



## Letter from Dean Eli Adashi

Dear Friends,

After nine months as dean of medicine and biological sciences, I am pleased by the progress made and am eager to continue to refine a vision for Brown Medical School and its teaching hospital partners. I remain keen to realize our collective potential. I look to the Department of Medicine, to its proud tradition, its bright future and its visionary leadership, as a key partner in the road ahead. I consider myself privileged to be working with Dr. Edward J. Wing as well as with his division chiefs, faculty, and trainees.

Since arriving in January, I have made it a point of meeting with faculty; staff; undergraduate, graduate, medical and postdoctoral students; alumni and friends; and, of course, the leadership of our teaching hospital partners. I work continually to understand the nature of the issues and to identify priorities most in need of attention. Our agenda is undeniably ambitious, but I have no doubt that if we align and optimize our skills, talents, energy, and expertise, there is little we cannot accomplish.

On the administrative front I have undertaken a restructuring of the deanery, including the appointment of Dr. Phillip A. Gruppuso as associate dean of medical education; of Dr. Stephen R. Smith as associate dean of virtual curriculum; and of Mr. John M. Deeley as executive dean for administration. We are also moving forward with the creation of new positions with an eye toward enhancing our research enterprise and serving faculty

and students throughout our life and health sciences community. Specifically, three new deanships will be dedicated to graduate and postdoctoral studies, cross-disciplinary sciences, and translational science.

In the educational realm, we are making great strides in redesigning the curriculum, which we intend to be innovative, modern, relevant, and highly integrated. The “early bird” in this regard is the newly implemented “Doctoring” course for first- and second-years, in which students are exposed to the outpatient clinical setting in their very first week of school. Among its novel features, the new curricular plan will emphasize flexibility so that early on, students may pursue their own specialized interests in medicine. I believe that the result of this reform effort will be yet another educational product we can characterize as a “Brown Med original.” Work has also begun to upgrade the teaching and student spaces in the Biomedical Center and to accentuate Brown Medical School’s identity through improved signage.

With our teaching hospital partners, we have established Partnership Boards to promote collaboration and programmatic coordination. The Boards meet regularly and constitute excellent venues for open communication. We are also striving – together – to establish a network of reciprocating Institutional Review Boards so as to minimize impediments to multilateral collaboration. Further, we are in the midst of recruiting the inaugural permanent chair of the Department of Emergency Medicine, a position we hope to fill before the end of the calendar year.

In closing, I would like to thank one and all for the support I have received and for the warm welcome. I applaud the Department of Medicine for its continued excellence in education, research and clinical care and look forward to working closely with you all on an ongoing basis.

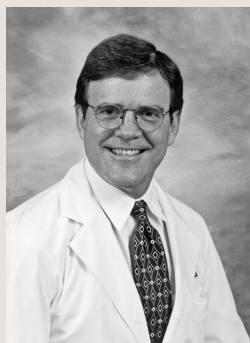
Best,

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## Chairman's Message



**Edward J. Wing, MD**

There are exciting new initiatives in the Department of Medicine, which will occur, in the next year. Dr. Frank Basile's primary care practice group of eight physicians will be moving from the MOC on Dudley Street to a new leased building on Providence's East Side, at 285 Governor Street. This is a

12,000 square foot building that will provide an outstanding new site for multi-specialty care. Not only will primary care physicians have their own practices located there, but specialties such as Cardiology, Dermatology, GI, General Surgery, Infectious Disease, Nephrology, Podiatry, and Pulmonary will be available. This exciting new practice site with convenient parking and a remarkable location will be opening in December.

