Match Day Revelry and Celebration

High fives, whoops of laughter, and tears of joy permeated Match Day on May 20, as the class of 2003 celebrated the end of its undergraduate program last week. All 232 students matched, with the majority – 130 – remaining in the Detroit area, including 54 at the Detroit Medical Center. (William Beaumont Hospitals, the University of Michigan Medical Center, Oakwood Hospital and Medical Center and St. John Health System comprise the majority of matches for other in-state residencies.)

The out-of-state matches include Harvard University Medical Center, Johns Hopkins Hospital, Brown University Medical Center, Loyola University Medical Center, University of Southern California, and Beth Israel Medical Center in New York, among others.

The celebration was prefaced by remarks from Dean John Crissman, Dr. Kertia Black, assistant dean for student affairs and Dr. Jane Thomas, who was elected class marshal.

Later that night, students turned out for an informal celebration at Center Street Pub in Detroit, and the following night the Roostertail was the venue for a formal dinner dance.

“I know it sounds cliché but we’ve been working so hard for this, for not only the last four years but, since before that,” said Erich Kickland, 30, of Westland who’s headed to the University of Michigan Medical Center to study emergency medicine. Kickland was joined at Match Day by his wife of five years, Mindy, and their six-week-old son, Benjamin.

“To get your number one choice is such a reward for all the sacrifice you’ve been through, all the hard work,” he said. Kickland said being married made the last four years easier for him.

“To have that support and to have someone in your corner at all times... I couldn’t imagine doing it without her.”

Mindy said the most difficult part about Erich being in medical school was the overnight rotations. “We found a support group. A girl I teach with is married to a resident and we just sought out people in our same situation, and it helped out.”

Paul Bozyk is staying at the Detroit Medical Center (DMC) to do his residency. He will rotate between Detroit Receiving Hospital, Harper University Hospital and Veterans Administration Hospital. It was his first choice as well.

“The philosophy of the DMC to treat those with the most needs makes it very appealing to me. That’s what medicine should be about,” he said. Bozyk was also winner of the Penfil Award, which is voted on by the entire class and recognizes outstanding patient care.

“I was surprised, because the class we have is so exceptional with developing a rapport with the people they serve. So this award could have been divided a hundred different ways, and any one of them would have been an exceptional choice,” Bozyk said.

Graduation is set for June 2 at 2:00 p.m. at the Detroit Opera House.
Letter from the Dean

In late February, I reported on the state of the School of Medicine to a full audience at Scott Hall. I’d like to summarize that discussion and repeat that the school is firmly rooted in its long-standing commitment to research, education and clinical care. Even so, we face unprecedented challenges as we chart our course through this most tumultuous era in the health care industry. While I have every confidence that the school will continue to excel, we can do so only if we are fully adaptable to meet the challenges of our changing environment.

I have outlined our essential strategies in order to position the school for stability and growth over the coming year. These include breaking down perceived and existing boundaries and expanding the reach of the School of Medicine through key collaborations. Programmatically, we are moving in this direction through initiatives like the new Institutes for Population Studies, Health Assessment, Administration, Services & Economics and the Ligon Center for Vision Research, among others.

Significantly, we have also looked outside of our institution and have solidified key collaborations with other organizations in the past few months. As partners with the Detroit-Wayne County Community Mental Health Agency, WSU’s physician group is helping to evaluate and improve the mental health delivery system that affects thousands of people. Our affiliation with the Henry Ford Health System will enhance excellence in research and graduate science education for both organizations. Our commitment to the Detroit Medical Center remains the mainstay of our clinical affiliation and will remain our site for clinical teaching, research and care.

Finally, we are enacting immediate strategies in reaction to the challenges presented by state budget reductions in higher education to the university.

As always, we are dependent on the strength of our superb faculty. In these ways, we can ensure a strong future for the Wayne State University School of Medicine, and we affirm that we will remain an integral resource for this community.

