRST WORD

ROBERT M. STRIETER, MD
CHAIRMAN

The DoM Executive Committee met in August to engage in a focused discussion regarding the undergraduate and graduate medical education within the department. The group was able to come up with several new strategies to deal with such is-

ssues as the repercussions of the new medical school in Virginia and our eventual displacement from Roanoke, accommodating more 3rd and 4th year students on our inpatient services, and the possible increase in class size as the new medical education building is completed. For a detailed discussion of the strategies suggested, see the Education article on page 5.

With the arrival of many new faculty over the last two months, mentoring is again a central topic for our Faculty Development chairs. Guidelines for mentors (what to do) and mentees (what to expect) is included in this month's issue. These guidelines were sent to all new faculty recently,



but should be reviewed by all "old" faculty as well.

The DoM's presence at Augusta Medical Center continues to expand, with many of our divisions present at least one day a week. We continue to develop ways to accommodate more patients more efficiently. The goal is to have all Medicine divisions present at AMC in the near future; please contact Alan Dalkin for more information.

The Residency program will begin its recruitment season in early November. I encourage all faculty to participate in the interview process and meet as many potential interns as possible.

I am pleased to announce that Dr. Mark D. Okusa, John C. Buchanan Distinguished Professor of Medicine, has been appointed as Chief, Division of Nephrology beginning July 1, 2008 and Director of the Center for Immunity, Inflammation and Regenerative Medicine. Dr. Okusa will be succeeding Dr. W. Kline Bolton, who has been the Division Chief for the past 20 years. Dr. Bolton has accomplished much during his tenure as Division Chief. In the next issue of "Word on the Striet" I will highlight the accomplishments of Dr. Bolton during his 20 year tenure that helped shape the Division of Nephrology.

Dr. Mark Okusa received his medical degree, internship and residency training at the Medical College of Virginia followed by clinical and research training in Nephrology at Yale University. He was recruited to UVA in 1991. He is currently the Vice Chief and Director of Research in the Division of Nephrology and as of July 1, 2007 he was appointed Director of the newly created Center of Immunity, Inflammation and Regenerative Medicine. Dr. Okusa is an active educator and clinician and directs NIH funded research projects in the area of acute and chronic renal injury. Currently he is the principal investigator of three NIH
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MEDICAL GRAND ROUNDS

UPCOMING SPEAKERS

OCTOBER 30

JERRY NADLER, ENDOCRINOLOGY

NOVEMBER 6

ROBERT STRIETER, MEDICINE

NOVEMBER 13

ROLF HUBMAYR, VISITING

NOVEMBER 20

MICHAEL DOUVAS—HEME/ONC

NOVEMBER 27

STEPHEN RICH, ENDOCRINOLOGY

[Click to view the full schedule](#)

DATES AND DEADLINES

APRIL 28, 2008

Carey, Marshall, Thorne Scholars' Day

MAY 30, 2008

DoM Research Day

NAVIGATION

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RO1's, a T32 (Kidney Disease and Inflammation) and grants from the Juvenile Diabetes Research foundation Grant and Genzyme Renal Innovations Program as well as the Core Director for an NIH program project. Dr. Okusa is nationally and internationally recognized in the field of immune mechanisms of acute kidney injury. He is a member of several national and international committees including regular membership on the NIH study section, Pathobiology of Kidney Disease, and he is also the associate editor of several journals. I am pleased and confident that Dr. Okusa will advance the missions of the Division of Nephrology and Center for Immunity, Inflammation and Regenerative Medicine.

Finally, I would like to offer my congratulations to the five DoM faculty who received awards at the recent School of Medicine General Faculty meeting on September 12. The DoM was well-represented among the awardees, and I continue to be impressed by the dedication our faculty show to education and clinical care.

- **MOLLY HUGHES, M.D., PH.D.** won a University of Virginia School of Medicine Dean's Award for Excellence in Teaching, being "Recognized by students and faculty as an outstanding teacher."
- **MICHAEL REIN, M.D.** became a David C. Harrison Distinguished Educator, "Recognizing sustained excellence, a passion for teaching, and a commitment to lifelong learning."
- **VANESSA SHAMI, M.D.** won a University of Virginia School of Medicine Dean's Award for "demonstrating exemplary service to patients and clinical excellence."
- **AJEET VINAYAK, M.D.** won a Master Educator Award, "recognizing individuals who have provided major contributions to Graduate Medical Education at the University of Virginia."
- **BRIAN WISPELWEY, M.D.** won an All University Outstanding Teacher Award. "In recognition of notable teaching and considerable skill in motivating and inspiring students at the University of Virginia." ☐

DR. NUZHET O. ATUK, 1921–2007



The Department of Medicine received word that Dr. Nuzhet O. Atuk passed away on Thursday, October 18th. Dr. Atuk was born in 1921 in Istanbul, Turkey, and attended medical school at the University of Istanbul School of Medicine. In 1951 he began his internship in Medicine at the University of Virginia, where he also did fellowship training in Hematology and Cardiovascular Medicine. He joined the UVa faculty in

1956 as an Instructor in Internal Medicine, and served as Director of Employee Health from 1962—1988. Dr. Atuk is well known for having performed the first hemodialysis at UVa in 1959; he subsequently served as director of the dialysis unit.



He was also a pioneer in providing extracorporeal therapy in the state of Virginia. In addition to his groundbreaking work in hemodialysis, Dr. Atuk also studied pheochromocytoma, catecholamine metabolism, and von Hippel-Lindau Disease. In recognition of his many scientific accomplishments and his contributions to the University of Virginia, the Division of Nephrology established an annual lecturship in his honor in 2006.

A notice will also be available in the Obituary section of the Daily Progress. ☐

BESS WILDMAN

THE SCHOOL OF MEDICINE REVIEW CRITERIA FOR FACULTY CONSULTING AGREEMENTS

It is very important that all DoM faculty be familiar with the SoM policies on consulting. For the full policy and necessary forms, please visit the Office of Grants and Contracts:

<http://www.healthsystem.virginia.edu/internet/grants/Consultinghome.cfm>

SoM faculty are often approached by biomedical, pharmaceutical, and device manufacturers to enter into consultancies. Consulting engagements, while important for the individual faculty member may be problematic for the institution. To ensure that these activities are consistent with the teaching, research, patient care and service missions of the SoM as well as to ensure that the highest ethical considerations are upheld, faculty are asked to comply with the School of Medicine Policy on External Consulting and Professional Activities Policy. This entails completing the University of Virginia Approval of Outside Activities (which must be signed by the Department or Division Chair) and providing it together with a review copy of all contractual engagements contemplated to the Assistant Dean for Research Administration in the SoM Dean's Office. Under normal circumstances the Assistant Dean will respond to faculty member and Department Chair via e-mail with a recommendation for how the consultancy should be treated within five (5) business days. Depending upon the scope of the contemplated consulting engagement a recommendation will be made that the agreement must be contracted between the University and the sponsor, or alternatively a recommendation may be made that the faculty member may be contracted directly with the sponsor. In some instances the faculty member will be advised not to pursue the consultancy.

The SoM goals in reviewing the terms of Consulting Agreements are to: identify if there is a Conflict of Interest and implement a plan to manage it if possible and practical to do so; oversee potential Conflict of Commitment; protect the rights of students, particularly as they pertain to accepting confidential information or restricting publication rights unduly; protect University intellectual property; avoid inappropriate use of University services, equipment, facilities, trainees, or staff; protect the faculty member by ensuring that liability/insurance issues are adequately addressed; determine whether the business entity is a vendor of goods or services or a source of patient referrals to the Medical Center; avoid noncompliance or the appearance of noncompliance with regulatory requirements; avoid unacceptable legal and regulatory restrictions²; prevent the faculty member from inadvertently agreeing to engage in either promotional or endorsement activities; ensure, to the maximum extent possible, that consulting agreements for faculty are managed in a uniform and consistent manner; and ensure that the terms of such agreements are in compliance with University, School of Medicine and Medical Center policies.

Consulting Agreement Review Process

The Statement of Work will be reviewed carefully to ensure that the appropriate indirect cost rate is applied³: Once the faculty member is notified whether the consultancy will be treated as either: Option 1 - Contracts between an Individual Faculty Member and an External Entity; or Option 2 - Contracts between the University of Virginia and an External Entity additional paperwork including a Sponsored Programs Routing Sheet and Conflict of Interest paperwork will be requested. If Option 2 is recommended then a determination will also be made regarding whether the consultancy will be either a Sponsored Research Agreement or a Sales and Service

Agreement. For Option 2 The On grounds research rate will be used when: the research involves lab facilities and/or specialized equipment; or the research includes animals or humans; The Off Grounds Research Rate will be applied when: human subject approval is involved; and/or writing and/or development of clinical trials, protocols or other training materials is contemplated and/or the scope of work includes product development and/or recommendations for refinements and/or testing a drug or device. In some instances, where appropriate the Other research rate will be applied, this rate may be applied. The Sales and Service Consulting Rate will be used in situations where: none of previously described circumstances apply; the faculty member wishes to have liability protection and therefore requests that the agreement be between the Rec-tors and Visitors of the University of Virginia and/or use of any University facilities including office space, administrative support, e-mail, telephone, computer, facsimile, supplies, etc., and/or the Physician is "on call" to answer other physicians or clinicians and or provide on campus training is needed to fulfill the obligations of the consultancy.


