department of
Medicine Newsletter
BROWN Medical School
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Research Spotlight

Ocean State Clinical Coordinating Center

Updates on the OSCCC

Since its formation in 2004, the Clinical Coordinating Center at Rhode Island Hospital has experienced many changes and is beginning to establish itself as a leading academic coordinating center specializing in critical care and sepsis research. The Ocean State Clinical Coordinating Center (OSCCC), as it has been officially named, remains under the direction of Dr. Steven LaRosa. In addition to co-directors, Dr. Mitchell Levy and Dr. Steven Opal, the OSCCC is pleased to have Dr. Nicholas Ward, and Dr. Andre Kalil join the physician team. Dr. Ward is Associate Director of the Medical Intensive Care Unit at Rhode Island Hospital and an assistant professor of medicine at Brown University. Dr. Kalil is Associate Director of the Immunocompromised Host Infectious Disease Program at the University of Nebraska Medical Center. Working in conjunction with the other four OSCCC physicians, Dr. Kalil's expertise in both the Spanish and Portuguese languages allows for direct interaction with study sites in South America and Mexico. As the OSCCC becomes involved in more clinical trials, there is the potential of adding more staff, including a sepsis research fellow.

A New Study: The ACCESS Trial (E5564)

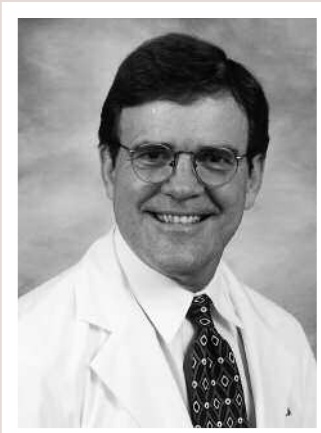
In addition to the current CAPTIVATE Trial, the OSCCC has recently secured a $800,000 / year grant for up to 5 years to serve as the academic coordinating center for a Phase III trial of Eritoran Tetra sodium, a lipopolysaccharide (LPS) antagonist (ACCESS Trial). Eritoran is believed to inhibit cellular activation by competitively preventing the binding of LPS to receptors on target cells, which may consequentially reduce cytokine activity. In previous trials, this LPS antagonist has shown to be of greatest benefit to patients with severe sepsis. The ACCESS Trial will be a world wide, multicenter, double blind, placebo-controlled, randomized study of patients with severe sepsis and who meet particular severity criteria. The trial will run over a 5-year period with a planned enrollment of 2000 patients. The Ocean State Clinical Coordinating Center will be responsible for approving patients from North and South American study sites involved in the trial. The OSCCC will also provide assistance to these sites regarding compliance to the ACCESS Trial protocol, 24 hours a day 7 days a week.

Gail Murray, Steven Opal MD, Sue Brawner, Mitchell Levy MD, Susan McNamara, Steven LaRosa MD

INSIDE

Chairman's Message

Edward J. Wing, MD



The beginning of the academic year is always an exciting time. New residents and fellows are starting their training, and fourteen new faculty are joining the University Medicine Foundation while a number of other faculty are joining the Department as voluntary faculty. It is also very nice to welcome Dr. Richard Besdine, Director of the Division of Geriatrics, back from his six-month long sabbatical in Italy. Richard is eager to begin work on the recent Reynolds Foundation Grant Award.

I am very pleased to announce the recruitment of Dr. Peter Quesenberry as the new Director of Hematology/Oncolgy beginning October 1 Peter is an internationally known researcher in Bone Marrow Transplantation and Stem Cell Biology. His curriculum vitae includes 345 publications in outstanding journals, editor of several journals, consistent NIH funding for decades and numerous awards for his research including a Lifetime Achievement Award from the Leukemia/Lymphoma Society of America for 2006. We will soon have two Quesenberrys in the Department—Peter and Peter's son, Matt who is a 3rd year resident and was selected to be a Chief Resident for 2007–8.

Our international programs continue to attract faculty, residents, and students. For example, this month Nick Califano and his daughter Sophie — a 4th year medical student at Brown — Dom Tammaro and his entire family, are teaching and practicing at our sister institution Moi University, Eldoret Kenya. Doctors Mary Hohenhaus and Amos Charles plan to be there in August.

Recently I was invited to join the board of The American Professors of Medicine, the society composed of Chairman of Medicine at the 126 medical schools in the United States. Lance Dworkin as Vice Chair for Research and Fred Schiffman as Vice Chair at the Miriam Hospital are affiliate members. Being part of the organization has made me realize how strong and vibrant the Department of Medicine at Brown is. We excel in all areas of the tripartite mission and our Department is the envy of many around the country. Congratulations to all, including trainees, faculty and staff for this recognition.