The Department is currently in the middle of a search for a new director of the Division of Hematology/Oncology. Dr. Ed Wittels and Dr. Fred Schiffman have done a commendable job running the Division and the Cancer center. The new individual will be the permanent Director of Hematology/Oncology and will hold the Calabresi Chair. We currently have six candidates who are coming through for the first visit. These are individuals from distinguished institutions, including our own, Harvard, Northwestern, Cleveland, and Pittsburgh. The new Director will take the reins of an already exceptional division. He/She will be charged with growing the clinical specialties in oncology and hematology as well as developing both clinical and basic research. Our international programs continue to grow. Drs. Sid Braman and Muhanned Abu-Hijleh and I visited Jordan recently to sign an agreement to exchange pulmonary fellows. This will add a new dimension to our existing international programs in Africa, Cambodia and India in addition to providing opportunities for both clinical and research.

## Endocrinology

Haiyan Xu, MD, PhD, recently joined the Department of Medicine as an assistant professor of medicine in the Division of Endocrinology, Diabetes and Metabolism. Dr. Xu received her MD and MS degrees from Beijing Medical University. She obtained her Ph.D. from Harvard University where she was the recipient of the Edgar Haber Award in Biological Sciences and the Medical Sigma Xi Harvard-Radcliffe Chapter Scientific Recognition Award. She was a researcher in the Department of Metabolic Disease Biology at Millennium Pharmaceuticals, Inc, before moving to the Metabolic Disease Research Division of Abbott Laboratories.

Dr. Xu's research interests have centered on the mechanisms of obesity related insulin resistance and type 2 diabetes. Her work is particularly focused on the correlation of adipose inflammation and insulin signaling in obesity, novel factors in the regulation of adipose energy metabolism, and the control mechanisms of hepatic gluconeogenesis. Her discovery of obesity-induced macrophage infiltration in adipose tissue revealed a new mechanism contributing to the systemic inflammatory state observed in obese and diabetic patients. This work was selected as one of the milestone discoveries in the 80-year publication history of *the Journal of Clinical Investigation*. Dr. Xu's current research projects include studies on the triggering factors responsible for obesity-induced adipose macrophage infiltration, the roles of novel AMP related kinases in adipocyte biology, and the effects of two phosphatases on insulin signaling in liver and adipose tissue.



## Faculty Promotions and Appointments

### Rhode Island Hospital

#### *Cardiology*

Gong Xin Liu, M.D., Ph.D., Assistant Professor of Medicine (Research)

#### *Nephrology*

Angelito Yango, MD, Assistant Professor

### Memorial Hospital of Rhode Island

#### *Hematology/Oncology*

Humera Khurshid, MD, BMBS, Assistant Professor

# Biodefense and Emerging Pathogens

Stephen Gregory, MD



*Francisella tularensis*, the causative agent of tularemia, is one of the most infectious bacteria known to man, as few as 10 organisms can cause fatal disease.

Aerosolized *F. tularensis* represents a potentially dangerous biological weapon due to its high degree of infectivity, ease of dissemination and capacity to cause severe illness. No safe vaccine is presently available for general use. Currently, our laboratory is conducting experiments to determine the factors that effect protective immunity to pneumonic tularemia using laser capture microdissection (LCM) to isolate relevant immune cell populations from the lungs of immunized and non-immunized mice infected with *F. tularensis*, and DNA microarray and real-time RT-PCR analyses to characterize gene expression. The significance of specific gene products to host defenses will be determined by treating mice with sequence-specific siRNA to knock-down gene expression and product synthesis (A Ayala and B Ramratnam, collaborators). In response

to an NIAID Biodefense initiative, experiments are also underway to develop a DNA-based vaccine and an immunization strategy to elicit protective mucosal immunity (A DeGroot, collaborator). The efficacy of resultant vaccine candidates will be tested in “humanized,” HLA class I and class II double-transgenic mice challenged with aerosolized *F. tularensis*.

In addition to these studies, substantial effort in our laboratory is dedicated to delineating the factors that effect clearance of bacteria from the bloodstream and their elimination in the liver. Previously, we reported that efficient elimination depends upon the complex interaction of resident tissue macrophages (Kupffer cells) that line the liver sinusoids and bactericidal neutrophils, which accumulate rapidly in the liver in response to infection (EJ Wing, collaborator). To our knowledge, these studies represent the first documented evidence to indicate that the critical function of Kupffer cells may relate far more to their ability to regulate the proinflammatory or antimicrobial activities of other cell types (e.g., neutrophils in this instance)

than to their own capacity to ingest and kill microorganisms.