Faculty may enter into Personal Consulting Agreements in accordance with Activities Exempt from this Policy. Certain activities are treated as "exempt"-see Activities Exempt from this Policy in the School of Medicine Policy on External Consulting and Professional Activities: Royalties received in connection with the writing, illustration, or editing of professional articles and books; Royalties received from the University of Virginia Patents Foundation and paid directly to the individual under the University's approved patent royalty distribution formula; Per Diem allowances and consultation fees received from the federal government or other appropriate funding agencies for service on study sections or other review groups, or re-

lated activities; and Per Diem allowances and honoraria for lectures and addresses.

Incentive Payments Resulting from Consulting Revenues:

Sponsored Program Agreements: When agreements are deemed to be sponsored program activities, the SoM faculty member shall be paid salary in the same manner as they are paid with any sponsored activities. Appropriate effort should be charged to the sponsored program account. Depending upon whether a faculty member is meeting the minimum standard of extramural salary support for faculty in the basic science departments and the Clinical Faculty Remuneration Plan for faculty in the clinical departments, faculty may become eligible to receive an incentive payment. Any payments would be in accordance with existing SoM policies on incentive payments in the basic sciences and in the clinical departments. Incentives will not be paid directly as a result of sponsored program agreements. However incentives may result from higher levels of extramural salary support in the basic science departments under the Basic Science Incentive Plan and larger surpluses under the Clinical Remuneration Plan in the clinical departments.

Sales and Service Agreements: Consistent with the statement regarding Income Derived from Outside Professional Activities in the SoM Consulting Policy, the payout of consulting fees for Sales and Service Agreements shall be in accordance with the minimum standard of extramural salary support for the faculty in the Basic Science Department and the Clinical Faculty Remuneration Plan for faculty in the Clinical Departments. Provided the thresholds have been met, and with Department Chair approval, an immediate bonus of up to 50% of the payment received may be issued to the faculty member. Incentive payments from consulting agreements will not be paid to faculty who are not meeting expectations. In these cases consulting fees will first be used to help the faculty member

meet the minimum expectations. Once the expectations have been met, then the balance of any fee may be distributed per the policy. 

CHANGES IN ICD9-CM CODES

Listed below is a brief summary of the changes in ICD9-CM codes, effective 10/1/07. Your clinic encounter forms are currently being updated to reflect the changes and should be available prior to 10/1/07.

11 new codes; 079.83 – Parvovirus B19 - footnote: Code 079.83 excludes erythema infectiosum (fifth disease – 057.0).

- **Neoplasms**

59 new codes – 54 pertain to lymphoma – expanded the 4th digits specific to marginal zones, mantle cell, large cell, anaplastic large cell and peripheral T-cell. The remaining 4 codes are in situ codes for the female genital organs.

- **Endocrine and metabolic immunity:**
5 new codes

- **Mental Disorders:**

1 new code; 315.34 – Speech and language developmental delay due to hearing loss. This new code will improve the accuracy of tracking and communicating and allocating resources for those with this condition.

- **Nervous system and sense organ:**

16 new codes in which 7 new codes are related to hearing loss and 3 revisions are to existing codes. Code 389.14 Central hearing loss, bilateral now reads Central hearing loss; Code 389.18 Sensorineural hearing loss of combine types, bilateral now reads Sensorineural hearing loss; and 389.7 deaf mutism has changed to Deaf, non-speaking, NEC

- **Circulatory System**

5 new codes

- **Respiratory System**

1 new code; 488 – Influenza due to identified avian influenza virus

- **Genitourinary System**

3 new codes for VIN I and VIN II. Formerly 624.0 was reported for VIN I or VIN II. The code is now expanded with additional 5th digits to represent VIN I or VIN II and other dystrophy of the vulva.

- **Musculoskeletal**

1 new code: 733.45 – Aseptic necrosis of bone, jaw.

- **Signs and Symptoms**

8 new codes; 787.2 – Dysphasia was deleted and has been replaced with 6 more specific codes. Code 789.5 – ascites has been deleted and 2 new codes were added, 789.51 (malignant ascites) and 789.59 (other ascites)

- **Injury and Poisoning**

2 new codes; 999.3 – complication of medical care, nec, other infection was deleted; 999.31 was created for infection due to venous catheter; and 999.39 infection following other infusion, injection, transfusion or vaccination .

- **V-codes**

20 new V-codes; There are 3 new personal history v codes.

V12.53 – personal history of sudden cardiac arrest

V12.54 – personal history of TIA and cerebral infarction without residual deficits

V13.22 – personal history of cervical dysplasia

5 new family history codes have been added; 3 new counseling codes; V73.81 – Special screening examination, for human papillomavirus (HPV)

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This is not an all inclusive list; please refer to the following links when updating your encounter forms:

New codes: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/Downloads/new_diagnosis_codes_2007.pdf
 Revised codes: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/Downloads/revised_diagnosis_codes_2007.pdf

2008 PROPOSED MEDICARE FEE SCHEDULE

The 2008 proposed Medicare physician fee schedule was recently released. Although the RVU changes are not as dramatic as the changes were for 2007, there are still a number of factors that will impact physician payments for 2008, including a decline in the proposed conversion factor and a more substantial (negative) budget neutrality adjuster applied to work relative value units (RVUs).


As with the 2007 proposed fee schedule release, the 2008 includes the CPT code-level RVU changes. The FPSC team is in the process of analyzing the changes and conducting impact analyses using FPSC participant data. In the coming weeks, the findings will be sent to you, and we will conduct webconferences to discuss the fee schedule's impact in further detail.

In the mean time, should you have any questions about the analyses, please do not hesitate to contact Jeff Good (good@uhc.edu) or Colleen Ries (ries@uhc.edu). 

UPDATE ON AUGUSTA MEDICAL CENTER

Our presence at AMC continues to expand. As of September, we have physicians from Cardiology (Monday through Friday), Nephrology (Monday through Friday), Pulmonary (Monday through Wednesday), Rheumatology (Wednesday) and Endocrinology (Wednesday) practicing within the 5 room facility. Our volume is now approximately 200 patients per month.

Starting in late September or early October we will begin using point of care laboratory testing. The lab facility will be open at 7 a.m. each working day, thereby affording our patients the option to arrive early for their appointments and have their laboratory studies completed by the time of their appointment.

Initially, we will be capable of running chemistry basic and comprehensive panels, hepatic profiles, lipid panels, TSH, Free T4, testosterone, PSA, urine microalbumin, A1c and basic spirometry. We are also investigating the option of having ultrasound capabilities for renal, cardiac and thyroid disease. We continue to have the capacity to add other physicians/specialties to the practice, in particular on a part-time basis. 


CLINICAL AFFAIRS

ROBERT GIBSON & ALAN DALKIN

TIMELY DISCHARGE INITIATIVE

A task force charged with reviewing the program and recommending changes presented its preliminary findings to CSEC and submitted its final report to Dean Hostler and Mr. Howell in September. A subsequent presentation was made to our chief medical residents and division heads.

Task force members included Drs Strieter, Gibson, Rosner and Truwit, as well as physicians from four other clinical departments. The group was unanimous that timely discharge is important because of its impact on our patients' satisfaction, medical education and smooth hospital operations, and is achievable if the final order is placed in MIS and communicated to our nursing colleagues by 0900 hours.

As announced in the most recent School of Medicine newsletter (the *Round Table*), key faculty will be receiving additional information on the task force's recommendations to ensure that all divisions and inpatient units can meet yearly Timely Discharge goals with clear designations of responsibility for achieving these outcomes. Attending physicians in most of our divisions have shown over the past three years that the targeted goals can be met. However, actual figures for divisions have fluctuated greatly, demonstrating a need for consistent and enhanced communication and education on the best practices for Timely Discharge. 

UPDATE ON NEW JCAHO MEDICAL STAFF STANDARDS: MS 4.10-4.45

Under JCAHO credentialing and privileging standards that go into effect on January 1, 2008, the Medical Center will be required to adopt a more frequent process of professional practice evaluation for each member of the clinical staff. Traditionally, the credentialing and privileging process has been a procedural, cyclical process in which practitioners are evaluated when privileges are initially granted, one year later for new appointments, and then every two years thereafter for reappointment purposes.

Based on the Credentials Committee's current understanding of the new standards, the Medical Center will be required to implement a meaningful process for evaluating practitioner-specific performance "more often than once per year" (e.g., every 6 months would probably suffice).

