



Dean Wilson Delivers His Final State of the School of Medicine Address

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eflecting on a long list of milestones spanning his 15-year tenure, Dean Donald Wilson delivered the State of the School of Medicine Address on January 25. Speaking before an overflow audience of nearly 800 faculty, staff, students, and special guests, Dr. Wilson also reviewed the highlights of 2005 and detailed the school's unprecedented growth, which has propelled it to one of the premiere medical schools in the United States.

"When I arrived here in 1991, I had a vision of what this medical school could become," said Dean Wilson. "And I'll be the first to admit that even I underestimated the brilliance we could achieve."

When Dean Wilson arrived, the average faculty member generated \$91,000 in external funding; in 2005, the average faculty member generated \$312,000 in external funding. Total grants and contracts to the School of Medicine reached a new high of \$349.5 million in 2005, in large part because of continued growth in faculty research productivity. "Last year was an outstanding one for our research enterprise," added the dean.

Dean Wilson noted that the total number of faculty members has grown by 40 percent and total revenue has increased to more than \$632 million. "This is not a little 'Mom and Pop' operation," he said.

At the same time, philanthropic support to the School of Medicine has soared from \$1.7 million in 1991 to nearly \$40 million in 2005, a 2000 percent increase. "Nearly 90 percent of this private support is cash used to support new projects and ongoing programs," said Dean Wilson. "And of the 6,483 gifts received in 2005, 45 percent came from our alumni. We have one of the strongest groups of alumni supporters in the United States."

The Dean offered a long list of accomplishments during his 15 years with the school, including a major curriculum revision, the establishment of the NIH-funded General Clinical Research Center and an expansion of the Institutional Review Boards (IRB) and IRB staff, the creation of the Offices of Public Affairs and Development, the implementation of mission-based management and accounting, and the construction of HSF I and HSF II.

Dean Wilson said success has also created new challenges. He urged the state to support the construction of new buildings to provide adequate space for new biomedical research and to keep and attract top faculty. He said the School of Medicine must continue to strive for excellence and diversity, while finding ways to make medical school more affordable.

"I have served the University of Maryland School of Medicine for almost 15 years—5,479 days," he said. "As my tenure as dean of this remarkable school closes, I want you to know what an honor it has been to work with so many talented faculty, staff and students who daily exceed my expectations. This medical school is one of the finest in the country, and it will continue to grow and take its place among the nation's elite institutions—if it receives the proper support. We have established a tradition of excellence and innovation. We are making a difference in Baltimore, the state and the nation."

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Mercy Okoye, MSIII, and her sister, Francesa Okoye, an MD/PhD student, at the State of the School Address reception.



Brian Browne, MD, professor, Departments of Surgery and Medicine, Jordan Warnick, PhD, assistant dean, Office of Student Education and Research, and professor, Department of Pharmacology & Experimental Therapeutics, and Joseph Martinez, MD, assistant professor, Department of Surgery, enjoy the reception.

Save the Date!

The Medical Alumni Association will hold its **Annual Historical Clinicopathological Conference** on Friday, May 5 from 1:30 pm – 3:00 pm in Davidge Hall.

Historical figures whose deaths have not been satisfactorily explained are "patients" for this annual conference, which is sponsored by the Medical Alumni Association, School of Medicine and VA Health Care System. Past conferences have examined the deaths of Edgar Allan Poe, Alexander the Great, Mozart, and many others.

All are welcome to attend this intriguing program!

Remembering Florence Kendall

Physical therapy legend and trailblazer Florence Kendall, PT, FAPTA, died on January 28, 2006, at the age of 95. The 11th child of Swedish immigrants, she became one of the world's most celebrated physical therapists. She dedicated more than 70 years of her life to physical therapy, continuing to educate and demonstrate well into her 90s. As recently as last year, she received the 2005 Charles M.

Magistro Distinguished Service Award from the Foundation for Physical Therapy for her outstanding service.

Dr. Kendall was influential in establishing the physical therapy education program at the University of Maryland School of Medicine in 1956, and remained an adjunct faculty member, lecturer and donor until her passing. Her extensive archives, The Kendall Physical Therapy Collection, are housed in the campus library and are accessible to people the world over. In 1999, she received an honorary doctoral degree from UMB.