The ability of Kupffer cells to modulate the biological activity of other cells is supported by our recent studies demonstrating the Kupffer cell-dependent abrogation of cholestatic liver injury in a mouse model (TF Tracy, Jr., collaborator). Hepatocellular apoptosis and necrosis were exacerbated in Kupffer cell-depleted or IL-6-deficient mice following ligation of the common bile duct. Recombinant IL-6 administered at the time of surgery reversed the severe liver damage seen otherwise in Kupffer cell-depleted animals, thus demonstrating the critical role of IL-6 in protection. Similarly, invariant (i)NKT cells (a unique T cell population characterized by its ability to recognize glycolipids rather than peptides of host cell origin) alleviate liver injury in this model. Relative to wild-type animals, iNKT cell-deficient mice exhibit increased liver damage following bile duct ligation (L Brossay, collaborator). This latter finding suggests the principal function of hepatic iNKT cells may be to moderate inflammation and suppress tissue injury rather than to mediate innate immunity to bacterial pathogens as broadly speculated in the literature.

## Barrington Primary Care

The University Medicine Foundation primary care site located on the Wampanoag Trail in East Providence was initially started by Dr. Edward J. Stulik in 1990 as part of the Rhode Island Hospital Foundation. Dr. Stefano L. Cazzaniga joined the practice in 1994. Both physicians are board certified in Internal Medicine. The physicians actively admit patients to Rhode Island Hospital. They attend their patients while in the hospital and also at various nursing homes in the area. The doctors are both involved in teaching activities at Brown Medical School.

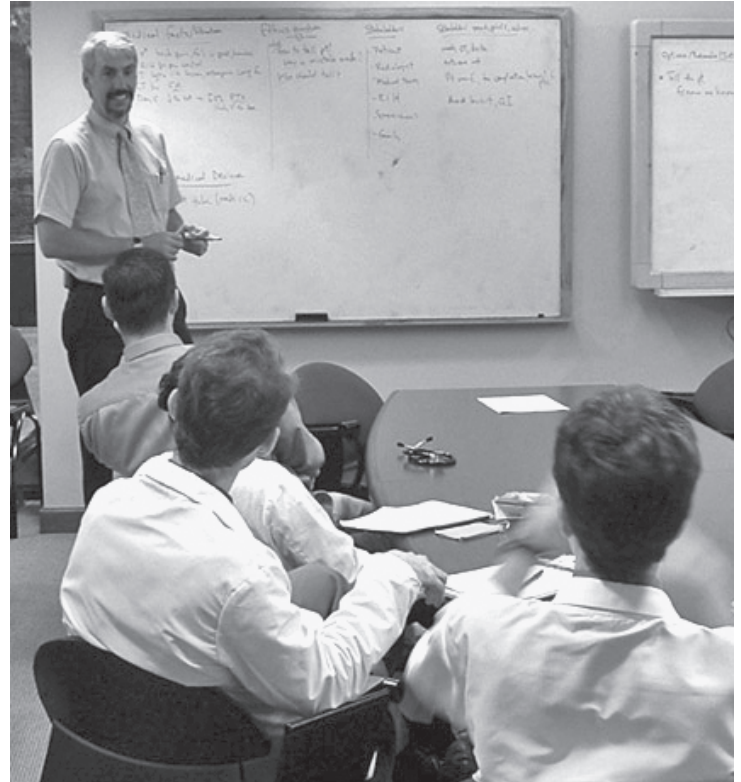
Their office is located in the Barrington Medical Building with ample free parking. Because the building also houses a Lifespan Laboratory and a RI Medical Imaging Facility, this UMF site is able to provide high quality health care in a location convenient for the East Bay residents of Barrington, Warren, Bristol, East Providence and Seekonk, Massachusetts.