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The Credentials Committee views the new standards as an organization-wide opportunity to ease the burden of ongoing competency assessment while enhancing the fairness and objectivity of process outputs by engaging key stakeholders (e.g., the physician community) at the outset around a common purpose of patient safety. The Committee believes the Quality and Performance Improvement Department is committed to three goals:

- Creating a more efficient and evidence-based privilege renewal process. This will require the identification of relevant specialty-specific metrics with appropriate benchmarks, and the merging of information from multiple data repositories.
- Providing the Chairs and Division Chiefs with desired quality data for meaningful monitoring purposes and use in mentoring practitioners if opportunities for improvement are identified in their clinical performance.
- Providing each individual physician with his/her own profile and peer group ranking to ease the burden of professional practice improvement and patient care portfolio building for P&T purposes

The Credentials Committee envisions that personnel from the Department of Quality and Performance Improvement will do the majority of the data work with guidance from Chairs/Chiefs as to relevant specialty-specific measures, and that data will be provided in the form of a dashboard twice yearly. Targets will be established when appropriate and a color coding system will be used to illustrate performance against targets. To protect the

confidentiality of the quality data, the dashboard for each practitioner must be kept in a separate file for that practitioner. This quality data will be made available to the Credentials Committee as part of their clinical and privileging review to meet regulatory requirements.

The Credentials Committee believes the next step is for the Medical Director of the Department of Quality and Performance Improvement and the Department's Administrator (or designees) to communicate with each Department chair or Division Chief to review the proposed metrics and customize them by specialty based on recommendations from the division chiefs.

Going forward, each Chair or Division Chief will be responsible for reviewing the data for his or her faculty peer group and working with any individual practitioner whose performance is below the institution standards as determined by CSEC in consultation with the Quality Subcommittee of the Medical Center Operation Board. The organizational objective is to have each and every practitioner in the Medical Center meeting or exceeding performance expectations.

The good news is that faculty members in the Department of Medicine are (and have been) performing at a high level and the quality review process in most all Divisions is already "at standard" relative to this new external regulation. Our goal in Clinical Affairs will be to stay ahead of the curve and to make the review process easier by providing Chiefs with timely and relevant performance data. ☐

EDUCATION

JERRY DONOWITZ & MICHAEL REIN

UNDERGRADUATE MEDICAL EDUCATION

At the recent DMEC retreat, discussants were charged with considering ways to increase the number of third- and fourth-year medical students that we could accommodate on our intramural inpatient services without sacrificing the quality of medical education. Challenges include the development of the new medical school, with our eventual displacement from Carilion Roanoke Memorial Hospital, and the proposal to increase class size with the completion of the new medical education building. With curriculum reform, the third year has been reduced from 12 to 10 months, and that our students now must be accommodated on the wards over 17% less time.

The following possibilities were discussed:

- [Third year students joining the night-float teams.](#)
- General Medicine 1 and General Medicine 2 both have single night-float teams. Thus, during a 4-week period, there are ac-

tually five intern-resident teams on General Medicine 1 and five on General Medicine 2. One of the teams rotates as night float for one week of each 4-week student rotation. Thus it is actually possible to schedule five students on General Medicine 1 and five students on General Medicine 2, with one student always following his or her housestaff team onto the night-float rotation. This would increase our capacity for students by 20% and preserve our desired teams structure that matches one third-year student with one intern and one resident. Students would remain in continuity with their housestaff. Students would, for the week on night-float, work up admissions at night. These students would then present to the attending the following day, so that the attending would, in fact, hear a number of presentations from each student. Teaching would take place during the attending presentation rounds as it does now. Students on the night-float service would also participate in cross-cover, which is an excellent educational opportunity. Such students should be able to attend Student Morning Report and

Grand Rounds, but they would not be able to attend the Chief Residents' teaching sessions or subspecialty conferences. Because these students would continue to follow the schedule of their upper-level residents, they would not exceed the 80-hour workweek. This proposal would increase our capacity by about 25% (2 students/month). Vote: 14 for; 1 against.

- **Conversion of the Digestive Health Center to General Medicine 3.**

It was noted that patients on the DHSC usually have general medical problems as well as those related to the GI tract. This proposal generated a good deal of spirited discussion. Suggestions included the admission of some general medicine types of patients (e.g. COPD) to the DHSC. A second suggestion was to include a teaching attending for several hours each day or week. This attending, not a gastroenterologist, would serve as a source of instruction in general medicine and would be subsidized by departmental teaching monies. A third proposal was that a general medicine attending and the GI attending share responsibility for admissions to the unit. This has been tried in the past on an ad hoc basis. Using the DHSC as a general medicine service would increase our capacity for students by 50% (4/month). A task force, chaired by Dr. Cohn (Plews-Ogan, Petri, Truwit, Rein, Donowitz, Chief Resident) will evaluate possibilities.

- **Additional third-year students on the GM services.**

Each current general medicine (1A, 1B, 2A, 2B) service consists of one attending and two intern-resident teams. There are usually three students on these services, comprising two third year students and an Acting Intern. It was proposed that we might routinely include an additional third year student, so that one intern-resident team would be matched with two third-year students and the other with one third-year student and the AI. We are already doing this under the circumstances (four out of the ten months) in which we have 9 third year students on inpatient medicine at a time. Doing this routinely would increase our capacity by approximately 40% (3 students/month). Vote 6 for; 7 against.

- **Substituting two subspecialty rotations of two weeks each for the one-month of inpatient general medicine.**

It was suggested that skills mastered on the subspecialty services were transferable to general medicine or other subspecialties, however some literature indicates that problem-solving skills are in fact discipline-specific, and that spending time, for example, among cardiology patients does not translate directly into an ability to solve problems related to pulmonary disease or endocrinology. Because curriculum reform specifically places the subspecialties in the fourth year, we would probably need decanal permission to take this approach, but it might be approved if couched in terms of providing room for more stu-

dents. This approach would give us huge numbers of slots for students. The proposal was controversial. Vote 6 for; 8 against.

- **Substituting two weeks of a subspecialty rotation for two weeks of the one-month inpatient rotation.**


Each student would have two weeks on a general medicine service and two weeks on a subspecialty (Digestive Health, Hematology/Oncology, Acute Cardiology, MICU, CCU) rotation. It was assumed that it would decrease the number of students taking each of the fourth-year selectives in those same fields. Scheduling of third- and fourth- year students could be difficult, and we should probably not schedule them on the same rotation at the same time. It was felt that this approach was educationally sound, resulting in 6 weeks of general internal medicine and 2 weeks of a subspecialty. We would no doubt need decanal permission to undertake this approach. This would double our capacity for students on general medicine (8/month) Vote 9 for; 4 against.

- **Rotating students through other services.**

The services being discussed included the Hospitalist Service, which has been an excellent site for Acting Interns, and future medical services at Augusta Medical Center. It was felt that we should never rotate third-year students through a service that did not include residents, as resident teaching is extremely valuable, and contact with residents promotes interest in the field of Internal Medicine.


- **Reversal of the compressed third year.**

Were this change reversed, we would immediately be able to accommodate an additional 20% of third-year students.

Please send your comments and suggestions to Michael Rein, mfr6t@virginia.edu 

GRADUATE MEDICAL EDUCATION RESIDENCY RECRUITMENT DATES:

- November 1, 5, 8, 12, 15, 19, 29
- December 3, 6, 10, 17, 20
- January 3, 7, 10, 14, 17, 24, 28

Faculty receive one TRVU for each interview they conduct. Please contact Diane Farineau if you would like to participate or if you have questions. 

2007 BOWMAN SCHOLARS


Internal Medicine was well represented among this year's Bowman Scholars. The C. Richard Bowman Scholarship is awarded annually in memory of Dr. Bowman, who was a medical student at UVA, did his Internal Medicine residency at Cornell, and was to return to UVA for an Infectious Disease Fellowship when his life was tragically cut short in a boating accident. This is the 30th year of the award, which was established at the University of Virginia School of Medicine to identify and recognize a medical student who demonstrates the spirit and ideals with which Dick Bowman so impressed his fellow students, physicians, family, and friends during his own relatively short lifetime. Dr. Bowman was dedicated to the constant pursuit of excellence in clinical medicine. Thus, this scholarship is awarded annually to a student who, at the conclusion of his or her third year of studies, has excelled in the clinical portion of the medical curriculum at the University of Virginia School of Medicine and who best exemplifies the following qualities:

- 1) Integrity and uncompromising strength of character in his or her personal and professional life;
- 2) Enthusiasm for the acquisition and perfection of those skills which permit the physician to provide the best possible care for his or her patient;
- 3) Genuine compassion for the ill which complements a scientific approach to their unique problems, regarding them, first and foremost, as persons in need of help.

Like Dr. Bowman, the recipient should be a truly open, accessible and approachable person with a diverse range of private interests and experiences.