Her career contains many remarkable milestones and achievements. In 1938, she and her late husband, Henry O. Kendall, wrote a US Public Health Bulletin on the aftercare of polio. Their work later became the bedrock of post-polio treatment. Dr. Kendall also played a major role in drafting legislation to establish the practice of physical therapy in Maryland, which was enacted into law in 1947.

She was a former consultant to the Surgeon General of the Army on musculoskeletal matters from 1981 to 1995 as well as a consultant to the President's Council on Physical Fitness. She authored eight books, including five editions of the classic text *Muscle Testing and Function*, which has been translated into nine languages. In 2002 she was inducted into the Maryland Women's Hall of Fame.

Over the years, Dr. Kendall provided the hallmark of clinical expertise for hundreds of students and alumni. Through her superior skills as a clinician, author, educator, and mentor, she made an incalculable contribution to the practice of physical therapy and to the University of Maryland School of Medicine's Department of Physical Therapy & Rehabilitation Science. In her honor, the department established the Florence Kendall Scholarship Endowment. This fund will continue the Kendall legacy by offering scholarship awards to exceptional incoming students who enroll in the entry-level physical therapy program at the University of Maryland School of Medicine.

Donations can be sent to the Florence Kendall Scholarship Fund, UMB Foundation, Inc., 100 N. Greene St., Suite 600, Baltimore, MD 21201; to the Kendall Fund, APTA, 1111 N. Fairfax St., Alexandria, VA 22314; or to the YWCA, 1517 Ritchie Hwy., Arnold, MD 21012.

Bicentennial

When the bicentennial Website debuts next fall, one of the features will be "200 Reasons to Celebrate." This collection of tidbits and historical milestones will give readers a sense of the richness of the school's long-standing contributions in education, patient care, research, and service. For example:

The Davidge mace is a sterling silver replica of Davidge Hall and is carried at all of the School's formal academic exercises. It was cast in Mexico in 1987. As workers were packing it for shipment, an earthquake damaged the factory and the mace had to be re-cast. The mace was a gift to the Medical Alumni Association from Drs. Celeste L. and Theodore E. Woodward (both '38) and is on display in Davidge Hall.

You are invited to submit interesting items for consideration by contacting Jo Martin at jmartin@som.umaryland.edu or by calling 6.2007. The Website also will have a master calendar of bicentennial events and programs throughout 2007.



CORNER



QUICK STUDIES

► **Toni M. Antalis, PhD**, professor, Department of Physiology, was appointed chair of the Hemostasis and Thrombosis Study Section, Center for Scientific Review, for the National Institutes of Health for a two-year term beginning July 2006. ► **Nicholas**

Carbonetti, PhD, associate professor, Department of Microbiology & Immunology, received a five-year \$1,856,250 R01 grant from the National Institutes of Health National Institute of Allergy and Infectious Diseases for his work entitled "Role of Pertussis Toxin in Bordetella Pertussis Infection." ► **James B. Kaper, PhD**, professor, Department of Microbiology & Immunology, received a five-year \$1,763,009 competitive renewal grant from the National Institutes of Health National Institute of Diabetes and Digestive and Kidney Diseases for his work entitled "Novel E. Coli O157:H7 Intestinal Colonization Factors."



David Weber, PhD

NMR Spectroscopy Helps Cancer Researcher "See" the Structure of Cancer-Causing Proteins

Nestled in the basement of HSF II, researchers from the Department of Biochemistry & Molecular Biology are using Nuclear Magnetic Resonance (NMR) Spectroscopy to unlock the mysteries behind why and how cancer develops and spreads. Their research could lead to potential treatments to prevent cancer or to halt its metastasis.

"Our work focuses on proteins that are known to be involved in the development and spread of cancer," said David Weber, PhD, professor of biochemistry & molecular biology. "Two of these proteins, S100A4 and S100B, are elevated in numerous types of cancers which usually means a bad prognosis for the patient."

In 1994, Dr. Weber and colleagues began investigating S100B, a protein elevated in malignant melanoma, renal cell carcinoma and brain cancer. "It was previously known that an elevated level of this protein indicates the severity of the cancer and didn't bode well for the patient's recovery," he said. "Our research found that S100B binds to a well-known tumor suppressor called p53, a gate-keeper of cell proliferation. The researchers also showed that higher levels of S100B results in lower levels of p53, which then allows the cancerous cells to grow." Knowing that high levels of S100B deactivate a cell's tumor suppressors, Dr. Weber was then able to show that when primary malignant melanoma cells stop making S100B, the cells are able to restore p53 and its tumor-suppression function.