# Biomedical Ethics in The Brown Medicine Clerkships and Training Programs

Tom Bledsoe, MD  
Interim Director  
Center for Biomedical Ethics, Brown Medical School

- ✱ It is 4 a.m. and you are the senior resident on the overnight shift in the Respiratory Intensive Care Unit. One of your patients was taken off the respirator that afternoon after a long conversation with her family about her prospects and her previously expressed wishes about her care. She has been breathing agonally for close to eight hours. Her family at the bedside asks you to join them in the hall and son wonders whether we couldn't just give a little more morphine to "relieve her suffering."
- ✱ You are starting a new month on the medical service and inherit an elderly patient with advanced dementia who has been rehospitalized with another aspiration pneumonia. The intern informs you her unemployed son (who lives in the home she owns) is the family spokesperson and has told the team to continue all aggressive life-support measures.
- ✱ You are a medical student starting the third month of your medicine clerkship and are secure in the knowledge that your new patient, while quite ill, has had a chance to make known to you his wishes regarding end-of-life care and a preferred surrogate decision maker, should one become necessary, and that you've documented these in the medical record. You've even helped guide him through the Rhode Island statutory advance directive form.



*Dr. Tom Bledsoe lectures medical students and residents at Rhode Island Hospital.*

Historically taught in the form of Socratic dialogue and questioning, medical ethics education has become a rigorous discipline with both philosophical grounding and practical application to real world medical situations. The Center for Biomedical Ethics oversees education in medical ethics in the clerkships for the medical students and for those in the Brown-affiliated Internal Medicine training programs. The Center was founded by noted medical ethicist and former Brown Philosophy professor Dan Brock and nurtured by former BMS Associate Dean of Medicine (Humanities and Social Sciences) Ed Beiser. Tom Bledsoe

MD is currently Interim Director and is assisted by Michael Felder DO, Jay Baruch MD, Deirdre Fearon MD, Barry Wall MD, Ed Forman MD and Rosalind Ladd PhD. Drs. Bledsoe, Felder and Baruch are responsible for teaching in the medicine programs at Rhode Island Hospital, the Miriam Hospital, the VA Medical Center and at Memorial Hospital.

## **We have four basic goals in teaching medical ethics:**

First, the students and residents should know the basic facts underlying common ethical dilemmas. Many of the most problematic areas of medical ethics

since its inception as a field in the 1960's, such as deciding for others and withholding and withdrawing care at the end of life, now have fairly well established lines of thought as well as procedures and even legal standards. An example is the development of the Rhode Island advance directive form (available on-line at <http://www.lifespan.org/Services/Ethics/DPAHC/>). There are points of knowledge about who can make decisions for others and how those decisions should be made. There are points of knowledge

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about the elements of informed decision-making that can be a useful guide to medical professionals in discussing testing and treatment options with their patients.

The second goal is that the students and residents be able to recognize the ethical dimension present in all medical interactions and specifically to recognize ethical conflict. Decisions about care for a patient with Alzheimer's disease and dementia cannot be made on a purely "medical" level. Is it "best" to treat the pneumonia, or to treat only for comfort? Even a new prescription for hypertension involves ethical aspects. Is the patient aware of the cost of this medication? How much does he or she need to know about possible side effects?

The third goal is that the students and residents develop a practice style that incorporates "preventive ethics." How can *this* ethical dilemma be avoided next time a similar clinical situation arises? An important aspect of this goal is nurturing and developing ethical sensitivity. As the students and residents enter the medical field and encounter new situations, they are frequently made uncomfortable or uneasy by situations. All too often, the demands of a hectic training program allow them to simply move on; the rotation is over and the situation passes (or is swept under the rug). This goal involves using those experiences and learning from them.

The fourth goal is a variation on the famous "Primum non nocere," and is "Primum non tacere," which means "first, be not silent." There is real risk to patients in silence in the setting of ethical conflict, and the most sensitive student or resident may do his or her patients a great service by speaking up and seeking open discussion, either to the team or to the institutional ethics committee. There is also great risk for the trainee, for seeing ethical breaches in the practice of medicine and remaining silent greatly raises the risk of burnout and departure from the practice of clinical medicine.