John Crissman, MD
Dean, Wayne State University
School of Medicine

Some Formula-Fed Infants Absorb Less Calcium

Although breast milk is almost universally acknowledged to be best for nursing babies, infant formula is still a very good nutritional option. Infant formula companies study many different sources of ingredients to approximate the benefits of human milk and provide optimal dietary intake. Both nutritional content and bioavailability (such as mineral absorption) are important. A major challenge has been replicating the fatty acids that occur naturally in a mother’s milk and play multiple roles in growth and development.

A study published in the May issue of Pediatrics shows that palm olein oil, the most common source of certain fatty acids used in some formulas to imitate the fatty acid composition of breast milk, impedes calcium absorption and has a negative impact on bone mass in infants.

Winston Koo, MD, professor of pediatrics and OB/GYN and principal investigator for the study, said palm olein oil is an excellent source of the palmitic fatty acid, which is found in high amounts in breast milk. But its chemical structure is different from the fat in breast milk, and it prevents absorption of some palmitic acid and inhibits the absorption of calcium, the dominant mineral for bone formation.

“So, an obvious question for us was: If babies are on these palm olein containing formulas and do not retain as much calcium, what happens to their bones? After all, 99 percent of the body’s calcium is in the bones,” Dr. Koo said. “We undertook this study to answer that question.”

In a randomized, double-blind study involving 128 infants, one group of babies was fed a palm olein oil-containing formula with a high amount of palmitic acid (like in breast milk), and the other group was fed a palm olein oil-free formula with a lower amount of palmitic acid, to see if differences in calcium absorption led to physiological differences in their bones. Bone mass was measured within one week of birth and was followed up at three months and six months.

“What we confirmed is that the differences in mineral absorption as reported by other investigators indeed can cause a biological difference in the bones of these babies,” Dr. Koo said.

“The long-term implications of this? At one time, we thought osteoporosis was a bone problem of little old ladies, but in reality, osteoporosis is a problem that begins with pediatrics. One of the currently accepted means of best preventing osteoporosis later in life is to build as strong a skeleton as possible during childhood. Once you get beyond adolescence, the amount of bone that you can add to your skeleton, for practical purposes, is minimal to none.”

Dr. Koo stresses the importance of optimal nutritional intake in the first year, because at no other time in a person’s life will the growth rate be as high as it is during the first year. In terms of skeletal growth, bone mass increases 300 percent during this period.

“So every phase of childhood is important in that if you optimize your child’s nutritional intake — in particular calcium — you can have a positive influence on bone development,” he said. “You can maximize and optimize your child’s skeletal development — in terms of bone formation and gain of bone mass — from infancy.”

The results of this study may have a significant impact on infant formula recommendations as pediatricians try to pick the formula that has the most benefits for their patients.

According to Dr. Koo, Similac is the only branded infant formula that doesn’t use palm olein oil, and it has a much lower palmitic acid content than any other commercially available standard infant formula in the country. For instance, the average amount of palmitic acid in Similac is about eight percent of the fat, and in Enfamil it is about 22 percent.

“This is not saying that other infant formulas are bad, because all infant formulas do help the baby grow. But the important thing to look at is not just how much they grow but how well they grow,” he said.

Part of the challenge for infant formula makers is figuring out what is in the normal composition of human milk that provides specific benefits. “The breast milk composition is so varied that literally no two women would have the exact same amount of nutrients. That makes it nearly impossible to approximate its ‘average’ nutritional content,” said Dr. Koo. This makes it particularly difficult for manufacturers to devise averages for nutritional standards.

When asked if a parent who fed her child an infant formula containing palm olein oil can take steps to counter the effects of less-than-optimal bone development, to “catch up” so to speak, Dr. Koo replied: “Certainly there could be catch up, but that requires optimal calcium intake and plenty of exercise. From a bone perspective, it’s always better to have optimum bone development from day one.”
Women With Ovarian Cancer
Three Decades of Progress for Women With Ovarian Cancer

What a difference three decades make. A woman diagnosed with ovarian cancer in 1973 had a 50 percent chance of survival. In 1997, the same woman would have a 62-percent probability of being alive two years later.