Full Time and (Research) Faculty Appointments and Promotions

PROMOTIONS

Rhode Island Hospital

Athena Poppas, MD,
Associate Professor
Cardiology

Eduardo Nillni, Ph.D.,
Professor (Research)
Endocrinology/MCB

Ji-su Li, MD, PhD,
Associate Professor (Research)
Gastroenterology

Shuping Tong, MD, PhD,
Associate Professor (Research)
Gastroenterology

APPOINTMENTS

The Miriam Hospital

Nickolas Zaller,Ph.D.,
Instructor (Research)
Infectious Disease

Rhode Island Hospital

Hitesh Jindal, Ph.D.,
Assistant Professor (Research)
Cardiology

Lilian Joventino, MD,
Assistant Professor
Cardiology

Ulrike Mende, MD,
Associate Professor (Research)
Cardiology

Ramona Rhodes, MD,
Assistant Professor
Geriatrics

Ana Tuya, MD,
Assistant Professor
Geriatrics

Zhongfa Yan, PhD,
Instructor (Research)
Hematology

Patricia Engler, PhD,
Investigator
General Internal Medicine

VAMC

Andrew Stone, MD,
Instructor
Pulmonary

Thomas O'Toole, MD,
Associate Professor
General Internal Medicine

Research News

Reynolds Foundation grant awarded to Brown Medical School for geriatrics curriculum reform

Brown Medical School has received one of the largest grants ever for enriching the curriculum—$2 million from the Donald W. Reynolds Foundation to strengthen geriatrics training.

Grant monies will be used to design and implement four years of geriatrics content for the newly redesigned medical school curriculum. Dr. Richard Besdine, Director of the Division of Geriatrics in the Department of Medicine, Director of the Gerontology Center at Brown, and David S. Greer, MD, Professor of Geriatric Medicine, is principal investigator on the grant. The new program of study will feature many additions and innovations, all aimed at better preparing medical school students to care for older adults, particularly the sick and frail elderly.

Numerous faculty members in the Department of Medicine, as well as faculty in Emergency Medicine and Psychiatry at Lifespan are participating, as well as faculty members in Community Health, Family Medicine, Obstetrics and Gynecology, Pediatrics and Psychiatry from other Brown-affiliated hospitals and the campus. The grant will be based administratively in the Medical School through the Gerontology Center.

"The timing is ideal," Besdine said. "This grant will allow us to strengthen geriatrics training, a long-time strength at Brown Medical School, across all years and in all areas—from basic science course work to clinical clerkships to public health education. The medical school's curriculum redesign is underway and, through this grant, we have the resources to do this right."

The Reynolds Foundation is a national philanthropic organization founded in 1954 by the late media entrepreneur for whom it is named. Headquartered in Las Vegas, Nevada, it is one of the largest private foundations in the United States.

The Foundation conceived the Aging and Quality of Life grant program in response to a growing consensus that most physicians lack adequate training to meet the needs of their elderly patients. Brown Medical School's decision to transform its curriculum to make it more active, relevant and reflective is in perfect synchrony with the Foundation's goal.

Under the grant, Brown will:

- Develop and integrate geriatrics content for the new medical school core curriculum. Initiatives will include adding content to the new first-year Doctoring course, imbedding geriatrics patients and content into small group sessions and mandatory clerkships, developing a web-based set of virtual elderly patients, and creating a scholarly area of emphasis in aging.
- Enrich the internal medicine and emergency medicine residency programs with new geriatrics content, including elderly patient cases for all students and residents training in the Medical Simulation Center.
- Create new faculty development initiatives for all classroom and clerkship teachers of geriatrics.

Besdine said some of the new content will be in place this August. The entire transformation will be complete by 2008.

Drs. George Daley and Edward Wing,
12th Annual Department of Medicine Research Forum, June 20, 2006.

Visit our website at:
www.brownmedicine.org

The Controversial Treatment of Renal Vascular Disease

Lance D. Dworkin, MD

Atherosclerotic renal artery stenosis (RAS) is a relatively common problem, affecting from 1 to 5% of patients with hypertension. Autopsy data demonstrate that the incidence of RAS increases with age, affecting 40% of those over 75. RAS is also common in individuals with vascular disease in other beds and is present in up to 40% of those with overt coronary artery disease, aorto-illiac disease or peripheral vascular disease. At present, the best treatment for RAS is unknown.

Pathophysiology and Natural History

The pathophysiology of hypertension is different in patients with unilateral and bilateral renal artery stenosis. In both, a drop in perfusion pressure to a kidney distal to a stenosis induces an increase in the activity of the renin-angiotensin-aldosterone system (RAAS). In patients with unilateral disease, perfusion pressure rises in the non-stenotic kidney causing an increase in salt and water excretion. Hypertension depends on ongoing activation of the RAAS and such patients may experience marked reductions in blood pressure with RAAS blockade. With bilateral stenosis, the increase in systemic pressure is never transmitted to a kidney, there is no natriuresis, hypertension and volume expansion persist, and RAAS blockade may fail to reduce blood pressure. With long-standing hypertension, vascular remodeling, atherosclerosis, ischemic damage to the post-stenotic kidney, and hypertensive injury to the non-stenotic kidney ensue and help to sustain hypertension. Although atherosclerotic renal artery lesions tend to progress with time, relatively few arteries go to complete occlusion within a 5 year period. Furthermore, progression of the anatomic lesion is not always associated with changes in blood pressure or in kidney function. This may explain why filtration rate often fails to improve significantly following revascularization.