This year's Bowman Scholars (and their residency plans) are:

- Christopher John Arnold (Internal Medicine)
- Alexander Tharrington Hawkins (Surgery)
- Allison Layla Marie Kirk (Pediatrics)
- Anne McGehee Mills (Pathology)
- Matthew Wall Semler (Internal Medicine)

The scholarship was awarded to Christopher Arnold. The names of all of these outstanding future physicians will appear on the Bowman plaque, which hangs outside the library. 



SPECIAL GRANTS ANNOUNCEMENT

SOME IMPORTANT NOTES AND REMINDERS FOR SUBMITTING PROPOSALS USING GRANTS.GOV

For more information and helpful resources, visit the SoM's Office of Grants & Contracts: <http://www.healthsystem.virginia.edu/internet/grants/Grants.gov/Grants.gov.cfm>

All applications need to be in our office five business days prior to the sponsor's deadline. All applications must be complete and ready to be submitted electronically when received by the Office of Grants and Contracts.

If you are planning on submitting a Grants.gov electronic proposal, please contact the grants administrator assigned to your division or department in advance. We want to ensure that you have all of the necessary information that you need to put together your application (i.e., Pure Edge Software, correct FOA (funding opportunity announcement), institutional information needed for on-line applications, formatting requirements for attachments, etc.).

The NIH estimates that it will take approximately 40 hours to prepare an electronic application. If you contact our office we can help you wade through the administrative requirements of the application so that you can spend your time on the more important components of your application.

Important Note: The NIH Division of Receipt and Referral (DRR) in the Center for Scientific Review, (this is the office which receives all grant submissions) is becoming increasingly strict. Failure to follow specific guidelines provided in the PA or RFA, for example, could result in the rejection of the proposal submission.

Every application must be validated first in the Grants.gov system and then in the NIH eRA Commons system. The validation involves computer checking and matching of numerous fields. An error message will stop your application from being processed; a warning will allow the proposal to be forwarded on for peer review. It is important to look at your proposal online as soon as possible to make sure that it is the application that you want to have reviewed. Because our office has been re-

viewing and submitting electronic applications for the past year, we can help you avoid many of the common errors and warnings. Please do not wait until the last minute to contact us if you need help.

Even though the application is to be submitted electronically, our business practices remain the same; will need two paper copies (the original is the on-line application), and the goldenrod proposal routing form. We are working towards a paperless environment but anticipate that it will take an additional year or two before our electronic recordkeeping systems are robust enough to withstand audit. We very much appreciate your cooperation in providing a copy for the OSP and OGC records.

The preferred mechanism to transmit your on-line application to our office is to save the application to the SoM Z Drive. Each SoM department has one or two designated staff who have access to the drive and can save your application to the drive. This would be a good time to find out who your designated person is with this access. Our office will access your application directly from the Z drive, and we will submit your application to the sponsor from the Z drive. We will also accept proposals using a thumb drive which we will return to you once your proposal has been submitted. Please make sure that someone in your department has access to the Z drive at least 10 business days prior to the planned submission. Contact the Office of Grants and Contracts if you need to gain access to the system

The NIH now allows multiple PI's on research grants; however, this option is available only on certain Funding Opportunities. Do not assume you may use the multiple PI option on an unsolicited R01; multiple PI applications will only be accepted by the system in response to an FOA that allows it.

If you are planning to submit a multiple PI proposal, please:

- 1) identify a "Contact PI" on the goldenrod. The contact is the PI responsible for coordinating the submission. Although a separate project will be established for each PI, the overall account structure will be based on the owning org of the Contact PI.
- 2) We will need a goldenrod and
- 3) We will need a separate budget for each PI. The budgets are for internal purposes and will be used to establish the accounts in the hopeful event an award is made.

PIs are responsible for logging on to the NIH eRA Commons website within 48 hours of proposal submission. The PI should view the proposal, check for error messages and contact this office immediately if a problem exists.

Proposals can be corrected and resubmitted if there are error messages or technical issues. There are only two reasons for re-submission of an NIH proposal; 1.) to correct errors which prohibit the proposal from being accepted by the NIH eRA Commons and 2.) to correct technical problems, for example: to

correct any files which were corrupted in the transmission process.

These problems can be addressed before the submission deadline with no explanation, however, if a correction is needed after the deadline has passed, the PI must write a letter to their Program Official to be co-signed by the institution's Authorized Business Official explaining why the proposal needs to be re-submitted (i.e. the graphic on page 12 split between two pages). This letter needs to be uploaded into the corrected proposal.

Special Notes for PI's

PIs are advised to "Proactively check your application status in the eRA Commons." Allow up to 1 weekday from the time NIH has retrieved the application from Grants.gov for the status to appear in: <https://commons.era.nih.gov/commons/> The NIH Electronic Submission websites and the application guide are excellent sources for questions about errors and warnings: <http://era.nih.gov/ElectronicReceipt/> http://era.nih.gov/ElectronicReceipt/prepare_app.htm

Remember, errors are fatal:-your application will not be accepted until all errors are resolved and the ARO submits a complete Corrected/Changed application through Grants.gov. Warnings need to be reviewed and may require corrective action; proposals will appear and be forwarded on for peer review but may result in the proposal having to be withdrawn at a later date.

PI's and department administrators are advised to check proposal status carefully and to notify your grants administrator immediately if you have questions or concerns. We look forward to working with you. Please contact us for help.

<http://www.healthsystem.virginia.edu/internet/grants/Grants.gov/Grants.gov.cfm>



Mentoring of new faculty continues to be a high priority for the DoM. Recently, letters were sent out to all new faculty asking them to submit the names of two mentors by October 31.

Within the letter were also some guidelines about what to look for in a good mentor, and what to expect from your conversations together.

Guidelines

- Mentors should be senior faculty with successful research careers or have demonstrated success in other areas in the school of medicine (SOM);
- They should be approachable, available, and enthusiastic;
- They should work in research areas that are similar to that of the mentee or have similar career pathways;
- Mentors need not be from the same academic Department as the mentee but they must be full time faculty in the SOM.

Appropriate Mentoring Activities

- Research-related endeavors and skills
 - Grantsmanship: writing grants and strategies for obtaining funding
 - Formulating research directions
 - Publication-related decisions: deciding what, where and when to publish and present; navigating publication pathways, including resubmission, responding to editors, authorship, etc.
- Networking
 - Establishing relationships within and outside the University
 - Dissemination of scientific ideas
- Management of:
 - Personnel/ laboratory/ clinical units and facilities
 - Time: teaching, research, clinical activity, personal

In theory, nearly any professional issue that matters to the mentee is potential material for the mentor/mentee relationship.

Generally, we discourage mentees from seeking advice or assistance on matters that are not professional, such as financial matters, personal relationships or mental health issues. However, the mentor can refer the mentee as appropriate for more specific resources in these areas.

Ideal Mentoring

The ideal mentor prioritizes the concerns of the mentee, rather than his or her own. The good mentor provides advice with reasonable detachment; if the mentee chooses not to follow the advice of the mentor, the mentor should recognize that the ultimate responsibility and ramifications of the choice rest with the mentee and that, whether the outcome is good or bad, it is the mentee who will have to deal with it directly. The interaction between the mentor and mentee should be confidential and dis-

crete. Good mentoring does not leave others with the impression that the work of the mentee is an extension of the mentor's work or that the real credit for good output belongs with the mentor. It cannot be emphasized enough that no mentor should enter into a mentoring relationship in order to further his/her own prestige or career. The mentor serves in an advisory capacity; the mentee is the PI of the research project, and reaps the benefits of publication, funding, promotion and publicity. The mentor's name should appear as an author on a manuscript only if there is research collaboration beyond the mentoring relationship. Mentors should be acknowledged and thanked as consultants.

On a personal level, the ideal mentor/mentee relationship is professional and open. The relationship is natural and unstrained. The mentee is not dependent excessively on the mentor. The ideal mentor does not overreact if his/her advice is not followed and is happy to "work behind the scenes" for the benefit of the mentee; the mentee takes the glory for success, but acknowledges the mentor in appropriate ways.

Further Recommendations for good mentoring:

The following recommendations provide further specific guidance for mentors. As a counselor: Be enthusiastic, respectful, available, and willing to listen. Remember what it was like to be a young investigator. Be reassuring; build confidence. Demonstrate respect for the mentee by keeping meetings and deadlines.

- As an advocate: Make important political connections for your mentee. Help the mentee make the most out of political connections and opportunities - help the mentee learn how best to use politics to further his or her career in an honest and respectable manner. Help the mentee build a positive image and reputation in the research community. Help the mentee identify and obtain resources necessary to meet career objectives.
- As a teacher: Help the mentee develop leadership capacity by guiding the organization of a laboratory or clinical research unit. Help the mentee develop insight into conduct of research by anticipating and recognizing problems early. Through review of research goals and plans, help the mentee develop and hone the capacity for scientific thinking and hypothesis generation.

