

DECEMBER 2007 VOL.9 NO.4

DEAN'S MESSAGE: What's On My Mind



Dear Colleagues:

What's on my mind this month is providing opportunities for each of you to help the School of Medicine's leadership achieve our goals and objectives. I held a leadership forum in September for chairs and vice chairs, program, center and institute directors, division heads and associate, assistant and vice deans. Our discussions resulted in some very solid ideas, each providing opportunities for enhanced leadership.

At the forum, I asked the participants a number of questions, including: "What can **each** of us do in our units to promote measurable growth and excellence in our missions of clinical care, education and research?" I was truly energized and invigorated by the discussion and the excellent ideas generated by these questions.

The collective leadership developed over 40 recommendations that each of us can do to promote measurable growth and excellence in our clinical, education and research missions. For example, one recommendation put forth for our clinical mission is to provide incentives for ex-

cellence in clinical care and productivity. A recommendation pertaining to our research mission is to support the ongoing development of our investigator pipeline, which involves investment in and development of our junior faculty for long-term success. An education mission recommendation is to work to successfully complete our LCME re-accreditation. (For a complete list of recommendations and/or further discussion on how you can help us advance our ambitious goals, please talk with your department chair or program/center/institute director.)

As you know, I am committed to working with the School of Medicine leadership to achieve and exceed ambitious, yet attainable, goals and advance the School of Medicine into the high top tier of U.S. medical schools. I would very much like to keep the momentum going.

I encourage each of you to speak with your colleagues in various fora to set targets, goals and objectives for the current and future years, and to discuss what each of you can do to achieve and indeed exceed our ambitious goals and objectives so that we can soar to greater heights, together. In the relentless pursuit of excellence, I am

Sincerely yours,

E. albert face

E. Albert Reece, MD, PhD, MBA Vice President for Medical Affairs, University of Maryland John Z. and Akiko K. Bowers Distinguished Professor and Dean, School of Medicine

Bicentennial Update

Two special events were held this fall to further highlight and celebrate the bicentennial.

On October 13, the School of Medicine sponsored a live broadcast of the public radio program "A Prairie Home Companion" at the Hippodrome. The show is syndicated around the world; 2,200 fans were in the audience and over four million listeners world-wide tuned into sketches and music about Baltimore and current events with host Garrison Keillor and the cast from Lake Wobegon. Afterward, the school and radio station WYPR 88.1 FM held Lighted panels showcase the vast and varied historic contributions that the School of Medicine has contributed to the field of medicine over its 200-year history.

HOOL of MIDICI

From November 3 through November 5, the School of Medicine presented a special bicentennial display at the annual meeting of the Association of American Medical Colleges (AAMC), which was held in Washington, DC. Passersby were fascinated by the lighted timeline exhibit, which showcased the many historic medical contributions members of the School of Medicine family have made over the last 200 years. The exhibit is permanently installed on campus in the walkway between the lobby of HSFI and Howard Hall. Accompanying the timeline display was a mummy from the school's historic Burns Collection, which also drew many curious onlookers. After a busy day full of conferences and exhibitions, Dean E. Albert Reece, MD, PhD, MBA, hosted a reception for all attendees to join in the celebration of the School of Medicine's bicentennial. He was joined by the school's previous dean, Donald E. Wilson, MD, MACP, and the School of Medicine's first dean, Dr. John Beale Davidge (as portrayed by Alan Wade), and Darrell G. Kirch, MD, president and CEO of the AAMC.



A 200-year-old mummy from the Burns Collection accompanied the School of Medicine exhibit. The mummy is from Scotland and is thought to be a male who was approximately one year of age at death.

(L-R) Dean Emeritus Donald E.

a reception for guests and the cast.

Mary Rodgers, PhD, PT, professor and chair, Department of Physical Therapy & Rehabilitation Science, meets Garrison Keillor. Wilson, MD, MACP, Darrell G. Kirch, MD, president and chief executive officer, Association of American Medical Colleges, and Dean E. Albert Reece, MD, PhD, MBA, pose together at the AAMC reception.