The students have a defined curriculum in ethics on the medicine clerkship and have sessions on advance directives and surrogate decision-making, informed consent and on medical error. Every month on the medical service includes a "ward ethics rounds." These resident and student sessions allow the medical teams to bring forward ethical situations or conflicts they have encountered on the wards for open discussion, community ethical deliberation and problem solving. The preventive ethics review is incorporated here.

In addition, both categorical and primary care residents have sessions devoted to medical ethics in the ambulatory block months (which are) dedicated to the goals of medicine and models of the doctor-patient relationship, informed consent, confidentiality, physician as gatekeeper and other outpatient ethical issues and topics.

A classic conundrum in medical ethics is whether creating ethical physicians is possible, or whether it is the admissions office's responsibility to accept ethical individuals, who then are trained as physicians. We believe that our trainees are ethical, but that they need to be taught to trust their instincts when a medical situation makes them uncomfortable, that they need to know where to turn for help and guidance in these situations, and that the ethical practice of medicine gives them the best hope for a long, satisfying and rewarding career in medicine.

## Doctors/Researchers Participate In AIDS Ride

### Kelly McGarry, MD

Drs. Laura Ofstead and Kelly McGarry (both of General Internal Medicine) and Meg Hebert (General Internal Medicine Research Unit) completed a 5-day, 500-mile bike ride between September 7-11<sup>th</sup>, 2005. RIDE FAR (Ride For AIDS Resources), as it is known, was created in 1989 by Brown University graduate, artist and illustrator, Suzy Becker, to raise money and awareness for HIV/AIDS. 100% of the proceeds go to support the cause. Not a single dollar goes to overhead expenses.

Thus far RIDE FAR 9 has raised over \$100,000 this year alone. This year's money will go to an AIDS organization in Namibia, Project Inform in California and 1/3 of the money will go to a local organization designated by each of the riders. Laura, Kelly and Meg all donated their money to AIDS Care Ocean State. Anyone wishing to contribute can still do so by mailing a tax-deductible contribution to RIDE FAR 9 and sending it to one of the riders above c/o General Internal Medicine, Rhode Island Hospital, Jane Brown Ground, Suite 0100, Providence, RI, 02903. Kelly, Laura and Meg wish to thank those who have already generously given.



*Left to right - Shellie Sylvia, Laura Ofstead, Kelly McGarry, Meg Hebert*

# Improving ICU Care in Rhode Island: A Collaborative Statewide Effort

Lynn McNicoll, MD, FRCPC, Vera A. De Palo, MD, Cathy E. Duquette, Ph.D., RN, Laura L. Adams, R.N.

Recent literature has shown that intensive care unit (ICU) care and outcomes can be significantly improved by implementing evidence-based practices.<sup>1</sup> Implementing five evidence-based practices could prevent 167,819 ICU deaths nationally.<sup>2</sup> Studies have shown that 17% of ICU patients suffer a serious adverse event and are four times more likely to die or have higher hospital costs.<sup>3,4</sup> Last winter, the Rhode Island Quality Institute, along with Quality Partners of Rhode Island (RI) and the Hospital Association of RI, developed a project plan for the RI ICU Collaborative and embarked on the quest to obtain financial support to bring successful strategies for improving ICU care to the entire state of RI. The two larger health care insurers of RI, Blue Cross Blue Shield of Rhode Island and United Healthcare, have generously agreed to sponsor the statewide program management and hospitals have agreed to support internal program costs for participation. The RI ICU Collaborative launched officially in September 2005.

Three states - Michigan, Maryland, and New Jersey - have implemented similar collaboratives with excellent results. In the Michigan collaborative, 31% have five or more months with no ventilator associated pneumonia and 31% have five or more months with no catheter-

related blood stream infections.<sup>5</sup> Mortality and length of stay were reduced by 46.7% and 47.3% respectively. Building on the experience and lessons learned from these state collaboratives and using the expertise from Johns Hopkins University, and tools from Voluntary Hospital Association's (VHA) *Transforming Care in the ICU* project, the RI ICU Collaborative hopes to achieve similar results.