Adnan Munkarah, MD, associate professor of OB/GYN and director of gynecologic oncology at Wayne State University, reported steady improvement in the overall and disease-specific survival of women with invasive epithelial ovarian cancer at the Society of Gynecologic Oncologists’ annual meeting in January. The study is being reviewed for journal publication and is showing a positive trend in cancer survival.

The data used for this analysis came from Surveillance, Epidemiology and End Results Program or SEER. SEER is a national cancer surveillance program that collects information from all cancer cases from 14 population-based cancer registries and four supplemental registries covering approximately 26 percent of the United States population (SEER website; www-seer.ims.nci.nih.gov). The Metropolitan Detroit SEER Registry is one of the original registries, which began collecting cases in 1973.

“These data are vitally important to our understanding of incidence and survival rates for the general U.S. population,” said Jill Barnholtz-Sloan, PhD, principal investigator on the study and a specialist in epidemiology and population studies. “If we can understand what puts a person at risk for cancer, perhaps we can actively reduce that risk, long before we have to consider survival and mortality rates for the disease.”

“The improved survival rates are based entirely on better treatment standards. We know much more about ovarian cancer now and have used this evidence to devise better combinations of new drugs, standardized approaches, improved surgical techniques and optimal ways to care for acutely ill patients,” Dr. Munkarah said.

The problem with ovarian cancer is that the symptoms are nonspecific: pressure in the pelvis, abdominal bloating, or changes in bowel and bladder patterns. “With uterine cancer, women bleed and we know something is happening, but with ovarian cancer, the symptoms are usually ignored until the disease has progressed beyond early stages,” Dr. Munkarah said. Furthermore, there isn’t yet a sound screening tool like mammography and PAP smear which are commonly used to screen for other cancers.

Still, the authors on this study have shown that the situation is getting better as surgical and treatment standards get better. “We believe something big could happen soon,” Dr. Munkarah said. “We are currently trying to find blood proteins and blood tests that could serve as markers, and we will proceed with rigorous scientific investigation.”

Other co-authors on the study include the following Wayne State faculty members: Faisal Qureshi, Suzanne Jacques, John Malone, Jr., and Ann Schwartz.

National Grant Enhances Quality of Life for Brain Injury Survivors

Only 16 institutions in the country are distinguished as centers of excellence for traumatic brain injury (TBI). One of them is the Rehabilitation Institute of Michigan (RIM), a partner of the Wayne State University School of Medicine. Robin Hanks, PhD, assistant professor of physical medicine and rehabilitation, was awarded a five-year grant for $1.8 million from the U.S. Department of Education’s National Institute on Disability and Rehabilitation Research (NIDRR) to continue the research and care associated with the Southeastern Michigan Traumatic Brain Injury System (SEMTBIS). SEMTBIS is a model system of care that is housed at the Rehabilitation Institute and staffed by many WSU faculty members.

This NIDRR grant funds three projects that seek to enhance the quality of life and facilitate community integration of traumatic brain injury survivors. In the current grant cycle, the SEMTBIS addresses the research area “Full Access to Community Life.” These projects also touch upon other priorities such as employment of persons with disabilities and use of technology. Three studies address enhancement of quality of life and community integration of TBI survivors and their family members. These projects propose to: 1) evaluate the efficacy of a peer-mentoring intervention, 2) investigate the dynamic system of survivor and significant other subjective well-being, and 3) examine the barriers to resumption of driving and community integration.

“In addition to driving, we are trying to determine the best ways to train people and get them back to some level of professional work, whenever possible. RIM’s mission is to recruit, employ, educate and promote professional development of individuals with disabilities,” Dr. Hanks said. “As such, the SEMTBIS project allows us to fulfill that mission by directly employing some brain injury survivors as peer mentors, and training others to facilitate research in this field.”

SEMTBIS was established in 1987 to provide a comprehensive continuum of care and specialized services for people with traumatic brain injury, and to conduct innovative research and help establish a national data registry to better understand treatments and outcomes associated with brain injuries.