Examples of inappropriate mentoring:

- Arrogant and disrespectful behavior, including intimidation of young colleagues.
- Utilizing the mentoring relationship for personal gain.
- Passive behavior, including lack of interest in the mentee's progress, missing deadlines and meetings and being difficult to find and reach.
- Providing unrealistically positive or negative goals.
- Failing to provide appropriate credit for the mentee's research. ☐



Center for Immunity, Inflammation & Regenerative Medicine

A new Center of Immunity, Inflammation and Regenerative Medicine (CIIR) was created July 1, 2007 to advance research initiatives, education and clinical applications in new and important directions at the University of Virginia.

Dr. Mark Okusa, John C. Buchanan Professor of Medicine and CIIR Director, and Dr. Michael Brown, Associate Professor of Medicine and Associate CIIR Director will oversee research programs centered on the immune system in health and disease, basic and translational research in immunity, autoimmunity, inflammation and regenerative medicine.

Seventeen fulltime faculty members comprise resident members of the CIIR with expertise in **Immunity** (Michael Brown, Harini Bagavant, Umesh S. Deshmukh, Shu Man Fu, Shyr-te Ju, Raul Sharma, Joe Sung), **Inflammation** (Mark Okusa, W. Kline Bolton, Peter Lobo, Tom Obrig, Jim Roche, Alaa Awad, Kambiz Kalantarinia, Li Li, Jitendra Gautam) and **Regenerative Medicine** (Roy Ogle).

The immune system is an important key to health and disease prevention. It is also a cornerstone to many scientific disciplines within the biological and biomedical sciences. CIIR research programs will therefore interface with and compliment already established UVA School of Medicine research programs, including the Beirne Carter Center for Immunology Research, the Cardiovascular Research Center, Morphogenesis and Regenerative Medicine, the Department of Medicine and other basic science departments, and Biomedical Engineering. The Center also serves as an important training ground for undergraduate, graduate, medical students, postdoctoral fellows and visiting scientists. University faculty members with interest in joining the Center should send their NIH biosketch to Michael Brown MGB4N@hscmail.mcc.virginia.edu

UVA'S FIRST K99/R00

A new investigator, Alaa Awad, M.D., Assistant Professor of Research, Division of Nephrology and Center for Immunity, Inflammation and Regenerative Medicine, is the first recipient at the University of Virginia to receive a K99/R00 award (~ \$1 M/5 years), created as part of the NIH Roadmap to help establish the career development of new investigators. The funding mechanism promotes individual scientific careers by providing these investigators not only with a period of mentored support (2 years), but also with independent grant support (3 years). This award mechanism will provide Dr. Awad with the potential of obtaining a tenure-track appointment during the R00 phase. Dr. Awad's funded grant will enable him to study macrophage-podocyte interactions in diabetic nephropathy, research that will provide information about the pathogenesis of diabetic renal complications.

Dr. Haniri Bagavant was one of the five winners of the Departmental Awards for Excellence in Research, and has been invited to write a short description of her work and opportunities for collaboration to share with the rest of the DoM. Dr. Bagavant is an Assistant Professor in the division of Rheumatology, with a strong interest in pathogenesis of lupus glomerulonephritis in murine models of Systemic Lupus Erythematosus.

Systemic Lupus Erythematosus is characterized by the presence of circulating immune complexes and autoantibodies to nuclear and cytoplasmic antigens. Renal involvement, a frequent complication, is characterized by immune complex and complement deposits in glomeruli followed by mesangial expansion and inflammatory cell infiltration. This progresses to glomerulosclerosis, tubular atrophy, interstitial fibrosis and renal failure.

We have used an inbred mouse strain, New Zealand Mixed 2328, a murine model of spontaneous SLE, to investigate the pathogenesis of lupus glomerulonephritis. Both male and female mice develop anti-nuclear antibodies, renal immune complex deposits, and acute proliferative glomerulonephritis (GN). However, like the human disease, progressive renal failure is seen predominantly in females. We used neonatal thymectomy on day 3 after birth (d3tx) to induce a transient reduction in numbers of CD4+CD25+ regulatory T cells. This loss of immuno-regulation caused an accelerated onset of serum autoantibody and acute proliferative GN by 20wks of age in NZM2328 males and females (1). However, progression to chronic GN in female mice at 30wks is not different between d3tx and sham tx controls (Figure 1 A). In addition, although amount of IgG in kidneys was comparable, males continued to be resistant to chronic GN (Figure 1B). These studies suggest a clear distinction in the pathologic processes underlying onset and progression of


renal disease. In addition, this progression is influenced by gender.

A study of the kinetics of renal disease in NZM2328 mice showed that acute proliferative GN, was associated with infiltration of MHC II expressing, CD11c⁺ dendritic cells as well as T cells into the glomeruli (2) (Figure 2). Surprisingly, although the inflammation was restricted to primarily to the glomeruli, there was an increased frequency of CD4⁺T cell activation in the regional lymph node. Thus, local activation of antigen specific T cells (either in the kidney or the draining lymph node) occurs in lupus GN. Cytokine analyses suggest a pathogenic Th1 type of response with increased IL12 followed by IFN gamma in the kidneys of nephritic mice. Spectratyping of CDR3 regions of T cell receptors in draining lymph nodes and kidney showed oligoclonal expansion, indicating an antigen driven response. Significantly, male mice rarely showed glomerular T cell infiltration except in cases of severe GN. All these studies show that progressive lupus GN is not a consequence of non-specific inflammatory responses to immune complex deposition, but a sequence of distinct pathological steps involving activation of kidney antigen specific, pathogenic T cell responses that may drive toward renal failure.

In addition to the infiltrating immune cells, responses of mesangial cells in the glomerulus are known to play an important role in disease progression. Currently studies in our laboratory are directed toward design of liposomal delivery systems that can target the mesangium and specifically mesangial cells for preventing progressive renal failure.

Acknowledgements: Cell Science Core, Center for Research in Reproduction, University of Virginia for tissue processing and staining services.

References:

1. Bagavant, H. and Tung, K.S.K. (2005) Failure of CD25⁺ T cells from lupus-prone mice to suppress lupus glomerulonephritis and sialoadenitis. *J. Immunol.* 175:944-950.
2. Bagavant H, Deshmukh US, Wang H, Ly T and SM Fu. (2006) Role for nephritogenic T cells in lupus glomerulonephritis: progression to renal failure is accompanied by T cell activation and expansion in regional lymph nodes. *J. Immunol* 177:8258-8265. 

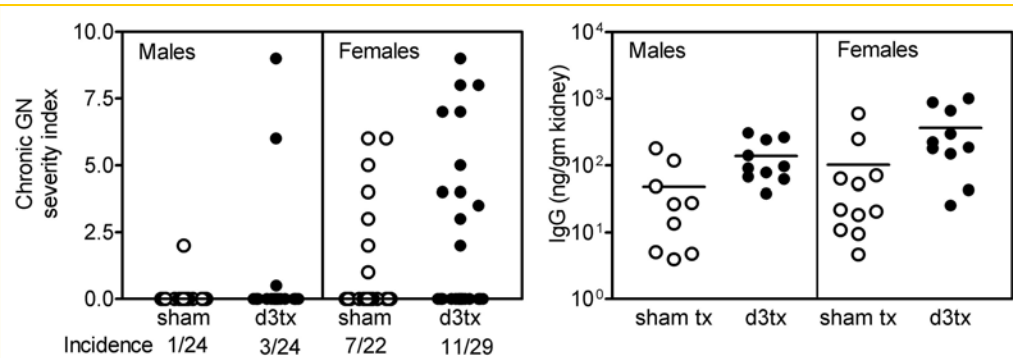


Figure 1: Incidence and severity of chronic GN in male and female, sham tx and d3tx mice at 30wks of age is shown (A). Extent of glomerulosclerosis, glomerular fibrosis, and tubular atrophy were each graded for severity from 0 to 4 and the severity index was calculated as an additive score. At 30 wks, there is significant amount of IgG immune complex deposits in both sham and d3tx male and female kidneys (B).