All of this work was done in the laboratory, but in order to move it forward to possible drug development, Dr. Weber and his colleagues needed to understand the molecular structure of the S100B/p53 interaction. "The NMR instrument gives us a clear picture of this interaction at an atomic resolution (2×10^{-10} meters)," he said. "This \$2.5 million instrument provides a constant superconducting current at -456 degrees Fahrenheit, and cryogenic probe technology, which eliminates 'white noise' and gives high quality data."

In the experiments, both S100B and p53 are purified in the lab, bound together and then loaded into the NMR. "The resulting images show us where an inhibitor could be applied to the S100B structure to inhibit the "S100B/p53 interaction," Dr. Weber said.

In collaboration with the School of Pharmacy's theoretical chemist Alex MacKerell, a computer program is used to screen two to three million compounds to see if they "fit" into the molecular structure provided by the NMR. The 500 or so matches identified by the computer are then tested in the lab with the end result hopefully leading to a small molecular inhibitor for S100B that has a therapeutic potential for treating cancer.

Dr. Weber's most recent work focuses on the S100A4 protein, which also binds to p53. "We are still trying to understand how S100A4 works," Dr. Weber said. "But we know that it plays a role in the transition from benign tumor growth to malignancy and metastasis." This most recent work was published in the January 13, 2006, issue of the *Journal of Biological Chemistry*.

Funding for the NMR facility was provided by the University of Maryland School of Medicine, the National Institutes of Health (NIH) and the National Science Foundation. Dr. Weber's research has been continuously funded since the 1990s by the American Cancer Society and the NIH's National Institute of General Medicine.

"Avian Flu" Campus Hosts Avian Flu Symposium



More than 250 scientists, lawyers, first-responders, and others concerned about the possibilities of an influenza pandemic filled Westminster Hall on January 13 for the University of Maryland, Baltimore's day-long symposium "Avian Flu: What Can We Do?"

The symposium brought together more than 23 national avian flu experts to discuss problems related to avian flu and to create partnerships to fight the threat of a pandemic flu outbreak. Panel discussions included the basic science of influenza, vaccine development, quarantine and isolation, antivirals, the role of institutions, the role of government, and the role of practitioners.

The first panel included research scientists who provided background information about the influenza virus, and how it can "shift" or mutate into a different strain that causes an epidemic or "drift." A drift occurs when two strains merge and produce a deadlier third strain with elements of both. This third strain can cause a pandemic outbreak.

The second panel of experts focused on vaccine development. James Campbell, MD, assistant professor of pediatrics at the School of Medicine and principal investigator on the avian flu vaccine trial at the Center for Vaccine Development (CVD), reported on the University's progress in testing a flu vaccine that could aid the nation's preparedness in providing vaccines for the avian flu.

"So far, we have tested the vaccine in healthy adults and have reached a level of immunity with two doses. We need to improve the immune response," he said.

Top: James Campbell, MD, (far right) listening to avian flu discussion. Bottom: James King, MD, presenting at the symposium.

James King, MD, a professor of pediatrics at the School of Medicine and a vaccine researcher at the CVD, reported on a recent project to vaccinate all eligible, healthy school children in Carroll County using FluMist. He said, "A similar project also was tested in Calvert County—schools are the perfect site for mass immunization efforts." The results indicated that a mass immunization at the schools proved successful and plausible—an important aspect for a potential emergency avian flu vaccination.

Among the other conference speakers was Richard Bissell, PhD, adjunct assistant professor of surgery at the School of Medicine. He is principal investigator on a project to develop a computerized model of emergency service response to be used as a tool for planning and research. Bissell gave a preview of an unpublished study he conducted last summer on Maryland's Emergency Management System's preparedness to respond at the local level to an epidemic disease outbreak caused naturally or through bioterrorism.

Other School of Medicine faculty who presented at the symposium were: James Maguire, MD, MPH, professor of epidemiology & preventive medicine, who discussed the science underlying avian flu, Mary-Claire Roghmann, MD, MS, associate professor of epidemiology & preventive medicine, and Harold Stardiford, MD, FACP, professor of medicine, who both discussed what healthcare institutions can do to prepare for and treat those affected by a pandemic.