The national database is a major component of this initiative, which hopes to create standards of care based on a large collection of patient characteristics, diagnoses, causes of injury, interventions, outcomes and costs.
Cancer Progression Contingent on Extracellular Signaling

While the bcl-2 gene draws considerable media attention as a marker for increased risk of breast cancer, a WSU researcher is on the trail of a little-known extracellular enzyme inhibitor that, like bcl-2, helps cancer cells live longer.

"Cancer is a complex process, and cell survival is a big factor in cancer progression," said Hyesong-Reh Choi Kim, PhD, associate professor of pathology. "This enzyme inhibitor, called TIMP-1, protects cell survival just as efficiently as bcl-2, which is a well-known survival gene, although their actions are different."

She explained that TIMP-1, short for tissue inhibitor of metalloproteinase-1, blocks the metalloproteinase enzyme in the cellular matrix. Because that enzyme is associated with cancer progression, scientists assumed that a patient with elevated levels of TIMP-1 would be able to fight cancer better, but clinical studies showed the opposite. "For a while, it was puzzling why TIMP-1 correlated with a bad prognosis, even though it functions as an inhibitor of matrix metalloproteinase. Our study showed that TIMP-1 has additional oncogenic activity that enhances cell survival."

She is now collaborating with Rafael Fridman, PhD, WSU professor of pathology, to learn more about TIMP-1 and its significance to breast cancer, as well as prostate cancer, lymphoma and other cancers.

In a separate project, Dr. Kim is hoping to gain a clearer understanding of another major pathway for cancer progression. Her target is platelet-derived growth factor, or PDGF, which is vital for embryogenesis and normal human development. "The pathway is complex, not only inducing cell proliferation and migration, but also regulating negative signaling, such as apoptosis (programmed cell death)," she said.

The problem arises when cancer cells commandeer the PDGF signaling pathway, and use it to promote cancer cell proliferation and invasion. Specifically, she is concentrating on two PDGF receptors—alpha and beta. The receptors play a role in the epithelial-stromal interactions as well as in the formation of new blood vessels, or angiogenesis, which are critical to tumor growth and cancer cell metastasis.

"We’re hoping that by understanding growth factor signaling in normal cellular processes, we can understand better how cancer cells derogate these signaling pathways, which leads to cancer progression."

Bad Diets Blamed on Tastebuds and Genes

Thanks to new research from Wayne State and Yale, the punishment may ease up for little boys caught sneaking their broccoli to the dog under the dinner table. WSU’s Marc Basson and Yale’s Linda Bartoshuk have discovered that at least some males can blame their aversion to vegetables on their genes.

"As it turns out, Dr. Bartoshuk and some other researchers have defined a taste-perception phenotype in which some men tend to prefer fatty and sweet foods, while perceiving bitter tastes, such as those in vegetables, as particularly strong and to be avoided," said Basson, MD, PhD, who is both a WSU professor of surgery and chief of surgery at John D. Dingell VA Medical Center. Drs. Basson and Bartoshuk followed up by surveying 250 men undergoing colon screenings and found that those men with the choosier palates ate fewer vegetables and were heavier than those without the phenotype.

Of particular note to Dr. Basson, a colorectal and gastrointestinal surgeon, the sensitive population also tends to have more colon polyps, a marker for risk of colon cancer. "Substantial data have linked high-fat, low-vegetable, low-fiber diets to the development of colon cancer," he said, but even that well-known link is rarely enough to get patients to change their diets. "Our question was whether we could we pick out people who have bad diets because they are genetically predisposed to them, and the answer appears to be yes."

Their study didn’t show that all polyps were linked to poor diet, or that all men with poor diets had polyps. However, he said, "It was clear that there was a highly statistically significant link between the taste-perception phenotype; the high-fat, low-vegetable, low-fiber diet, which goes with the overweight condition; and colonic polyps."