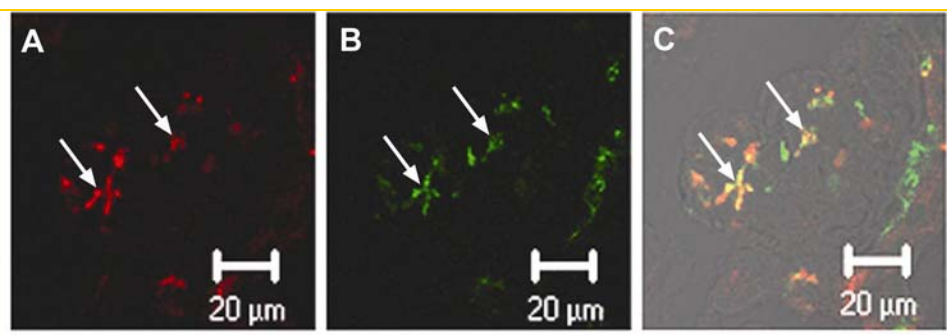


Figure 2: Intraglomerular infiltration of CD11c⁺ (A) and MHC II (B) cells in 26wk old NZM2328 female mouse kidney. (C) Superimposition of phase contrast image of glomerulus with CD11c⁺ (red) and MHC II⁺ (green) cells shows co-localization (yellow) of the two markers and are indicated by arrows. Additional intra-glomerular MHC II expressing cells are also seen. MHC II positive cells and CD11c dendritic cells are also detected surrounding the glomeruli.

NEWS, PUBLICATIONS, AND GRANTS

ALLERGY AND CLINICAL IMMUNOLOGY
PUBLICATIONS

- Hulse KE, Reefer AJ, Engelhard VH, Satinover SM, Patrie JT, Chapman MD, Woodfolk JA (2007). Targeting FcγRI induces a novel variation of the Th2 response in cat-allergic subjects. *J Allergy Clin Immunol*: In press.
- Family history of asthma and atopy: in-depth analyses of the impact on asthma and wheeze in 7- to 8-year-old children. *Pediatrics*. 2007 Oct;120(4):741-8. PMID: 17908760 [PubMed - in process] [Bjerg A, Hedman L, Perzanowski MS, Platts-Mills T, Lundback B, Ronmark E.](#)
- The variability of regional airflow obstruction within the lungs of patients with asthma: assessment with hyperpolarized helium-3 magnetic resonance imaging. *J Allergy Clin Immunol*. 2007 May;119(5):1072-8. Epub 2007 Mar 13. PMID: 17353032 [PubMed - indexed for MEDLINE] [de Lange EE, Altes TA, Patrie JT, Parmar J, Brookeman JR, Mugler JP 3rd, Platts-Mills TA.](#)
- Exposure to dust mite allergen and endotoxin in early life and asthma and atopy in childhood. *J Allergy Clin Immunol*. 2007 Jul;120(1):144-9. Epub 2007 May 15. PMID: 17507083 [PubMed - indexed for MEDLINE] [Celedon JC, Milton DK, Ramsey CD, Litonjua AA, Ryan L, Platts-Mills TA, Gold DR.](#)
- Sensitization to mouse allergen and asthma and asthma morbidity among women in Boston. *J Allergy Clin Immunol*. 2007 Jun 23; [Epub ahead of print] No abstract available. PMID: 17590423 [PubMed - as supplied by publisher] [Phipatanakul W, Litonjua AA, Platts-Mills TA, Naccara LM, Celedon JC, Abdulkerim H, Hoffman EB, Gold DR.](#)
- Prevalence and titer of IgE antibodies to mouse allergens. *J Allergy Clin Immunol*. 2007 Sep 2; [Epub ahead of print] PMID: 17767949 [PubMed - as supplied by publisher] [Platts-Mills TA, Satinover SM, Naccara L, Litonjua AA, Phipatanakul W, Carter MC, Heymann PW, Woodfolk JA, Peters EJ, Gold DR.](#)
- Nonwoven in contrast to woven mattress encasings accumulate mite and cat allergen. *J Allergy Clin Immunol*. 2007 Sep 11; [Epub ahead of print] No abstract available. PMID: 17854879 [PubMed - as supplied by publisher] [Miller JD, Naccara L, Satinover S, Platts-Mills TA.](#)
- The role of allergens in asthma. *Am Fam Physician*. 2007 Sep 1;76(5):675-80. PMID: 17894137 [PubMed - in process] [Platts-Mills T, Leung DY, Schatz M.](#)
- AAAAI/ACAAI Joint Task Force Report on Omalizumab-Associated Anaphylaxis *J Allergy Clin Immunol*. In print Linda Cox, MD; Thomas A. E. Platts-Mills, MD PhD; Ira Finegold, MD; Lawrence B Schwartz, MD, PhD; F. Estelle R Simons, MD; Dana V Wallace, MD

CARDIOVASCULAR MEDICINE
NEWS

- Michael Ragosta has been appointed to the editorial board for the new journal, "Journal of the American College of Cardiology - Cardiovascular Interventions"
- Christopher Kramer was named as a permanent member of NIH, NHLBI study section - Clinical and Integrative Cardiovascular Sciences
- David Glover will serve as chairman of the research award presentations session at the American Society of Nuclear Cardiology (ASNC) meeting in September. Our postdoctoral fellow, Alexis Broisat, PhD, received one of these awards last year and he, along with the other 4 award winners, will present the results of their work in this session.
- David Glover has been invited to give a lecture at the ASNC meeting on the physiology and pharmacology of adenosine with respect to pharmacologic stress imaging.
- An abstract entitled "Myocardial Uptake of 7'(Z)-[123I]Iodotrotenone During Vasodilator Stress in Dogs with Coronary Stenoses" was accepted for oral presentation at the upcoming American Heart Association Scientific Sessions in November. The 1st author is Alexis Broisat, PhD.
- Allan Simpson was named one of America's Top Cardiologists for 2007 by the Consumer's Research Council of America.

PUBLICATIONS

- David Glover is an editor of a new textbook entitled "Cardiovascular Molecular Imaging", the first textbook dedicated to this topic. It is published by Informa Healthcare (Taylor & Francis). The textbook covers multiple imaging modalities and new tracers and contrast agents. He also wrote a chapter in the book entitled "Cellular and Molecular Imaging of Myocardial Inflammation".
- Writing Committee Members: Kramer CM, Budoff MJ, Fayad ZA, Ferrari VA, Goldman C, Lesser JR, Martin ET, Rajagopalan S, Reilly JP, Rodgers GP, Wechsler L; Task Force Members: Creager MA, Holmes DR Jr, Merli G, Newby LK, Pina I, Rodgers GP, Weitz HH. ACCF/AHA 2007 Clinical Competence Statement on Vascular Imaging With Computed

Tomography and Magnetic Resonance: A Report of the American College of Cardiology Foundation/American Heart Association/American College of Physicians Task Force on Clinical Competence and Training. *Circulation*. 2007 Aug 31; [Epub ahead of print]

- Friedrich MG, Kramer CM, Sodickson DK, Flamm SD, Buser P, Neubauer S; 2007 Scientific Program Committee of the Society for Cardiovascular Magnetic Resonance. Meeting highlights of the 10th annual scientific sessions of the Society for Cardiovascular Magnetic Resonance and 6th annual meeting of the Working Group for Cardiovascular Magnetic Resonance of the European Society of Cardiology: Rome, Italy, February 2-4, 2007. *J Am Coll Cardiol*. 2007 Sep 4;50(10):983-7. Epub 2007 Aug 20.
- Gazoni LM, Kern JA, Swenson BR, Dent JM, Smith PW, Mulloy DP, Reece TB, Fedoruk LM, Lisle TC, Peeler BB, Kron IL. A change in perspective: results for ischemic mitral valve repair are similar to mitral valve repair for degenerative disease. *Ann Thorac Surg*. 2007 Sep;84(3):750-7; discussion 758.
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- Lim DS, Dent JM, Gutgesell HP, Matherne GP, Kron IL. Transesophageal echocardiographic guidance for surgical repair of aortic insufficiency in congenital heart disease. *J Am Soc Echocardiogr*. 2007 Sep;20(9):1080-5. Epub 2007 Jun 20.
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- Rembold CM. Force suppression and the crossbridge cycle in swine carotid artery. *Am J Physiol Cell Physiol*. 2007 Sep;293(3):C1003-9. Epub 2007 May 23.
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- Gazoni LM, Kern JA, Swenson BR, Dent JM, Smith PW, Mulloy DP, Reece TB, Fedoruk LM, Lisle TC, Peeler BB, Kron IL. A change in perspective: results for ischemic mitral valve repair are similar to mitral valve repair for degenerative disease. *Ann Thorac Surg*. 2007 Sep;84(3):750-7; discussion 758.
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- American College of Cardiology Foundation/American Heart Association/American College of Physicians Task Force on Clinical Competence and Training; Society of Atherosclerosis Imaging and Prevention; Society for Cardiovascular Angiography and Interventions; Society of Cardiovascular Computed Tomography; Society for Cardiovascular Magnetic Resonance; Society for Vascular Medicine and Biology, Kramer CM, Budoff MJ, Fayad ZA, Ferrari VA, Goldman C, Lesser JR, Martin ET, Rajagopalan S, Reilly JP, Rodgers GP, Wechsler L, Creager MA, Holmes DR Jr, Merli G, Newby LK, Pina I, Weitz HH. ACCF/AHA 2007 clinical competence statement on vascular imaging with computed tomography and magnetic resonance: a report of the American College of Cardiology Foundation/American Heart Association/American College of Physicians Task Force on Clinical Competence and Training: developed in collaboration with the Society of Atherosclerosis Imaging and Prevention, the Society for Cardiovascular Angiography and Interventions, the Society of Cardiovascular Computed Tomography, the Society for Cardiovascular Magnetic Resonance, and the Society for Vascular Medicine and Biology. *Circulation*. 2007 Sep 11;116(11):1318-35. Epub 2007 Aug 31.
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GRANTS

- David Glover is the PI of a new \$73,000 research funding agreement with Cellpoint, LLC to investigate a novel tissue hypoxia tracer.