The symposium was sponsored by the University of Maryland Center for Health and Homeland Security; other sponsors included the School of Medicine, the School of Pharmacy, the School of Law's Law and Health Care Program, and the Baltimore City Public Health Department.

What



Can We Do?"

Inhaled Medicine Improves Survival for Lung Transplant Patients



QUICK STUDIES

► **Claudia R. Baquet, MD, MPH**, professor, Department of Medicine, and associate dean for policy and planning, was awarded the David P. Rall Award for Advocacy in Public Health by the American Public Health Association. The Rall Award was established to recognize an individual who has made outstanding contributions to public health through science research findings in public policy and prevention. ► **Paul S. Fishman, MD, PhD**, professor, Department of Neurology, presented three posters at The Society for Neuroscience 35th Annual Meeting in November. His poster presentations were "Chemical Conjugation of GCNF to Tetanus Toxin Fragment C Improves Delivery of GDNF to Spinal Cord Motor Neurons in Vivo," "A Comparison of the Vital Dye Cell Tracker Orange and Transgenic GFP Labeling of Stem Cells," and "Dopaminergic Differentiation of Cell Lines and Embryonic Stem Cells by Pitx3." ► **Nancy Lowitt, MD, EdM, FACP**, assistant professor, Department of Medicine, and associate dean for professional development, has been voted chair-elect of the Association of American Medical College's (AAMC) Continuing Medical Education (CME) Section Steering Committee for the Group on Educational Affairs (GEA). She will become chair in November 2006. Dr. Lowitt also serves on the Northeast GEA Steering Committee as the CME Section representative and is a member of the AAMC's editorial board of Med Ed Portal, a new online repository of peer-reviewed educational materials. ► **M. Philip Lubner, MD**, associate professor, Department of Psychiatry, has been named the recipient of the Irma Bland Award for Excellence in Teaching Residents by the American Psychiatric Association (APA). Dr. Lubner will receive his award at the APA Annual Meeting in Toronto in May. ► **Stephen Reich, MD**, professor, Department of Neurology, presented "Update on Movement Disorders" at the 2006 American Academy of Neurology Winter Conference in Las Vegas. ► **Robert Shin, MD**, assistant professor, Department of Neurology, was the Neurologic Ophthalmology and Otology Section editor in *Current Treatment Options in Neurology*, Volume 8, Number 1, January 2006. ► **John A. Talbott, MD**, clinical professor, Department of Psychiatry, has been named recipient of the Fifteenth Annual Nancy Roeske, MD Certificate of Recognition for Excellence in Medical Student Education by the American Psychiatric Association (APA) for his outstanding work with students at the University of Maryland School of Medicine. Dr. Talbott will receive his award at the APA Annual Meeting in Toronto in May.



Robert Edelman, MD

An inhaled anti-rejection drug can dramatically improve survival after a lung transplant, according to a study conducted at the University of Pittsburgh and led by lung disease specialists who are now at the University of Maryland School of Medicine. The results of the study were published in the January 12, 2006, edition of the *New England Journal of Medicine*.

The study, which was the first double-blind, placebo-controlled trial ever conducted in lung transplant patients, tested an inhaled form of cyclosporine, a widely used medicine to prevent organ rejection following a transplant. The study, conducted from 1998 to 2001, was funded by the National Heart, Lung, and Blood Institute of the National Institutes of Health.



Aldo T. Iacono, MD

"Inhaled cyclosporine is the very first drug to show a decline in the incidence of chronic rejection—the leading cause of death following a lung transplant," said lead author Aldo T. Iacono, MD, associate professor of medicine at the School of Medicine and medical director of lung transplantation at the University of Maryland Medical Center.

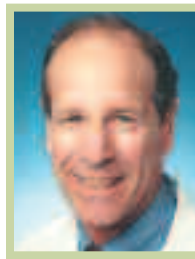
"In our study, the patients who took the inhaled cyclosporine had a two-thirds reduction in chronic rejection compared to those who had the placebo," said Dr. Iacono. "The risk of death, adjusting for all other variables, was five times greater in the group of patients who took the placebo than among those on the inhaled cyclosporine," he added.

The study included 56 people who had received either a single or a double lung transplant. Within one month following their transplants, they were randomly assigned to take either the inhaled cyclosporine or an inhalable placebo along with traditional anti-rejection therapy. The patients took the inhaled drugs at home three times a week and were followed by the researchers for at least two years.