Cardiovascular Disease and RAS

A challenging feature of the care of these patients is the extremely high incidence of adverse cardiovascular events in patients with atherosclerotic RAS as compared to age-matched subjects with normal renal arteries. In a large group of patients in whom renal arteriography was performed at the time of cardiac catheterization, those with renal artery stenosis had a much higher incidence of adverse cardiovascular events, as compared to patients without renal vascular disease. Furthermore, there was a direct correlation between the degree of stenosis and survival. The explanation for the increased cardiovascular risk is uncertain, but may be attributable to concomitant atherosclerosis found in other vascular beds. An alternative hypothesis is that activation of the RAAS and the sympathetic nervous system by renal ischemia may not only raise blood pressure, but also have direct adverse cardiovascular and renal effects.

Clinical Trials

There are three published randomized prospective clinical trials comparing revascularizton, usually angioplasty with or without stenting, to medical therapy in patients with atherosclerotic RAS. Most would agree that all three studies are severely flawed. Typically, the primary endpoint was blood pressure, a surrogate that may impact on cardiovascular and renal events but is unlikely to be only factor driving these outcomes. The definition of renal vascular disease was probably overly inclusive, enrolling patients with narrowings that were not hemodynamically significant. The studies were marred by a high crossover rate; about 40% in the largest study within the first 3 months, undermining the power of the study to detect a beneficial effect of the intervention. Comparatively less attention was paid to the medical regimen that patients received; however this regimen needs to be robust so as not to bias the data in favor of the intervention. Recognizing these limitations, it is still the case that none of the studies showed a clear benefit of revascularization over medical therapy either in terms of a significant reduction of blood pressure or better preservation of kidney function. At best, the number of antihypertensive medications needed to control blood pressure tended to decline. Also of note is the significant complication rate with angioplasty and stenting, reported to be from 7 to 15% and including such adverse outcomes as death and rapid progression to end stage renal disease. More recently, uncertainty regarding the benefits of revascularizton has been compounded by advances in medical therapy that may further improve outcomes for patients managed conservatively.

Finding the Best Therapy: The CORAL Study

CORAL is a multicenter, randomized, clinical trial designed to test the hypothesis that medical therapy with stent placement of hemodynamically significant atherosclerotic RAS in patients with refractory systolic hypertension reduces the incidence of adverse cardiovascular and renal events compared with optimal medical therapy alone. A total of 1,080 patients will be randomized and closely monitored for blood pressure control and management of other risk factors for a minimum of 3 years. Participants will have a history of refractory hypertension and also meet angiographic criteria for significant stenoses.

"CORAL is a multicenter, randomized, clinical trial designed to test the hypothesis that medical therapy with stent placement of hemodynamically significant atherosclerotic RAS in patients with refractory systolic hypertension reduces the incidence of adverse cardiovascular and renal events compared with optimal medical therapy alone."

Medical Therapy for patients with RAS

Optimal medical management of patients with RAS is not established; however by analogy to patients with vascular disease in other beds, should include antiplatelet therapy, angiotensin inhibition, blood pressure control, cholesterol management, blood glucose control in diabetics, smoking cessation, diet, and exercise.

Antihypertensive Therapy

There are no data on the effects of antihypertensive therapy on outcomes in patients with RAS. Based on JNCVII recommendations, a target blood pressure of <140/90 is recommended for individuals without other co-morbidities, and a lower goal of <130/80 mmHg with diabetes. In CORAL, all patients will receive an angiotensin II type 1 receptor antagonist (ARB) as the first line antihypertensive agent. Because the RAAS is activated in many patients with renal vascular disease, drugs that block the system are often highly effective in controlling blood pressure in this population. In addition, RAAS blocking drugs are the only agents proven to slow progression to end stage renal disease in any setting. With regard to cardiovascular disease, in one long-term observational trial, ACE inhibition was associated with improved survival and reduced event rates. Nevertheless, use of RAAS blocking drugs is controversial in patients with RAS due to concerns about the risk of acute renal failure and of progression of chronic renal insufficiency in the post-stenotic kidney.