ENDOCRINOLOGY AND METABOLISM

NEWS

- Lauren Kingsley, a student with Dr. Theresa Guise, was informed she is going to receive a Young Investigator Award from the American Society for Bone and Mineral Research (ASBMR), during their next annual meeting (Sept 16-19th, 2007)
- Dr. Mary Lee Vance was installed as President of the Pituitary Society, June, 2007
- Dr. John Marshall delivered the Plenary Lecture at the International Pituitary Society meeting in Chicago June 2007.
- Dr. Theresa Guise has been nominated by the Dean's office to serve on the Research Advisory Committee.
- Dr. Gregory Clines received a Career Enhancement Award from the American Society for Bone and Mineral Research...this is for \$35,000.
- Dr. Theresa Guise will be starting as Chair of the SBSR NIH Study Section in October 2007
- Lauren Kingsley, a graduate student in Dr. Theresa Guise's Endocrine Lab, was awarded the 2007 ASBRM Young Investigator Award for her abstract presentation, "Hypoxia in bone metastases: HIF-1alpha enhances TGF-beta signaling and expression of prometastatic factors in cancers which metastasize to bone."
- Gregory Clines, M.D., Ph.D., Assistant Professor of Endocrinology was awarded an ASMR Career Enhancement Award for his application entitled "CFTR: A regulator of osteoblast function."

PUBLICATIONS/PRESENTATIONS

- Siragy HM, Inagami T, Carey RM. NO and cGMP MEDIATE ANGIOTENSIN AT2 RECEPTOR-INDUCED RENAL RENIN INHIBITION IN YOUNG RATS. *Am J Physiol Regul Integr Comp Physiol.* 2007 Aug 1; [Epub ahead of print]
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- Fournier PGJ, Guise TA. BMP7: A new bone metastases prevention? *Am J Pathol*, 171(3):739-43, Sep 2007. Epub 2007 Aug 9.
- "Ovariectomy decreases bone mass in young and old female athymic mice." Oral presentation by Wende M. Kozlow, M.D., Assistant Professor of Endocrinology, at ASBMR 2007: Exploring New Horizons, Honolulu, HI, September 2007.
- "Low bone mass in TG interacting factor (TGIF)-null mice: impaired osteoblast function." Oral presentation by Margaret Crook, M.D., Endocrine Fellow, at ASBMR 2007: Exploring New Horizons, Honolulu, HI, September 2007.
- "Hypoxia in bone metastases: HIF-1alpha enhances TGF-beta signaling and expression of prometastatic factors in cancers which metastasize to bone." Oral presentation by Lauren Kingsley, Graduate Student of Endocrinology, at ASBMR 2007: Exploring New Horizons, Honolulu, HI September 2007.
- "Bone metastasis treatment: Current and future treatment." Oral presentation by Theresa A. Guise, M.D., Gerald D. Aurbach Professor in Endocrinology, Professor of Medicine, at 2007 Annual North American Carcinoid-NeuroEndocrine Patient and Physician International Conference, Norfolk, VA, Sep 2007.

- “Targeted deletion of the osteoblast ET_A receptor alters bone formation in mice.” Oral presentation by Gregory Clines, M.D., Ph.D., Assistant Professor of Endocrinology, at 10th International Conference on Endothelin, Bergamo, Italy, Sep 2007.
- “Transforming growth factor beta receptor 1 kinase inhibitor reduces the development and progression of melanoma bone metastases.” Plenary poster presented by Khalid S. Mohammad, M.D., Ph.D., Assistant Professor of Endocrinology, at ASBMR 2007: Exploring New Horizons, Honolulu, HI, Sep 2007.
- “Transforming growth factor β stimulates new bone formation in neonatal mouse calvariae via suppression of Dickkopf-1.” Poster presentation by Laura Bevelock, M.D., Medical Resident, at ASBMR 2007: Exploring New Horizons, Honolulu, HI, Sep 2007.
- “Skeletal effects of 2-methoxyestradiol in combination with other prostate cancer therapies.” Poster presentation by Khalid S. Mohammad, M.D., Ph.D., Assistant Professor of Endocrinology, at ASBMR 2007: Exploring New Horizons, Honolulu, HI, Sep 2007.
- “TGF- β increases osteolytic prostate cancer bone metastases and expression of prometastatic genes.” Poster presented by Pierrick G. J. Fournier, Ph.D., Postdoc of Endocrinology, at ASBMR 2007: Exploring New Horizons, Honolulu, HI, Sep 2007.
- “Development of small molecule adrenomedullin antagonists for treatment of bone metastases.” Poster presentation by Valerie Siclari, graduate student of Endocrinology, at ASBMR 2007: Exploring New Horizons, Honolulu, HI, Sep 2007.

GASTROENTEROLOGY AND HEPATOLOGY

NEWS

- Dr. Stephen J. Bickston is now an author for the Cochrane Collaboration. He was invited to serve in the Cochrane Inflammatory Bowel Disease and Functional Bowel Disorders Review Group.
- Brian W. Behm, MD, MS is also now an author for the Cochrane Collaboration. He and Dr. Bickston co-authored an invited review on infliximab as maintenance therapy in Crohn’s disease, now under peer review.
- The faculty of the inpatient unit of the Digestive Health Center of Excellence, directed by Dr. Bickston, led the DOM in UHC severity-adjusted mortality index for the past four quarters; their score of 0.31 is 69% lower than expected.
- Dr. Berg was elected UNOS Region 11 Associate Councilor and will serve as Vice Chair of the OPTN Membership and Professional Standards Committee before moving up to the UNOS Board of Directors as Regional Councilor next year.

PUBLICATIONS/PRESENTATIONS

- Caldwell SH, Argo CK. Divergent Effects of PPAR-g Ligands in Human and Mouse Nonalcoholic Steatohepatitis. *Hepatology* 2007;46:285-7.
- Shami VM, Jones DR, Hernandez A, Stelow EB. Endoscopic Ultrasound-guided Fine Needle Aspiration of a Malignant Pleural Effusion to Diagnose and Stage Lung Cancer: When Should this Approach be Considered? *Dig Dis Sci*. 2007 Aug 24; [Epub ahead of print] No abstract available. PMID: 17717747 [PubMed – as supplied by publisher]
- Hernandez A, Kahaleh M, Olazagasti J, Jones DR, Daniel T, Stelow E, White GE, Shami VM. EUS_FNA as the initial diagnostic modality in centrally located primary lung cancers. *J Clin Gastroenterol*. 2007 Aug;41 (7):657-60. PMID: 17667048 [PubMed – process]
- R. Todd Stravitz, MD, Andreas H. Kramer, MD, MSc, Timothy Davern, MD, A. Obaid S. Shaikh, MD, Stephen H. Caldwell, MD, Ravindra L. Mehta, MD, Andres T. Blei, MD, Robert J. Fontana, MD, Brendan M. McGuire, MD, Lorenzo Rossaro, MD, Alastair D. Smith, MD, William M. Lee, MD and the Acute Liver Failure Study Group*. Intensive Care of Patients with Acute Liver Failure: Recommendations of the US Acute Liver Failure Study Group
- Krenitsky J, Makola, D, Parrish CR. Parenteral Nutrition In Pancreatitis Is Passé: But Are We Ready For Gastric Feeding? A Critical Evaluation of the Literature - Part I. *Practical Gastroenterology* 2007;XXXI(9):92.
- Parrish CR. Nutrition concerns for the patient with gastroparesis. *Current Gastroenterology Reports*. 2007;9:295-302.
- Parrish CR, Krenitsky J. Leadership and the Art of Nutrition Support. *Support Line* 2007;29(4):10-17.
- Parrish CR, Krenitsky J, Willcutts K. Gastrointestinal Disease. In: *The A.S.P.E.N Nutrition Support Core Curriculum: A case-based approach-the adult patient*. Gottschlich MM (ed.). American Society for Parenteral and Enteral Nutrition, Silver Spring, MD; 2007:508-539.
- Fessler, T. Optimizing enteral feeding for patients with diabetes. *Today’s Dietitian* 2007;9:51-57.
- Lewis K, Parrish C, Abad-Jorge A, Fanning L. Improving the nutritional care of patients via the patient medical record: results of a physician survey. *J Am Diet Assoc*. [Abstract] 2007;107(Suppl 3):A-45.
- Krenitsky K, Parrish CR. Participant demographics and effectiveness of an adult nutrition support traineeship. *JADA*. [Abstract] 2007;107(Suppl 3):A-46.