RI currently has 11 general acute care hospitals that have one or more adult ICUs. These hospitals include a total of 16 adult intensive care units across the State with the total capacity of 263 beds, distributed as shown in Table 1.

This Collaborative aims to improve care for hospitalized ICU patients specifically to reduce length of stay and reduce complications and associated costs by implementing and evaluating one or more of the following in the adult ICU setting in hospitals in RI: Comprehensive Unit-based Safety Program (CUSP) to improve patient safety culture, catheter related blood stream infections, ventilator care, and sepsis care. Further, this Collaborative seeks to improve efficiency, change culture, improve staffing, and subsequently, improve patient, family, and staff satisfaction.

In addition to the benefits of improved care provided to patients who need or receive ICU care, hospitals and direct care providers will benefit from; training in the science of safety and modern improvement techniques; a Safety Culture Survey; and sharing, learning, and practicing strategies in a safe, supportive environment. Conservative cost savings estimates for ventilator-associated pneumonia prevention approach \$6.3 million.

This Collaborative is designed to be consistent with other applicable patient safety and quality improvement programs; the Institute for Healthcare Improvement (IHI), the Joint Commission of Accredited Healthcare Organizations (JCAHO) requirements, and CMS requirements.

Hospital ICUs represent care areas with great opportunity to prevent medical death and reduce cost. While hospitals in RI have already taken steps to improve care in the ICU setting, participation in this Collaborative will enable hospitals to learn from other states that have demonstrated dramatic improvement in ICU care, allow hospitals to share best practices and lessons learned, and improve the quality of ICU care provided to all Rhode Islanders.

**Table 1.**

Hospital	Number Adult ICU Beds	Percentage of Total ICU Beds Statewide	2003 ICU Patient Volume	Percentage Total Volume Statewide
Kent	15	5.7%	918	5.8%
Landmark	8	3.0%	506	3.2%
Memorial	18	6.8%	745	4.7%
Miriam	35	13.3%	1405	8.8%
Newport	10	3.8%	620	3.9%
Rhode Island	122	46.4%	7674	48.1%
Roger Williams	14	5.3%	1613	10.1%
South County	8	3.0%	598	3.8%
St. Joseph's	15	5.7%	784	4.9%
VA Medical Center	8	3.0%	392	2.5%
Westerly	10	3.8%	689	4.3%
<b>Total</b>	<b>263</b>	<b>100.0%</b>	<b>15,944</b>	<b>100.0%</b>

Lynn McNicoll, MD, FRCPC is the clinical consultant to Quality Partners of Rhode Island for the hospital quality indicators and Assistant Professor at the Brown University School of Medicine.

Vera A. De Palo, MD, is the director of the medical ICU at Memorial Hospital of Rhode Island and Associate Professor of Medicine at the Brown University School of Medicine.

Cathy E. Duquette, Ph.D., RN is Senior Vice President at the Hospital Association of Rhode Island and is Clinical Assistant Professor of Community Health at Brown University.

Laura L. Adams is President and Chief Executive Officer of the Rhode Island Quality Institute.

## REFERENCES

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2. Pronovost PJ, Rinke ML, Emery K, et al: Interventions to reduce mortality among patients treated in intensive care units. *Journal of Critical Care*. 2004; 19(3): 158-164.
3. Andrews LB, Stocking C, Krizek T, et al. An alternative strategy for studying adverse events in medical care. *Lancet*. 1997; 349(9048):309-313.
4. Iezzoni LI, Ash AS, Schwartz M, et al: Predicting who dies depends on how severity is measured. *Annals of Internal Medicine*. 1995; 123(10): 763-770
5. Sean Berenholtz, personal communication, March 28, 2005.