Stephen Liggett, MD, professor, Departments of Medicine and Physiology, and his wife, Claire Fraser-Liggett, PhD, professor, Department of Medicine, and director, Institute for Genome Sciences, enjoy a night out at the event. Mimi Blitzer, PhD, professor, Department of Pediatrics, and her husband, David Mallott, MD, associate dean for Medical Education and associate professor, Department of Psychiatry, at the reception after the live broadcast.

Healthy Bones?

Study Finds that Annual Infusion of Biophosphonate Reduces Risk of Second Fractures and Death in Hip Fracture Patients

ach year in the United States, more than 300,000 people suffer from hip fractures, resulting primarily from osteoporosis and falls. These patients are at increased risk for a subsequent fracture, functional declines, an increased use of health care services and even death. A new study co-authored by Jay Magaziner, PhD, professor and interim chair, Department of Epidemiology & Preventive

Medicine, and Duke University's Kenneth Lyles, MD, has found that an annual infusion of a biophosphonate called zoledronic acid within 90 days of hip fracture reduced the rates of a subsequent fracture by 35 percent and reduced the death rate by 28 percent. The results of the study were published in the November issue of *The New England Journal of Medicine*.

"It is well known that people suffering from a hip fracture are more likely to experience another fracture and that their risk of death subsequently increases for a variety of reasons," said Dr. Magaziner. "These patients almost always have osteoporosis at the time of their fracture, so in addition to being treated with vitamin D, calcium and physical activity, they are frequently treated with a class of medications called biophosphonates. Studies suggest that few patients with hip fracture are actually receiving medication for osteoporosis prior to their fracture and few receive new prescriptions for medications after the traumatic event. In addition, many patients are not compliant with weekly or even monthly doses of oral biophosphonates.

So we proposed a study in which patients would receive an annual intravenous infusion of a biophosphonate called zoledronic acid that has been developed by Novartis Pharmaceuticals, the study sponsor."

In another recently completed study, zoledronic acid was associated with a significant reduction in vertebral, hip and non-vertebral fractures in women with post-menopausal osteoporosis. "We choose to study zoledronic acid in hip fracture patients for two reasons: those with a hip fracture are a vulnerable and challenging study group and no one had studied biophosphonate therapy in hip fracture patients, despite the fact that they almost always have osteoporosis and are at risk of additional fractures; and Novartis had developed a drug that could be administered intravenously on an annual basis, which we thought would ensure adherence," Dr. Magaziner said.

Along with the study sponsor and an independent coordinating center based at Duke University, Drs. Magaziner and Lyles and their co-investigators created a double-blind, placebo-controlled study in which 2,127 hip fracture patients were randomized to receive an annual infusion of five milligrams of zoledronic acid or an annual infusion of a placebo. All patients enrolled in the study had undergone surgical repair of a hip fracture and were unable or unwilling to take an oral biophosphonate. Informed consent was obtained for all patients, who

were told that if they or their physician decided they should take another bone-active drug that they should not participate in the study. The zoledronic acid was administered within 90 days of surgery and every 12 months thereafter. All study participants



Jay Magaziner, PhD

thereafter. All study participants were also given a daily dose of calcium and Vitamin D supplements.

"Zoledronic acid reduced the relative risk of new clinical fractures by 35 percent, clinical vertebral fractures by 46 percent and non-vertebral fractures by 27 percent," said Dr. Magaziner. "Additionally, we saw a 28 percent reduction in the death rate following a hip fracture."

"This is a very important study because once this drug is approved by the FDA and other regulatory agencies throughout the world, it should provide a medication treatment in hip fracture patients that will reduce the chances of having a future fracture," Dr. Magaziner said. "While osteoporosis is only one of the many medical and psychosocial issues that need to be managed in hip fracture patients, having

this as a potential part of an overall management strategy will be very valuable. As for the reduction in mortality attributed to treatment with zoledronic acid, we still need to get a better understanding of the mechanism by which this might happen before we can say much more than it was found unexpectedly in our study."

According to Dr. Magaziner, he and his research group in the Baltimore Hip Studies Program are continuing to investigate interventions and mechanisms associated with multiple outcomes from hip fracture, in order to identify strategies for improving recovery. "The zoledronic acid study provides one important piece of the puzzle in improving the outcome and quality of life for these vulnerable patients," he said.