- Krenitsky J, Makola, D, Parrish CR. Parenteral Nutrition In Pancreatitis Is Passé: But Are We Ready For Gastric Feeding? A Critical Evaluation of the Literature - Part I. *Practical Gastroenterology* 2007;XXXI(9):92.
- Krenitsky J, Makola D, Parrish CR. Pancreatitis Part II - Revenge of the Cyst: A Practical Guide to Jejunal Feeding. *Practical Gastroenterology* 2007;XXXI(10):54.
- Parrish CR. Nutrition concerns for the patient with gastroparesis. *Current Gastroenterology Reports*. 2007;9:295-302.
- The GI Nutrition Support Team has traveled extensively for presentations over the last few months:
 - 5/5/07 - Decreasing the Deficit: Successful Enteral Feeding at The Art and the Science of Nutrition in CNY, the 77th annual New York State Dietetic Association Meeting, Syracuse, New York.
 - 4/25/07 – Nutritional Management in Gastroparesis, Long Island Society for Parenteral and Enteral Nutrition, Long Island, NY.
 - 3/3/07 - Managing Celiac Disease, DelMarVa 9th annual multi-regional educational conference, Society of Gastrostomy Nurses and Associates, Inc., Richmond, VA.
 - 2/5-9/07 – Enteral Feeding; The art and the science, Sapporo, Hiroshima, and Matsuyama, Japan.

GENERAL MEDICINE, GERIATRICS, AND PALLIATIVE CARE NEWS

- Hospital Drive magazine, <http://hospitaldrive.med.virginia.edu> is reading submissions for the Winter 2008 issue.
- The work of University Medical Associates was recently featured on NPR. To listen to the story that ran on September 20, 2007, go to <http://www.wmra.org/news/m092007a.html>.

PUBLICATIONS

- Guilbaud P, Preston M. Healthcare assessment study in Les Cayes, Haiti; towards a framework for rural capacity development and analysis. *Journal of Haitian Studies* 2006; 12(2): 48-69.

HEMATOLOGY/ONCOLOGY NEWS

- Michael Williams was appointed to the Hematology Board of the ABIM
- Gail Macik is one of 15 ASH members selected to serve on the Test Material Development Committee (TMDC), a collaboration between ASH / ABIM to develop a national hematology In - Training examination.
- A new faculty member, Paula Fracasso, arrived on Sept. 1. She will serve as the Deputy Director for Clinical Research of the Cancer Center, and section chief for Medical Oncology within the Division. Her clinical interests lie in women's oncology.
- William Grosh was presented with a \$2,500 gift from the Blue Knights motorcycle club of Virginia to support his ongoing clinical research. The funds will be used primarily to support the evaluation of multiple new agents for the treatment of melanoma. The Blue Knights is a motorcycle club made up of current and former law enforcement officers, and their intent is to have an annual fund raiser to support this worthy cause.



INFECTIOUS DISEASES AND INTERNATIONAL HEALTH NEWS

- Dr. Amy Mathers, Fellow in Infectious Diseases, has received an NIH Loan Repayment Award.
- Dr. William Petri has been named to the NIH COBRE Advisory Board for the University of Vermont and to the Editorial Boards of "Molecular Microbiology" and the "Turkish Armed Forces Preventive Medicine Bulletin."
- Dr. Paul Hoffman has been appointed to the Bacterial Pathogenesis Study Section of the NIAID, NIH
- Dr. Janine Jagger was a member of the Institute of Medicine committee which released its report on September 18: "Preparing for an Influenza Epidemic: Personal Protective Equipment for Healthcare Workers." The report can be accessed at National Academies Press website: http://www.nap.edu/catalog.php?record_id=11980
- Dr. Frederick Hayden received the Elion Award at the Annual Meeting of the International Society for Antiviral Research. In conjunction with the award Dr. Hayden presented an award lecture, "Influenza Antivirals: Progress, Problems, and Future Prospects."
- Suzanne Stroup, Dr. Fanny Ewann, Dr. Eric Houpt, and Dr. Rebecca Dillingham traveled to Port au Prince, Haiti in Septem-

ber 2007 to give a course entitled, "Molecular Diagnosis of Enteric Infections." They provided an extremely well-received week long practical training course in PCR techniques at the GHESKIO Centers, an internationally recognized site for HIV treatment, training, and research.

- Sarah Delgado and Dr. Rebecca Dillingham co-chaired the HIV Session of the UVa Symposium on Race and Society on October 2nd, 2007. The three-hour symposium was very well-attended and provided an opportunity for care-givers, researchers, and community members to come together to create strategies to address health disparities that impact people infected and affected by HIV.
- Former fellow Dr. Cassandra Salgado received a Pfizer Special Innovation Award in Methicillin Resistant *Staphylococcus Aureus* at the Annual Meeting of the Infectious Disease Society of America, San Diego, October, 2007. Dr. Salgado is Assistant Professor of Medicine and Hospital Epidemiologist at the Medical University of South Carolina in Charleston.

PUBLICATIONS/PRESENTATIONS

- Guo X, Houpt E, Petri WA Jr. Crosstalk at the initial encounter: Interplay between host defense and ameba survival strategies. *Current Opinion in Immunology* 2007; 19:376-84.
- Olekhovich, I. N.; R. J. Kadner. Role of nucleoid-associated proteins Hha and H-NS in expression of *Salmonella enterica* activators HilD, HilC, and RtsA required for cell invasion. *J. Bacteriol.*, 2007, 189, 6882-6890.
- Sifri CD, Park J, Helm GA, Stemper M, and Shukla SK. Fatal brain abscess due to community-associated methicillin-resistant *Staphylococcus aureus* USA300, *Clin. Infect. Dis.* 2007; 45:e113-e117.
- McCallum N, Brassinga AK, Sifri CD, and Berger-Bächi B. Functional characterization of TcaA: minimal requirement for teicoplanin susceptibility and role in *Caenorhabditis elegans* virulence, *Antimicrob. Agents Chemother.*, 2007 Aug 20; [Epub ahead of print].
- Presentations by Infectious Diseases Fellows, Residents, and Students at the Annual Meeting of the Infectious Disease Society of America, San Diego, October, 2007:
 - Chaudhry O, Angle J, Hall K: Outcome of catheter-related bloodstream infections following catheter replacement. (Poster)
 - Mathers AJ, Martin EN, Lee GH, Scheld WM: Innate stimulation through toll-like receptor-4 improves survival in a mouse model of anthrax. (Poster). Winner of special citation.
 - Moore CM, Moore CC, Lee GH, Mathers AJ, Musie E, Martin EN, Scheld WM: An adenosine 2A receptor improves survival in a murine model of *Yersinia enterocolitica* infection. (Poster)
 - Mathers AJ, Martin EN, Lee GL, Kane D, Scheld WM: TNF-alpha neutralization improves liver function in the anthrax rapid death mouse model. (Oral). Winner of special citation.
 - Martin EN, Lee GH, Sajanlal MQ, Buren JJ, Mathers AJ, Scheld WM: Anthrax toxin lethality in the rapid death mouse model is TNF-alpha dependent. (Oral)
 - Lee GH, Martin EN, Hogan JI, Scheld WM: Prestimulation through toll-like receptor 3 improves survival in three different mouse models of anthrax. (Oral)

GRANTS

- Dr. Costi Sifri has been awarded a Howard Hughes Medical Institute Physician-Scientist Early Career Award. This award provides support over a five-year period for direct research costs. Research Description: The roundworm *C. elegans* is susceptible to many of the same pathogens that infect humans. Dr. Sifri is taking advantage of this fact to study pathogenesis and immunity using the worm as a model organism to study staph infection. Using RNA interference – a method of shutting off specific genes with small bits of RNA – he will search for genes that control infection with *Staphylococcus aureus*, with the expectation that related genes may be involved in controlling staph infection in humans.

NEPHROLOGY NEWS

- Tiffany Keepers from the Obrig laboratory defended her PhD thesis this month. Tiffany was instrumental in development of a complete murine model of typical HUS and will be an author on six peer-reviewed research papers from her graduate work at UVA.
- Matthew Stone, another PhD candidate in the Obrig laboratory won first prize in the Biomedical Section of The School of Arts and Sciences Research Day.

PULMONARY AND CRITICAL CARE MEDICINE
PUBLICATIONS

- Mark Robbins, MD. Journal of Heart and Lung Transplantation, "Mucormycosis of the Bronchial Anastomosis: A Case of Successful Medical Treatment and Historic Review" August 2007
- Mehrad B, Keane MP, Gomperts BN, Strieter RM. 2007. Circulating progenitor cells in chronic lung disease. Expert Rev Respir Med. 1(1):157-165.