Concomitant Therapies

Although no specific evidence exists for patients with RAS, RAS is considered a coronary artery disease equivalent in terms of cardiovascular risk. Thus, just as with established coronary heart disease, an LDL cholesterol of at least below 70 mg/dl is the goal of therapy. Patients with atherosclerotic RAS are an older population and a significant percentage will have diabetes, predominantly type 2. There is clear evidence that tight glucose control to a HbA1c of less than 7 is associated with reductions in microvascular and macrovascular complications in both type 1 and type 2 diabetes. If renal functional impairment is present, practioners should treat the complications of chronic renal disease. Dietary modifications and phosphate binders may be needed as GFR declines. Anemia should be treated with erythropoeitin when the hemoglobin falls below approximately 11 gms/dl. Many patients will also require either oral or parenteral iron supplements once therapy with erythropoeitin is initiated. Practitioners treating patients with RAS should also adapt an aggressive approach to encourage and assist patients in smoking cessation. Finally, even though there are no direct data in patients with RAS, administration of an antiplatlet agent is recommended.

Perspectives

Until additional data are available, physicians should be conservative in recommending angioplasty and stenting for patients with RAS. If patients are screened, magnetic resonance arteriography, computerized tomography angiography, or duplex ultrasonography are the most useful screening tests; the gold standard is still the renal arteriogram. If an intervention is performed, angioplasty with stenting appears to be the procedure of choice for most patients. Whether or not patients undergo revascularization, an aggressive medical regimen that addresses the multiple risk factors for cardiovascular disease is indicated. Given the current uncertainty regarding the utility of revascularization, practioners should consider referring patients into a clinical trial like CORAL that is examining the best therapy for patients with RAS. Contact Information for CORAL is available at the study website (http://www.coralclinicaltrial.org).

Weibiao Cao, PhD, in the Gastroenterology division, has received a two-year R-21 from the National Institute of Diabetes and Digestive and Kidney at NIH for a project titled 'NADPH Oxidases-associated transition from Barrett's Esophagus to Adenocarcinoma.' The $300,000 in direct costs over the two years will be used for the following specific aims: 1) Study whether NADPH oxidases, in particular NOX5, are upregulated by acid exposure in Barrett's esophagus and the adenocarcinoma cell line SEG1. 2) Examine the signal transduction pathway of acid-induced expression of the NADPH oxidases noted above with particular focus on the calcium and cyclic AMP response element binding protein (CREB). 3) Define the role of NADPH oxidase-generated reactive oxygen species (ROS) in upregulating COX-2 and cyclin-1. This research may provide new and rational approaches to the prevention of development esophageal adenocarcinoma.

Suzanne De la Monte, MD, MPH, Department of Medicine (Gastroenterology) and Pathology, has received a 5-year K-24 award (Mid-Career Investigator Award in Patient Oriented Research) from the National Institute of Alcohol Abuse and Alcoholism at NIH for a project titled 'Brain Insulin Resistance in Alcoholics.' Averaging $163,000 per year in direct costs funding, the grant will provide Dr. De la Monte with an increased opportunity to provide high quality mentorship and training of promising young scientists. The specific aims of the research proposed are 1) Investigate mechanisms of alcohol mediated neurodegeneration in adult human brains using molecular and biochemical approaches. 2) Provide the environment to train and mentor junior investigators to investigate human disease mechanisms using current technologies to analyze human tissue samples. 3) Educate junior investigators about the importance of experimental models for testing hypotheses and validating results from human studies.

Timothy Flanigan, MD, Division Chief for Infectious Diseases, received a 5-year competing continuation grant for the T32 training grant 'HIV and Other Infectious Consequences of Substance Abuse' from the National Institute of Drug Abuse at NIH. Funding approximates $370,000 per year in direct costs. This training grant is used to prepare pre and post doctoral fellows (physicians and behavioral scientists) for research careers in the cross-disciplinary field of HIV and other infections associated with substance abuse. Fellows have the opportunity to train specifically in one or more areas including infectious diseases, Ob-Gyn, behavioral medicine, pediatrics, and primary care. Each fellow is involved in a specific research project and is provided instructions in basic research techniques.

Ulrike Mende, MD, in the Cardiology Division, has received a 5-year R01 from the National Heart, Lung, and Blood Institute at NIH for a project titled 'RGS Regulation of Cardiac Signaling and Hypertrophy.' The $250,000 per year in direct cost funding will be used for the following specific aims: 1) To delineate the functional role of endogenous RGS2 (Regulator of G protein Signaling) in regulating Gq/11-mediated signaling and hypertrophy in isolated ventricular cardiomyocytes and the intact heart in vivo. 2) To determine whether conditional cardiac-specific expression of RGS2 can attenuate Gq/11 mediated hypertrophy while preserving the heart's ability to adapt to an increase in demand. 3) To determine whether PKG-induced phosphorylation of RGS2 enhances its inhibitory effect on Gq/11 signaling and thereby provides crosstalk between cGMP and Gq/11 signaling. The results of this research may provide the basis for new cardiac therapeutic interventions.