## Research Awards

**DAWN ABBOTT, MD**, in the division of Cardiology, was awarded \$40,000 in funding from the American College of Cardiology for a project titled 'Prognostic Angiographic Findings in Patients with Acute Coronary Syndromes (ACS) Undergoing Percutaneous Coronary Intervention (PCI).' The project will develop a database of angiographic variables such as extent of coronary heart diseases, coronary flow, ulceration, thrombus, calcification, and the presence of coronary collateral circulation. An analysis of these variables will hopefully help guide the treatment plan for patients with ACS undergoing PCI.

**JANE CARTER MD**, in the division of Infectious Diseases has received funding from the Centers of Disease Control via a five year subcontract averaging \$32,000 direct cost per year with Indiana University for the 'Presidential Expansion Project for AIDS Relief (PEPFAR).' Dr. Carter is using these funds to rebuild the infrastructure for diagnosis and treatment of TB in the western regions of Kenya. She will also develop diagnostic and treatment algorithms for respiratory infections as well as noninfectious complications of HIV/AIDS including the ongoing development of the fiber optic bronchoscope program at Moi Teaching and Referral Hospital in Kenya.

**SUSAN CU-UVIN, MD**, in the division of Infectious Diseases has received a K-24 'Midcareer Investigator Award in Patient Oriented-Research' from the National Institutes of Health. This five-year award averaging \$136,700 direct cost per year is given to highly successful patient-oriented researchers with a proven track record in research and teaching. The funds are intended to provide salary support and other funding to provide Dr. Cu-Uvin with the dedicated time and effort to mentor junior investigators in research. Dr. Cu-uvins nationally recognized expertise on critical issues related to HIV in women including HIV treatment and prevention provides the framework and specificity of her mentoring role.

**JI SU LI, PHD** in the division of Gastroenterology, has received a funding from the National Institutes of Health for an R-21 two year project averaging \$150,500 direct cost per year 'Molecular Targets for Interruption of Hepadnavirus Infection.' The specific aims of this project are to 1) investigate the molecular basis whereby p120 (a duck Hepatitis B (DBHV) pre-S envelope-interacting protein) mediates DBHV infection. 2) Determine the contribution of proprotein convertases to DBHV infectivity. 3) Evaluate p120 as well as p170 (another DBHV pre-S envelope-interacting protein) as molecular targets for intervention of DBHV infection. The hope is that these studies will contribute to the understanding of the early events of hepadnavirus infection and may lead to the development of novel antiviral strategies for prevention of HBV induced liver cancer.

**EDUARDO NILLNI, PHD**, in the division of Endocrinology, has received a competing continuation R01 four-year grant averaging \$200,000 direct cost per year from the National Institutes of Health for a project titled 'ProTRH Gene Transcription and Biosynthesis of Leptin.' Continuing the previously funded work on leptin, the laboratory will further test the interactions that exist between the leptin induced direct and indirect pathway on activation of thyrotropin-releasing hormone (TRH) neurons and characterize how this subset of TRH neurons then acts on the Hypothalamic-Pituitary-Thyroid axis, utilizing an in vivo model.

**BHARAT RAMRATNAM MD**, division of Infectious Diseases, has been awarded an R01 five-year award averaging \$279,900 direct cost per year from the National Institutes of Health for a project titled 'Overcoming HIV-1 Resistance to RNA Interference.' The grant focuses on the therapeutic potential of RNA interference (RNAi) in preventing cervicovaginal HIV-1 transmission. The detailed specific aims are to 1) design optimized short interfering RNA (siRNA) targeting CCR5 and determine their gene splicing

kinetics in the cervicovaginal mucosa of transgenic mice. 2) Determine whether serial siRNA mediated knock down of cervicovaginal expression leads to prolonged CCR5 knockdown. 3) Use RNAi to define the epithelial factors associated with HIV-1 transmission.