The study included clinical sites in the United States, Canada, Europe and South America. The University of Maryland School of Medicine site was coordinated by Denise Orwig, PhD, assistant professor, Department of Epidemiology & Preventive Medicine, and associate director of the Baltimore Hip Studies Program, which is dedicated to pursuing research to improve the outcomes of hip fracture patients.

Researcher Uses Genomics to Predict Influenza Outbreaks

Imagine being able to predict whether your

virus, a disease transmitted by rodents that is endemic to parts of West Africa. Blood samples taken before and during the course of infection in the models were used to monitor changes in gene expression in peripheral blood mononuclear cells that paralleled the onset of disease.

"The zoledronic acid study provides one important piece of the puzzle in improving the outcome and quality of life for these vulnerable patients."

exposure to a potentially lethal virus would progress to illness, and which drugs would be most effective in your treatment. Impossible?

Not at all, according to cutting-edge research by Maria Salvato, PhD, professor, Department of Medicine, and a researcher at the Institute of Human Virology. Existing diagnostics for influenza depend on detecting viral molecules, but by the time these appear, the disease is already present. Intent on finding clues to how hosts respond during the earliest stages of viral infection, Dr. Salvato and colleagues turned to the incredible detection power provided by the new sciences of functional genomics and bioinformatics, methods of studying the simultaneous expression of thousands of host genes and the computer-based analyses of vast amounts of data. "We wanted to compare gene expression in infected and uninfected host blood cells to see what genes are turned on or off across the first few days of viral disease," said Dr. Salvato, "and, ultimately, develop diagnostic and predictive tools, as well as provide targets for future therapies."

For her research, Dr. Salvato used an established model that mimics the initial flu-like symptoms and progression to death seen in humans infected with Lassa fever

RNA from the infected blood was able to bind specific microspots, creating a pattern of spot intensities that reflected the extent of expression of individual genes. By comparing infected with uninfected binding patterns, Dr. Salvato and her colleagues discovered that approximately 11 percent of the genome responded to infection. Comparison of virulently infected samples with mildly infected samples revealed that about 400 genes (or 0.1 percent of the genome) differed in expression between virulent and mild infections.

Although highly informative, making sense of microarray results requires extensive computer-assisted data analyses and a large cross-disciplinary team. Dr. Salvato remarked, "It took years to analyze and sort the data. We then had to validate our results, using three independent, complimentary approaches." Validation, although time-consuming, is essential for eliminating methodological and analytical artifacts.

Dr. Salvato said her results provide many new clues to the biochemical mechanisms underlying viral disease. She is excited about the prognostic value of genes that are expressed very early during infection, as well as the possibility that some of these early genes can serve as targets for therapy. Dr. Salvato is hopeful to develop a handheld instant testing device that can scan blood droplets for genetic markers of early infection.



A High-Flying, Feet-Tapping Cure for Stress

Dr. Darlington, left, and a trapeze artist partner fly through the air.

hen you're living the stressful life of a researcher and teacher, some days you just need to get away from it all. Dan Darlington, PhD, assistant professor, in the Department of Surgery and Program in Trauma, literally flies away from his troubles at the trapeze school at Baltimore's Inner Harbor.

"My wife, the daredevil, tried the trapeze at Club Med in Turks and Caicos five years ago, and of course I followed her up the ladder to show her I could do it, too.



Dan Darlington, PhD, (far left) and the trapeze group.

The difference was that I was REALLY scared and she wasn't," said Dr. Darlington with a laugh. "But I wouldn't let her know it. It's a competition thing. When the trapeze moved in at the Harbor I remembered how much fun I'd had at Club Med and went. I am now badly addicted and fly two to three times a week."

The trapeze is good exercise but not as challenging as some might think. "It requires more core strength than upper body strength," explained Darlington. "It is a great way to conquer fear of heights." It's also a safe adrenaline rush. "I have spent over 200 hours on the Baltimore rig and have never hurt myself. The professionals that work the rig are all about safety, and I am the best testimonial. I have probably spent more time on this rig than any other student."