Dr. Suniti Solomon Receives Brown University Honorary Degree

Ken Mayer, MD

Dr. Suniti Solomon, the founder of YRG Center for AIDS Research and Education (YRGCare) in Chennai (Madras), India was recently given an honorary degree by Brown University in recognition of her leadership in community-based AIDS care and research. She was a medical microbiologist at Madras Medical College in 1986, when she detected the first HIV-infected patients in India. Frustrated with the slowness of the governmental response, she founded YRGCare, the first comprehensive AIDS service organization in India. YRGCare has now cared for more 9,000 people living with HIV infection, and is the largest single site prescriber of antiretroviral therapy in India. For the past decade, initially through the Brown-Tufts Fogarty AIDS International Training and Research Program, YRGCare has been at the forefront of describing the natural history of HIV in India, tracking the impact of generic antiretroviral therapy, and developing culturally appropriate prevention interventions. YRGCare is a participating site in the

NIH-funded HIV Prevention Trials Network (K. Mayer, local PI) and the AIDS Clinical Trials Group (T.Flanigan, local PI). The ties between the Department of Medicine and YRGCare now include studies funded by NIAID, NIMH, and the exchange of students, residents, and fellows. More than 50 major publications have ensued from this highly productive collaboration, some used to help inform the development of HIV treatment and prevention guidelines in the developing world.

Profile

Dr. Leslie DeGroot: Researcher and Web-Based Educator in Endocrinology

Dr. Leslie J. DeGroot, who joined the Endocrine Division at Rhode Island Hospital and Brown Medical School in January 2005, has been dividing his time between a vigorous research program and the management of high profile web-based endocrine textbooks. Dr. DeGroot previously was Head of the Thyroid Study Unit at the University of Chicago and, for many years, Head of the Endocrine Section in the Department of Medicine at the University of Chicago. His research accomplishments include purification of thyroid peroxidase and identifying it as the typical antigen in thyroid autoimmunity, recognition of the Thyroid Hormone Resistance Syndrome and cloning the mutated receptor genes involved, identification of the CTLA-4 gene as a common contributor to many human autoimmune diseases, development of an adenoviral vector for therapy of medullary thyroid cancer, and numerous studies on therapy of thyroid cancer. His current NIH-funded research centers on viral-mediated gene therapy for thyroid cancer and genetic mechanisms promoting autoimmune thyroid disease.

Dr. DeGroot's lab is seeking to understand the molecular mechanisms explaining why individuals who inherit the HLA DRB1*0301 histocompatibility gene are at increased risk for developing Graves' disease. It is known that hyperthyroidism in Graves disease is caused by uncontrolled stimulation of the TSH receptor on thyroid cells by auto-antibodies directed to this antigen. Autoimmunity begins with uptake of protein antigen into antigen presenting cells. In these cells, the protein is digested into small peptide epitopes, which then bind to HLA DR proteins and are transported to the cell surface, where they can be "seen" by lymphocytes. Probably certain of these epitope fragments are more important (effective) than others, or even uniquely important, in developing immunity. The goal of his work is to identify the specific epitopes formed in the antigen presenting cells, determine exactly how they bind to the DR protein, and establish why DRB1*0301 is more effective in presenting these epitopes to T cells than other DR alleles.

The methods involve both clinical and laboratory studies, and the studies depend on collaborations that Dr. DeGroot has forged with several other research groups. As one part of the work, "naturally formed" epitopes are obtained from antigen presenting cells incubated with TSH receptors, and these epitopes then are identified by mass spectrometry analysis. In addition, T cells from patients with Graves' disease are incubated with TSH receptor epitope fragments to determine which ones activate the T cells. Similar studies are done on mice which are transgenic for the human DR3 antigen presenting protein and have undergone immunization with the TSH receptor. Binding of receptor epitope fragments to purified DR3 protein also is studied in vitro. These methods have tentatively identified several sequences which appear to be dominant in the autoimmune process.

Reflecting his experience as a practicing thyroidologist for several decades, Dr. DeGroot's ultimate goal is to use the findings from these research studies to combat the autoimmune process of Graves' disease in patients. One approach being tested is to treat the immunized mice with a competing epitope, which will be presented to the T cells but not stimulate the T cells to divide. A second approach is to develop epitope-bearing "tetramers", comprised of DR3 dimers, which potentially can bind to and delete disease-specific reactive T cells.

Dr. DeGroot states that an attraction of coming to Brown, in addition to joining the excellent Endocrine Division, was the possibility of collaborating with his daughter Dr Anne DeGroot, who also is on the Brown faculty. Although she studies infectious disease, her research goals and methods largely overlap and complement those used in his laboratory.

De Groot has been a highly productive research scientist with more than four hundred publications. However, he has had an equally distinguished career as a medical educator. Among his many awards, his contributions to professional education were recognized with the Endocrine Society award as "Distinguished Educator" in 2004. Perhaps his best known publication is the three volume textbook "ENDOCRINOLOGY" which he edited through 5 editions over the past 25 years. He recently has brought his educational activities to a new level with the creation of two innovative websites: WWW.ENDOTEXT.ORG and WWW.THYROIDMANAGER.ORG. These sites offer comprehensive and authoritative endocrine texts, written by nearly 400 experts, are constantly updated, and are available without cost to MDs around the world. The authors of the websites not only prepare textual material, but also provide expert advice on difficult cases submitted by readers, and answer questions sent in by patients. All of the material on the sites (equal to about 4000 printed pages) can be freely down-loaded and printed out for personal use or teaching. Readers are evenly distributed throughout the US, South America, Asia, and Europe. At this time, the two websites receive approximately 80,000 hits each day, which places them among the most widely accessed sources of medical information in the world.