**JOSIAH RICH, MD**, in the division of Infectious Diseases, has received an R01 five-year award averaging \$250,000 direct cost per year from the National Institutes of Health for the project 'Opiate Replacement Therapy at Release from Incarceration.' This grant will evaluate the effectiveness of initiating opiate replacement therapy prior to release from incarceration on reducing HIV risk behaviors. A randomized controlled trial will determine whether initiating opiate replacement therapy prior to release from prison is a more effective strategy than referral to methadone treatment programs at the time of release from incarceration. The effects on reducing HIV risk behaviors, reducing recidivism, and drug treatment attendance will be studied to determine the value of this treatment methodology.

**ALAN ROSMARIN, MD**, in the division of Medical Oncology, has received an R01 four-year award averaging \$250,000 direct cost per year funded by the National Institutes of Health titled 'GABP Transcription Factor in Myeloid Differentiation.' The goal of the proposal is to comprehensively characterize the role of the transcription factor GA-Binding Protein (GABP) in myeloid differentiation and gene expression. GABP is one of a limited number of transcription factors that regulate myeloid cells. Defects in transcription factors are associated with acute myelogenous leukemia. The studies will test the following hypotheses: 1) GABP mediates an alternative pathway to granulocytic differentiation. 2) GABP participates in an enhancosome – a multiprotein complex that regulates myeloid gene expression. 3) GABP is required for granulocytic survival and/or differentiation and it will define the mechanisms by which GABP drives myeloid cell development.



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*The Department of Medicine Newsletter*  
is published quarterly.

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

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

### **October 18, 2005: The Kameny Lecture**

*“Mobility in the Older Adult: Clinical Value to Medical Generalists and Specialists”*

Stephanie A. Studenski, M.D., MPH, Staff Physician, VA Pittsburgh GRECC, Professor, Department of Medicine, Division of Geriatrics, Professor, Schools of Allied Health and Nursing (secondary appointments), University of Pittsburgh, Pittsburgh, Pennsylvania

### **October 25, 2005: Morbidity & Mortality Conference**

*Case 1: “A 40-year-old woman with syncope and respiratory distress form sudden cardiogenic shock”*

Presenter: Kevin Dushay, M.D., Pulmonary/Critical Care Medicine

Panelists: Leonard Mermel, D.O., Infectious Diseases; Philip Stockwell, M.D., Cardiology

*Case 2: “A 27-year-old male with fevers, right upper quadrant pain and fulminant hepatic failure”*

Presenter: James Butera, M.D., Hematology/Oncology

Panelists: Kittichai Promrat, M.D., Gastroenterology

### **November 1, 2005: “Teaching in the Office”**

Edward H. Wagner, M.D., MPH, FACP, Director, W.A. MacColl Institute for Healthcare Innovation, Group Health Cooperative of Puget Sound, Adjunct Professor, University of North Carolina at Chapel Hill School of Public Health, Department of Epidemiology

### **November 8, 2005: Endocrine Update**

Geetha Gopalakrishnan, M.D., Assistant Professor of Medicine, Brown Medical School

Marc Laufgraben, M.D., Clinical Assistant Professor of Medicine, Brown Medical School

### **November 15, 2005: Morbidity & Mortality Conference**

### **November 22, 2005: Nephrology Update**

### **November 29, 2005: Guest Lecture**

### **December 6, 2005: Morbidity & Mortality Conference**

### **December 13, 2005: 2<sup>nd</sup> Annual Paul Calabresi Memorial Lecture**

*“Cancer Drug Discovery: What have we accomplished with targeted therapy?”*

Bruce A. Chabner, M.D., Professor of Medicine, Chief, Hematology/Oncology, Clinical Director, Cancer Center, Massachusetts General Hospital

### **December 20, 2005: Gastroenterology Update**

*“Endoscopic Ultrasound”*

Sripathi Kethu, M.D., Assistant Professor of Medicine, Brown Medical School

*“Photodynamic Therapy”*

Fadlallah Habr, M.D., Assistant Professor of Medicine, Brown Medical School

### **December 27, 2005: 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.
- Rhode Island Hospital Continuing Medical Education has reviewed this activity's speaker disclosures and resolved all identified conflicts of interest, if applicable.
- 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, Berlex Laboratories, AstraZeneca.