When he's not working or flying through the air with the greatest of ease, Dr. Darlington can be found on the dance floor, teaching American Smooth, Latin and Swing at the Towson Dance Studio or competing with the Capitol Swing dance group. "I started swing and ballroom dancing in San Francisco while at UCSF," he said. "I needed to find a way to socialize, as I was a social maladroit because I had spent all my life in a library or laboratory," he joked. "And like with the trapeze, I got addicted and have been dancing ever since." But did it help his social life? "I met my wife on the dance floor," Dr. Darlington said with a smile.

Others are now seeing the benefits of dance thanks to the popularity of TV's *Dancing With the Stars*. "Interest in ballroom dancing has boomed since the TV show, which is good," Darlington said. "Ballroom dancing really isn't that hard. But you don't pick it up in one lesson, like trapeze class. You have to stay with it. I have been dancing for 21 years, and I still take lessons."

Fitting his adventures into his hectic schedule isn't easy, but Dr. Darlington always finds a way. "Forcing myself to teach or take dance lessons or take trapeze lessons really helps take my mind of my stressful work in the laboratory," he admitted. "I highly suggest to anyone with a stressful job that you find a distraction that requires your entire concentration. It helps relieve stress and gives you a new insight into the problems of the 'Day Job'."

Darlington invites anyone interested in trying the trapeze or a dance class to contact him via e-mail at ddarlington@smail.umaryland.edu.

Christopher Plowe Named a 2007 Howard Hughes Medical Institute Investigator

hristopher V. Plowe, MD, MPH, professor, Department of Medicine, and chief of the malaria section at the Center for Vaccine Development, has been named a 2007 Howard Hughes Medical Institute (HHMI) Investigator. The appointment will enable Dr. Plowe to further his research on creating a malaria vaccine that protects against genetically diverse forms of the malaria parasite and to develop combina-

tion drug therapies for malaria that combat the emergence of drug-resistant parasites. Dr. Plowe is one of only 15 new HHMI Investigators in patient-oriented

research. HHMI selected its first group of patient-oriented researchers in 2002.

The new HHMI investigators, who come from place to build a clinical translational malaria research program because I can just walk down the hall and find researchers who span the whole spectrum from very upstream basic molecular research to clinical trials in the tropics involving tens of thousands of people."

Dr. Plowe travels frequently to Mali and Malawi, two African nations plagued by malaria. "Malaria is a mosquito-borne parasite that kills more than 5,000 people every day, 90 percent of whom are children in Africa under the age of five," he said. "Malaria parasites mutate and evolve so quickly that drugs and vaccines are always chasing a moving target."

During his career, Dr. Plowe has developed and

"Malaria parasites mutate and evolve so quickly that drugs and Distinguished Professor, Department of Medicine, and director of the Center for Vaccine Development.



Christopher V. Plowe, MD, MPH

"He manages to balance his efforts as an innovative, well-funded, productive laboratory researcher, a superb field epidemiologist, an inspiring and dedicated teacher, a superior clinician, a highly effective mentor to junior faculty and a provider of service to the community at large. I and all the faculty, staff and trainees at the CVD are immensely proud of Chris and his extraordinary accomplishments, in particular his becoming a member of the Howard Hughes Medical Institute."

"Dr. Plowe is the first Howard Hughes Medical Institute Investigator from the School of Medicine and we are extremely proud of his achievement," said Dean E. Albert Reece, MD, PhD, MBA. "This recognition from HHMI validates Dr. Plowe's extraordinary efforts

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13 institutions across the United States, were selected in a nationwide competition. Once selected, HHMI investigators continue to

be based at their home institutions, typically leading a research group of 10-25 students, postdoctoral associates and technicians, but they also become HHMI employees.

Dr. Plowe joined the faculty of the School of Medicine in 1995 to create a new molecular and field-based malaria research program at the Center for Vaccine Development (CVD), which has a long tradition of malaria research.