Hallett Center Diabetes Education Program Merits ADA Recognition

The Hallett Center for Diabetes and Endocrinology at Rhode Island Hospital has once again received the prestigious American Diabetes Association Education Recognition Certificate for its diabetes self-management education program. The Hallett Center manages an education program at six sites throughout the area, including the Hallett Center itself as well as The Miriam Hospital.

Robert Smith, MD, director of the Hallett Center, says, "We are very proud of the Hallett Center's role in bringing necessary education to members of our community who are living with diabetes. We know that patient education programs really work — they make it easier for people to live with diabetes and lower the risk of developing serious diabetes complications." Smith adds, "The American Diabetes Association's recognition of our program is confirmation of the program's quality and its benefit to our residents."

Diabetes now affects one in every seven Rhode Islanders above the age of 60. Diabetes education programs play an important role in how well individuals can manage their diabetes. The approval from the American Diabetes Association recognizes that the program meets the national standards for diabetes self-management education. Programs that achieve recognition status have a staff of knowledgeable health professionals who provide participants with comprehensive information about diabetes management. The American Diabetes Association approval process provides national standards by which to measure the quality of service they provide.

The Hallett Center for Diabetes and Endocrinology is the premiere academic center for diabetes management in Rhode Island. Patients at the Hallett Center receive comprehensive care by a coordinated team of endocrinologists, educators, nutritionists, podiatrists, nephrologists and ophthalmologists.

The Department of Medicine Newsletter is published quarterly.
To submit an article or provide information contact Denise Lavely-O'Hara at 444-5127, e-mail to **dlavely-ohara@Lifespan.org** or contact Dan Bryant at 444-6893, e-mail to **dbryant@Lifespan.org**

A Collaborative Initiative Toward More Integrated Health Care On the East Side

UMF Governor Street Primary Care Center

The Department of Medicine and University Medicine Foundation (UMF) last month held an open house for the Governor Street Primary Care Center, a 10,000 square foot clinical site on the East Side of Providence. The newly renovated location at 285 Governor Street houses the primary care practices of Drs. Francis Basile, Douglas Blecker, Thomas Bledsoe, Michael Johnson, Sara Nugent, Jeanne Oliva, Mark Ryan and Tony Wu.

The move is the first step toward the creation of a "Primary Care Medical Home," a concept championed by the American College of Physicians and other advocates for a more robust, patient-centered approach to healthcare. Convenient access to a broad spectrum of outpatient services in which physicians interact across disciplines is the cornerstone of the idea.

To that end, the practice offers subspecialty services in cardiology, gastroenterology, pulmonary and sleep medicine, nephrology, infectious diseases, general and neurosurgery, otolaryngology and podiatry. Psychiatric and behavioral health, urogynecology and dermatology may also soon be available. Lifespan Laboratories has a station on-site as well.

The Governor Street Primary Care Center has been open since February and the response from patients has been overwhelmingly positive. Most cite the abundant parking, the tranquil and attractive East Side setting, and the availability of so many services at a single, modestly-sized location as the biggest advantages. It is too early to tell whether that patient satisfaction will translate into financial success; but assuming the model is sustainable, UMF hopes to open similar sites elsewhere around the state.

Graduate Medical Education

Brown Medical School Internal Medicine Residency Program

Rhode Island Hospital – The Miriam Hospital – VA Medical Center

left to right: Drs. Tony Wu, Athena Poppas, Jim Klinger, Jennifer Jeremiah and Yousaf Ali

Fifth Annual Beckwith Family Awards for Teaching

The Brown University Department of Medicine held its Fifth Annual Beckwith Family Awards ceremony on Tuesday, May 2, 2006. It followed the Beckwith Visiting Professorship Lecture where Dr. Charles A. Czeisler was the guest lecturer. His topic was "Work Hours, Sleep and Safety: Ethical Implications". Dr. Czeisler is the Baldino Professor of Sleep Medicine, Professor of Medicine at Harvard Medical School and Senior Physician at Brigham and Women's Hospital in Boston, Massachusetts.

This is the fifth year that the Department of Medicine has offered awards to recognize superb teaching by its faculty. The Beckwith Family Research and Education Fund support these awards. The recipients are nominated and chosen by students, residents, physicians, program and course directors in the Brown Medical School Department of Medicine. Each winner was presented with a plaque and a cash prize.