"The results of this study are exceedingly important for lung transplant patients," said Bartley Griffith, MD,

professor of surgery and chief of the Division of Cardiac Surgery at the School of Medicine.

"Conventional anti-rejection drugs, which are given orally, do not get into the small air sacs of the lungs where chronic rejection takes place. It just makes a lot more sense to give a higher concentration of the drug right into the area you are trying to treat. Organ-specific immune suppression is almost a new paradigm for transplantation," said Dr. Griffith, who is also director of Heart and Lung Transplantation at the University of Maryland Medical Center and the senior author of the article in the *New England Journal of Medicine*.



Bartley Griffith, MD

Dr. Iacono:
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Of the 26 patients in the study who received the inhaled cyclosporine, 23 were still alive two years later. However, of the 30 patients in the placebo group, only 16 were alive at the two-year point. The researchers report that the death rate in the cyclosporine group was 11 percent during the study compared to 47 percent for the placebo group.

"Our study shows for the first time that inhaled cyclosporine, taken in conjunction with oral anti-rejection medication, can protect patients from chronic rejection, which is the main reason that the average three-year survival rate from lung transplantation is only 55 percent—a much lower rate than for other solid organ transplants, including liver and kidney transplants," said Dr. Iacono.

The inhaled drug has not been approved by the Food and Drug Administration, and is therefore not yet available to lung transplant patients.

"My hope is that one day soon all patients will have access to this therapy," said Dr. Iacono.

Travelers' Clinic

Offers Medical Service and Advice to Overseas Travelers

For many people who travel to Africa, Asia, Latin America or other tropical destinations, catching a mysterious illness is a major concern. Many also have questions about what to eat and drink and how to protect themselves against crime. The University of Maryland School of Medicine offers a Travelers' Clinic several times a month to help these travelers keep themselves safe and healthy overseas.

Since 1986, the School of Medicine faculty in the Center for Vaccine Development (CVD) have offered their services as experts in tropical medicine and infectious diseases to residents in the Baltimore-Washington area who are planning trips overseas. "This clinic is our opening to the world," said Robert Edelman, MD, professor of medicine and pediatrics and director of the Travelers' Clinic. "We started as a service to the community and as a training ground for our residents and infectious disease fellows, who receive a tutorial in tropical medicine through their interactions with our patients."

The clinic meets six times a month in the Professional Building on Redwood Street. Using a computer program called Travax, doctors can provide patients with details on what illnesses are common in the country in which they are visiting and offer available vaccines, medications and travel advice to help prevent those illnesses. "The major focus of our clinic is on prevention," said Dr. Edelman. "It's much better to prevent diseases while you are overseas than to treat them when you return to the United States."

The majority of patients seen in the Travelers' Clinic are planning trips to developing, tropical

countries such as Nigeria, India, China, and Costa Rica. Some of the offered vaccines, such as the oral typhoid vaccine, were actually developed by School of Medicine faculty. According to Dr. Edelman, the bulk of the vaccines and medications offered are for illnesses not common in the United States—Hepatitis A, rabies, yellow fever, polio, malaria, cholera, and meningococcal disease. A clinic visit can range from \$75 to as much as \$450, depending on the number of vaccines and boosters the traveler requires, and is typically not covered by health insurance. Each clinic visit also includes discussions about safe food habits, insect avoidance and crime. Mountain trekkers receive additional advice on altitude sickness.

Most patients hear about the Travelers' Clinic through word-of-mouth and large portions are School of Medicine faculty and staff traveling for work or vacation. "Most people who travel overseas never go to a travelers' clinic because they aren't aware of them or they think they are immune to diseases common in these other countries," said Dr. Edelman. "In fact, American are more at risk for many of these diseases because they have no natural immunity while the native people who have been exposed to them repeatedly do have the immunity. As a result, our attending physicians occasionally treat travelers returning with tropical ailments such as travelers' diarrhea, fever or rash, commonly caused by bowel pathogens, malaria or dengue virus."

While dispensing advice to travelers, doctors working in the clinic also learn from their patients.

"They come back to visit us or follow-up with a phone call or e-mail when they return from their trip. Our patients tell us what side-effects they may have had from the medications we prescribed, or they tell us what diseases they saw in the country they visited or they give us tips on what water filtration system worked best," said Dr. Edelman.