"Human trials that tested live malaria vaccines delivered by mosquitoes were first pioneered at the CVD in the early 1970s by Dr. David Clyde, who had spent the 1950s studying drug-resistant malaria in Africa," said Dr. Plowe. "I feel like I have followed in his footsteps from the lab to the field and back to the lab. The School of Medicine and the CVD have been a great

vaccines are always chasing a moving target."

the malaria parasite's resistance to the two most impor-

validated

molecular

markers that

can be used

to monitor

tant malaria drugs of the 20th century, chloroquine and sulfadoxine-pyrimethamine. Using that information, Dr. Plowe and his colleagues have created strategies to extend the useful life of those drugs. The rapid molecular tests he has developed to document drug resistance are now being used worldwide. "We are now working on a vaccine that might eventually prevent malaria and eliminate the need to use those therapeutic drugs at all," he said. "If we can understand the impact of diversity on vaccine efficacy in the field, we can go back to the lab and engineer a more broadly protective vaccine."

"In his years at the CVD, Chris has done a magnificent job of building a world class, multi-faceted, internationally recognized malaria research and training operation," said Myrone Levine, MD, DTPH, Grollman to eradicate malarial diseases and will help him translate that work from discoveries made in the laboratory to actual treatments and cures for the millions of people in the world who suffer from this disease."

The Howard Hughes Medical Institute, a non-profit medical research organization that is one of the nation's largest philanthropies, plays a powerful role in advancing biomedical research and science education in the United States. In the past two decades HHMI has made investments of more than \$8.3 billion for the support, training and education of the nation's most creative and promising scientists.





Years of Service Awards

Congratulations to the following staff for their years of service to the School of Medicine!

5 Years

Adanech A. Agaje, administrative assistant II • Medicine and Office of Policy & Planning Patricia A. Anderson, office manager • Psychiatry, Alcohol & Drug Abuse Sherien E. Andrawes, office assistant • Ophthalmology Jean Marie Armstrong, accounting manager • Medicine, Geographic Medicine Rajatsubhra Biswas, research specialist, laboratory • Medicine, Nephrology Lisa P. Blumenthal, counselor • Psychiatry, Alcohol & Drug Abuse Jeanine Brown, manager, Health Programs • Medicine, Nephrology Susan C. Buskirk, executive director • Human Research Protections Office David Byrd, veterinary facility aide • Veterinary Resources Kiscia N. Cannon, coordinator • Program in Oncology Kevin D. Coates, assistant lab animal tech • Veterinary Resources Katherine T. Davis, research specialist, laboratory • Medicine, Geographic Medicine Brian J. Defilippis, director, Development Support Services • Development Rosanna Dinh, clinical research nurse • Urology Brenda J. Dorsey, research specialist, clinical • Medicine, Geographic Medicine Kelly J. Dustin, nurse coordinator • Neurology, Movement Disorders Rita Fishelevich, research assistant, laboratory • Dermatology $\textbf{Charlotte C. Frank, administration, research \bullet Radiation Oncology, Administration}$ James A. Freeman, research project coordinator • Psychiatry, CMHSR General Sharon M. Gaines, administrative assistant II • MPRC Outpatient Margaret H. Gallagher, office manager • Program in Oncology Deniece Y. Garnett, laboratory research tech • Program in Oncology Lisa T. Gattoni, administrative assistant I • Medicine and Office of Policy & Planning Edward Gerhard, III, merchandiser II • UMB Freezer Program Carol A. Glaub, program manager • Epidemiology International Health Nicole M. Glynn, research assistant, laboratory • Medicine, Endocrinology Melissa Gray, research assistant, laboratory • Medicine, Gerontology Kecia Hitch, office manager • National Study Center Xiao-Hong Li, research assistant, laboratory • Anatomy & Neurobiology Mohammed E. Huq, research specialist, clinical • Neurology, Stroke & BAT Francis E. lyoriobhe, director, Finance • Psychiatry, Financial Management Angel D. Jackson, director, Student Affairs • Physical Therapy & Rehabilitation Science Maria M. Johnson, specialist, research compliance • Human Research Protections Office Robert M. Johnson, research assistant, laboratory \bullet Pediatrics, Brain Research Patricia Shannon Jones, nurse coordinator • Epidemiology Gerontology Christina Kemp, research study coordinator • Medicine, Geographic Medicine Kristopher Koch, research assistant, laboratory • Medicine, Infectious Diseas Kelly N. Little, program administrative specialist • Research-Core Research Staff $Patrick \ Madden, \ associate \ dean, \ Development \ \bullet \ Development$ Mary L. MacFadden, research specialist, clinical • Human Research Protections Office Kim R. Mathis, contract/grant associate • Human Research Protections Office Stacey L. McCulle, research assistant, laboratory • Medicine, Cardiology Lisa McFarland, research assistant, laboratory • Medicine, Gerontology Thomas J. McHugh, program manager • GPILS Administration Walter A. Meyer, research supervisor, clinical • Epidemiology Biostatistics/Informatics Stacey A. Minshall, clinical research nurse • Medicine, Cardiology Madeline Mitrou, clinical research nurse • Shock Trauma Core Research Staff Mary Lou Mullen, clinical research nurse • Medicine, Geographic Medicine Kerry K. Naunton, nurse coordinator • Neurology, Multiple Sclerosis Joyce T. Newton, research coordinator • Medicine, Gastroenterology Anne-Marie Ouwerkerk-Seger, administration research • Diagnostic Radiology Ruth H. Payne, research assistant, laboratory • Pediatrics, Genetics Lab Karen E. Purnell, coordinator • Medicine and Office of Policy & Planning Mary F. Pochron, clinical research nurse • Program in Oncology Janet Reedy, research assistant, clinical • Medicine, Endocrinology Jimmy L. Reid, senior specialist, IT • Information Services