The recipients this year were:

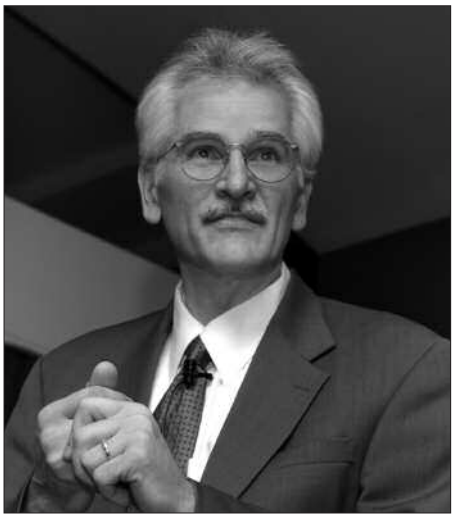
Yousaf Ali, MD
Clinical Assistant Professor of Medicine
Division of Rheumatology

Jennifer Jeremiah, MD
Clinical Associate Professor of Medicine
Division of General Internal Medicine
Director, Community Based Teaching Program

James R. Klinger, MD
Associate Professor of Medicine
Division of Pulmonary
Director, Respiratory Intermediate Care Unit, Rhode Island Hospital

Athena Poppas, MD
Assistant Professor of Medicine
Division of Cardiology
Directory, Echocardiography, Rhode Island Hospital

Tony C. Wu, MD
Clinical Assistant Professor of Medicine
Division of Primary Care



Dr. Charles A Czeisler

Rhode Island Hospital and The Miriam Hospital Internal Medicine Residency Program Graduate Career Plans 2006

Categorical Internal Medicine

George Palmer Bayliss, MD
Nephrology Fellowship, Harvard Medical School, Beth Israel Deaconess Medical Center
Boston, MA

Matthew Louis Buchalter, MD
Hospitalist
The Miriam Hospital
Providence, RI

Megan Bradley Callahan, MD
Hospitalist
Whidden Memorial Hospital
Everett, MA

Bradley James Collins, MD
Hospitalist
The Miriam Hospital
Providence, RI

Susan Jennifer Eckert, MD
2006–Chief Medical Resident
Brown Medical School
Providence, RI

2007–Nephrology Fellowship
Mount Sinai Medical Center
New York, New York

Robert El-Kareh, MD
2006–Chief Medical Resident
Brown Medical School
Providence, RI

Scott Wayne Ferreira, MD
2006–Hospitalist
Nashville, TN

2007–Cardiology Fellowship
St. Louis University School of Medicine
St. Louis, MO

Andrew Myles Freeman, MD
Cardiology Fellowship
Temple University Program
Philadelphia, PA

Mita Gupta, MD
General Internal Medicine Practice
Emerald Physicians
Hyannis, MA

Rebecca Lee Hirsh, MD
2007–Hematology/Oncology Fellowship
New York-Presbyterian Hosp. – Columbia Campus New York, NY

Christopher Browning Hurt, MD
Infectious Disease Fellowhip
University of North Carolina
Chapel Hill, NC

Lisa Ruth Kallenbach, MD
2007–Hematology/Oncology Fellowship
Tufts-New England Medical Center Program
Boston, MA

Corey Danielle Karlin, MD
Academic Hospitalist
Long Island Medical Center
New Hyde Park, NY

Prabhav Vasudev Kenkre, MD
Internist
St. Joseph Hospital
Nashua, NH

Olga I Lurye, MD
General Internal Medicine Practice
Providence, RI

Douglas Woodbury Martin, MD
2006–Hospitalist
Kent Hospital
Warwick, RI

2007–Pulmonary/Critical Care Fellowship
Brown Medical School
Providence, RI

Mitchell Hyatt McClure, MD
2006–Chief Medical Resident
Brown Medical School
Providence, RI

Erin Michele McGeeney, MD
Gastroenterology Fellowship
Sain Louis University
St. Louis, MO

Eric Benjamin Newton, MD
Gastorenterology Fellowship
University of Connecticut School of Medicine
Farmington, CT

Brian Daniel Phillips, MD
Endocrinology Fellowship
Brown Medical School
Providence, RI

Angela Marie Plette, MD
Hematology Oncology Fellowship
Brown Medical School
Providence, RI

Katherine F. Richman, MD
2006–Hospitalist
Rhode Island Hospital
Providence, RI

2007–Nephrology Fellowship
Brown Medical SchoolProvidence, RI

Jessica Salt, MD
Clinician-Educator, General Int. Med.
Thomas Jefferson University Hospital
Philadelphia, PA

Yon Kyung Sung, MD
2006–Hospitalist
Hospital for Special Surgery
New York, NY

2007–Pulmonary/Critical Care Fellowship
Stanford University
Stanford, CA

Corey Elizabeth Ventetuolo, MD
2006–Chief Medical Resident
Brown Medical School
Providence, RI

2007–Pulmonary/Critical Care
Fellowship
New York-Presbyterian Hosp. -
Columbia Campus New York, NY