While the travelers' clinic schedule is usually full, Dr. Edelman predicts more growth for the clinic. "Our campus and our country are much more international now and more people travel for business," he said. "In addition, the elderly, retired population in the United States is growing and is healthier and wealthier now. These folks want to travel and see the world. These are some of the folks coming to us for advice on how to stay healthy overseas."

For more information and/or to schedule an appointment, call 8.5196.


Project Feast Organizers Win Diversity Award



Edward Pecukonis, PhD, and Kathryn Conniff accept their award.

At the annual UMB Martin Luther King, Jr. Diversity Awards program, UMB President David Ramsay, Dean Donald Wilson and Congressman Elijah Cummings presented the Outstanding Student/Student Group Diversity Award to the organizers of Project Feast, a School of Medicine outreach effort.

Project Feast was founded and launched 15 years ago by Edward Pecukonis, PhD, a professor at the School of Social Work, as a way for medical students to participate in community outreach. The program consists of hosting and serving an annual Thanksgiving dinner for homeless and less fortunate individuals in West Baltimore and is organized by second year medical students.

Served at Booker T. Washington Middle School, the dinner is supported by the Medical Alumni Association, and faculty, staff, students, and friends of UMB. The 2005 dinner attracted more than 125 volunteers from across the campus who prepared and served more than 350 dinners, distributed 300 gift bags of food, clothing and toiletries and delivered 400 take-home meals. Dr. Pecukonis and second year medical student Kathryn Conniff, chair of 2005 Project Feast, accepted the award on behalf of the School of Medicine Class of 2008. 

{MINI-MED SCHOOL}


First Latino Mini-Med School Graduates 270 Students

Cigarette Restitution Funds helped support the first Mini-Med School presented entirely in Spanish for the Latino communities of Montgomery County. A record-breaking 270 students graduated from the program, which was held last fall on five consecutive Wednesday evenings at the Universities at Shady Grove in Rockville.

Mini-Med School courses at the University of Maryland School of Medicine are no-cost community outreach programs designed to educate the public on advances in medicine and medical technology and how to take better care of their health. The Latino Mini-Med School covered nine topics including diabetes, obesity and cervical cancer.



Students at the Latino Mini-Med School fill every seat in the Universities at Shady Grove auditorium.

The School of Medicine partnered with Montgomery County's Latino Health Initiative, the University of Maryland Statewide Health Network and the Universities at Shady Grove to host the program. 

Get Your Sneakers Ready for Get Fit Maryland

New Pedometers and New Prizes for 2006!



Get Fit
10,000 Steps a Day
MARYLAND²

Get Fit Maryland returns this spring with top-quality, easy-to-use pedometers and new incentives including Get Fit Maryland² baseball caps, backpacks and shoe wallets. Plus, participants who complete the three-month program will be entered in a drawing to win a one-year membership to Merritt Athletic Clubs or other fantastic prizes.

Last year, thousands of Marylanders, including hundreds of campus employees, joined Get Fit Maryland and used pedometers to increase the number of steps they took each day—all in an effort to improve their health.

This year, you can register in the Patient Resource Center in the Weinberg Building Atrium on the following dates:


March 20 and 21:	9 am–noon
March 22:	3 pm–7 pm
March 23 and 24:	1 pm–4 pm
March 27:	3 pm–7 pm
March 28 and 30:	9 am–noon
March 29:	1 pm–4 pm
March 31:	9 am–4 pm

You can also sign up at any Merritt Athletic Club from March 20–31 on weekdays from 9 am–noon and 5 pm–8 pm and on Saturdays from 8 am–noon.

Bring a co-worker, friend or family member with you; registration is \$10 per person or \$15 for two people. You can also register kids ages 5 and older for \$5.

April 1 is the first day to start counting your steps. This year, you can even track your steps online!

The School of Medicine, University of Maryland Medical Center and Merritt Athletic Clubs joined forces to create Get Fit Maryland, a 12-week walking and education program that challenges participants to walk an extra 2,000 steps per day or, better yet, walk 10,000 steps each day for better health.

For more information, go to www.getfitmaryland.org or call Mariellen Synan at 8-8402. 

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Mark Your Calendars! Match Day is Thursday, March 16 at noon in Davidge Hall. All are welcome! Please attend and support our students as they prepare for the next step in their medical professions.