Some of this year's Service Awards recipients pose with Dean Reece.

Laurie Reinhart, database engineer • Medicine, Endocrinology Tyra D. Richardson, administrative assistant II • Psychiatry, Alcohol & Drug Abuse Patricia Rodman, licensed practical nurse • Psychiatry, Alcohol & Drug Abuse Tracv S. Roth. research assistant, clinical • Medicine, General Internal Medicine Tammi M. Rupp, accountant • Family Medicine Deborah A. Sadler, research assistant, laboratory • Program in Oncology Beth Marie Scism, research assistant, clinical • Medicine, Nephrology Linda L. Schools, administrative assistant II • Psychiatry, MHSIC Lijun Shao, database engineer • Bioinformatics Carol L. Shelton, administrative assistant I • Medicine and Office of Policy & Planning Gloria Jean Smedley, director, administration • Medicine, Geographic Medicine Shannon L. Stiffer, budget analyst • Physiology Jennifer P. Sulin-Stair, research assistant, clinical • Neurology, Stroke & BAT Sandra J. Sundeen, program manager • Psychiatry, MHSIC Karen E. Thomas, research specialist, laboratory • Microbiology & Immunology Rhonda Thompson, academic program specialist • Family Medicine Galina L. Tucker, manager, Health Programs • Radiation Oncology, Clinical Yuvonne C. Underwood, coordinator • Physical Therapy & Rehabilitation Science Suzanne Ventura, coordinator • Physiology Christine E. Wade-Mariani, research project coordinator • Pediatrics, Brain Research L. Denise Walker-Addy, accounting manager • Physiology Fengying Wang, research assistant, laboratory • Medicine, Nephrology Linbo Wang, research assistant, laboratory • Program in Oncology Angelina T. White, accounting associate • Medicine and Office of Policy & Planning Sharon Wiggins, program management specialist I • GCRC Lara A. Wiley, research assistant, laboratory • Medicine, Gerontology Deborah Wright Shpritz, program director • Program in Oncology Ye Yang, statistician • Psychiatry, Psychology Rebecca Yerkey, research assistant, laboratory • Veterinary Resources Jingkun Zhu, information systems engineer • Epidemiology, Healthcare Outcomes Research

10 Years

Galina Artamonova, research specialist, laboratory • Microbiology & Immunology Isegay Baraki, coordinator, research • Surgery, General Toni S. Brafa-Fooksman, coordinator • Program in Oncology Kevin D. Brown, director, Institutional Support, SOM • SOM Office of Medical Education Verita R. Custis Buie, program manager • Epidemiology & Preventive Medicine, Dorothy A. Demers, research specialist, laboratory • Pediatrics, Genetics Lab Wanda Jean Fink, nurse coordinator • Medicine, Nephrology Vanessa C. Foreman, program administrator • Center for Vascular & Inflammatory Diseases