Michael A Via, MD
Endocrinology, Diabetes, and
Metabolism Fellowship
Mount Sinai School of
Medicine Program
New York, NY

James Patrick Yess, MD
Primary Care Practice
Coastal Medical
East Providence, RI

Patricia Zappa, MD
Hematology Oncology Fellowship
Wayne State Univ./Detroit
Medical Center
Detroit, MI

General Internal Medicine/Primary Care

Srividya Anandan, MD
Group Practice
Harvard Vanguard
Quincy, Massachusetts

Thomas J. Doyle, MD
Group Practice
New Bedford Community
Health Center
New Bedford, MA

Julie Bard Fogarty, MD
Group Practice
Morton Plante Mease
Primary Care
Largo, Florida

Luke O'Brien Hansen, MD
2006–Chief Medical Resident
Brown Medical School,
Providence, RI

2007–Robert Wood Johnson
Clinical Scholars Program
Yale University
New Haven, CT

Sumana Kesh, MD
Locum Tenens
California

Mara Kathleen Linscott, MD
Group Practice
Center for Womens Health
Providence, RI

Alisa Joy Merolli, MD
Hospitalist
Kent Hospital
Warwick, RI

Nora Robinson Taylor, MD
Rheumatology Fellowship

National Institutes of Health
Clinical Center Program
Bethesda, MD

Medicine/Pediatrics

Kristin Lehr Anderson, MD
Women's Health Associates
University Medicine Foundation
Providence, RI

Erica Joy Blood, MD
Infectious Disease Fellowship
Harvard Medical School
Beth Israel Deaconess
Medical Center
Boston, MA

Chadwick Rudolph Johr, MD
2006–Pediatric Hospitalist
Children's Hospital of
Philadelphia
Philadelphia, PA

2007–Rheumatology Fellowship
University of Iowa Hospitals and
Clinics Program
Iowa City, IA

Memorial Hospital of Rhode Island Internal Medicine Residency Program Graduate Career Plans 2006

Christina Anderlind,MD
Pulmonary Fellowship
Boston University
Boston, MA

Anjali Basil,MD
Hospitalist
Worcester Medical Center
Worcester, MA

Manuel Cunanan, MD
Pulmonary Fellowship
Temple University
Philadelphia, PA

Mina Guico, MD
Primary Care Private Practice
Gainsville, FLA

Mutaz Labib, MD
Pulmonary Fellowship
Lahey Clinic
Burlington, MA

Raissa Paredes, MD
Hospitalist
California

Eleni Patrozou, MD
Infectious Disease Fellowship
Brown Medical School
Providence, RI

Kevin Price, MD
Private Practice
Cumberland, RI

From left to right: Front Row: Anjali Basil, Mina Guico,Eleni Patrozou, Christina Anderlind, Raissa Paredes
Back Row: Manuel Cunanan, James Benedict, Kevin Price

MEMORIAL HOSPITAL OF RHODE ISLAND

department of
Medicine
Brown Medical School
Newsletter
July 2006

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)

September 5, 2006:
CANCELED

September 12, 2006:
Morbidity & Mortality Conference

September 19, 2006:
Guest Speaker

David A. Brenner, M.D., Member, Herbert Irving Comprehensive Cancer Center, Experimental Therapeutics, Gastrointestinal Cancer, Member, Columbia University Institute of Nutrition, Samuel Bard Professor and Chairman, Department of Medicine, Columbia University

October 3, 2006:
Guest Speaker/Update

October 10, 2006:
CANCELED

October 17, 2006:
Morbidity & Mortality Conference

October 24, 2006:
Endocrine Update

October 31, 2006:
Guest Speaker

Mark Babyatsky, M.D., Vice Chairman of Education; Program Director, Internal Medicine Residency, Mt. Sinai Medical Center, New York

November 7, 2006:
Guest Speaker

Peter Panagos, M.D., Assistant Professor, Emergency Medicine, Rhode Island Hospital

November 14, 2006:
Guest Speaker

Matteo Cesari, M.D., Ph.D., Catholic University of Sacred Heart, Rome, Italy

November 21, 2006:
Morbidity & Mortality Conference

November 28, 2006:
Nephrology Update

December 5, 2006:
Morbidity & Mortality Conference

December 12, 2006:
"Developments in antifungal therapy: More choices, new challenges"

Eleftherios E. Mylonakis, M.D., Ph.D., Clinical Assistant in Medicine, Assistant in Medicine, Division of Infectious Diseases, Massachusetts General Hospital, Assistant Professor of Medicine, Harvard Medical School

December 19, 2006:
Gastroenterology Update

December 26, 2006:
CANCELED – HAPPY HOLIDAY

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

• The Department of Medicine Grand Rounds series is supported by an unrestricted educational fund as contributed by: Abbott Laboratories, Hoechst Marion Roussel, Merck & Co., The Liposome Company, Parke-Davis, Schering, Pfizer, Wyeth-Ayerst Laboratories, Eli Lilly and Company.