William S. Gorman, database engineer • Information Services Donna L. Gugel, division manager • Program in Oncology, Gerontology Carolynn Harris, research project coordinator • Program in Oncology Lisa A. Hester, research specialist, laboratory • Medicine, Pulmonary Wei Wei Le, research Supervisor, laboratory • Anatomy & Neurobiology Demian Lewis, Institutional Review Board analyst • Human Research Protections Office **Barbara J. Lindsay**, *administrative assistant I* \bullet Student Affairs Ganine Markowitz-Chrystal, research supervisor, clinical • Urology John D. McNair III, lab animal tech • Veterinary Resources Kimberly A. Moraniec, office manager • Pediatrics, Brain Research Karen G. Norton, administrative assistant II • Medicine, Endocrinology David S. Simmons, network control specialist • Medicine, Information Systems Deborah A. Sullivan, laboratory helper • Microbiology & Immunology Cornelia T. Szmajda, clinic coordinator • Pediatrics, Genetics Keith Tanner, research supervisor, laboratory • Medicine, Endocrinology Eleanor H. Turner-Davis, program manager • Psychiatry, CSMHA School Javonne K. Tutt, administrative assistant II • Program in Oncology Nancy K. Zappala, clinical research nurse • Neurology, Stroke & BAT

15 Years

Jeanette K. Balotin, Chief of Staff • Office of the Dean Tracy A. Ijams, information systems engineer • Office of Medical Education Susan K. Leone, coordinator • Trauma Administration Nancy C. Malson, academic coordinator • MD/PhD Program

20 Years

Robert L. Brown, laboratory assistant • Medicine, Geographic Medicine Karen M. Clark, office manager • Information Services Leslie-Ann D. Fitzpatrick, administrative assistant II • Anatomy & Neurobiology Amy R. Johnson, administrative assistant II • Psychiatry, EAP/Behavioral Health Robert S. Kuzyk, accountant • Office of Resource Management Jane Carol Lewis, nurse coordinator • Center for Clinical Trials Robin Nichols, division manager • Medicine, Rheumatology Mardi K. Reymann, research supervisor, laboratory • Medicine, Geographic Medicine Arthur E. Severance II, associate administrator • Pathology, Administration Earlene C. Thomas, administrative assistant II • Orthopaedics

25 Years

Susan M. Borowy, budget associate • Psychiatry, CMHSR General Wayne A. Clemons, health educator • Psychiatry, Alcohol & Drug Abuse Veronica Deloatch, administrative assistant II • Neurology, Administration Shirley T. Gaa, research specialist, laboratory • Biochemistry & Molecular Biology C. V. Lockatell, research assistant, laboratory • Medicine, Rheumatology Molly E. Lutz, administrative assistant II • Medicine, Chairman's Office Klara T. Margaretten, research assistant, laboratory • Pediatrics, Gastroenterology John S. Seebode, instructional technical specialist • Office of Medical Education Vito J. Seskunas, program administrator • Psychiatry, MPRC Administration Elizabeth 0. Waters, research assistant, laboratory • Pathology, Cytogenetics

30 Years

Brenda Hall, administrative assistant II • Psychiatry, Consultation Liaison Yvonne M. Logan, research assistant, laboratory • Neurology, General Denise B. Rudell, administrative assistant II • Trauma Administration Larry R. Sauder, manager, division clinical • Medicine, Endocrinology

35 Years

Patricia A. Butler, executive administrative assistant I • Pathology, Administration Perry Comegys, medical photographer • Anatomic Pathology Gregory F. Handlir, senior associate dean • Office of Resource Management Shirley M. Harrington, administrative assistant II • Medicine, Rheumatology Rosalind M. Robinson, office clerk II • Medicine, Chairman's Office Delores A. Sewell, administrative assistant II • Psychiatry, Alcohol & Drug Abuse

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SOM Office of 1 Medical Affairs, Universi Executive Editor > and Liz McKenna, Contr information to St