The work is important for several reasons, Dr. Basson said. First, it may translate into a quick and easy test to identify people who are at higher risk for colon cancer. That information may be used along with other risk factors and patient preferences in determining how often and how to screen patients for colon cancer. In addition, an understanding of the phenotype and its consequences helps nutritionists and dieticians work with their patients to make vegetables more palatable. "For example, if somebody’s supposed to eat vegetables and doesn’t because they’re too bitter, there are ways to prepare the vegetables to mask the bitter taste."

He added, "It would be great if I could just say, ‘Here’s the right vitamin you need to protect you from colon cancer,’ but we don’t know at this point in time what it is about a low-fat, high-vegetable diet that confers this protective effect. The only thing we can do is convince people to eat more vegetables and less fat.""
When people have HIV infection, they are faced with a difficult decision: begin treatment immediately and be subjected to potential side effects, or delay therapy, putting off possible long-term toxicities but risking immune suppression. Compounding the difficulty is a medical community that isn’t sure which tactic is better. An alternative, untested strategy might be to take treatment just before the immune system is compromised, maintain treatment for a period of time, and then cycle off therapy. This reduction in drug exposure might lessen the chances of side effects.

A critical long-term study called SMART, Strategies for Management of Anti-Retroviral Therapies, is helping to clear up this gray area for people deciding between HIV treatment strategies. People with HIV will be randomized among two groups. One will suppress the virus continuously with antiviral drugs and the other will cycle drug therapy based on their CD4+ T cell counts.

“When a treated person’s level of immunity is reasonable and their viral load is low or undetectable, the scientific data is unclear regarding how to proceed. Should you continue therapy indefinitely with the attendant risks of long-term side effects or is it reasonable to interrupt treatment? Since there aren’t hard data about the difference between treatment options, patients and their providers are left with a very difficult decision.

In medicine, when there is such equipoise the answer can often be determined by randomized trials—literally resorting to the flip of a coin,” said Professor Lawrence Crane, MD, who is leading the Wayne State site of the SMART study and serves as director of the Detroit Medical Center HIV/AIDS program.

This uncertainty among patients, scientists and physicians points to the importance of the SMART trial that includes 6,000 HIV-positive people who will be monitored for up to nine years across more than 30 national and international sites. Funded by the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health, SMART seeks to find a balance between adequately aggressive treatment and minimal adverse side effects.

Previous AIDS treatment clinical trials relied heavily on the results of shorter-term, randomized trials that measured viral load or number of CD4+ T cells in the blood. SMART will measure clinical events such as progression to advanced disease or death, which occurs over a prolonged period, and it will investigate limitations of HIV medications, including development of resistance—a dangerous possibility for people taking medication for many years.

“We do know that these therapies have had a tremendous impact on people living with HIV, but we don’t know all the subtleties surrounding the options,” Dr. Crane said. He reports that when he started seeing AIDS patients in the 1980s, the death rate in his practice was about 15-20 percent per year. Now, thanks to new treatments, it is about two percent. Quoting a colleague at a recent national meeting, he said, “We now call AIDS the ‘50-year disease.’ That means we expect people with HIV to live long lives, and we are fairly confident that with treatment and monitoring, they will be alive to personally learn and benefit from the results of this nine-year study,” he said.

The study just began its second year and researchers are pleased with the interest it has generated. Wayne State is on track and meeting its goal of 50-60 enrollees per year. Dr. Crane tells his patients who are considering enrolling that an advantage of clinical trials is the vigilance that doctors have about monitoring participants. Furthermore, there are many health professionals evaluating each case, so there are more expert opinions to consider.

According to Dr. Crane, the new anti-HIV drugs have helped people live longer, healthier lives, but there are many unanswered questions about the best time to begin therapy, when to switch treatments, and which key factors best predict disease progression. “The SMART study is a huge undertaking. It’s really the first large-sample trial looking at mortality endpoints of HIV/AIDS. It will define our treatment approach for years to come,” he said.

Dr. Crane is collecting data to help people with HIV decide between a “go-slow” or a “hit hard early” treatment strategy.
Cell Build-Up May Harm Myelin Formation in PMD

In the 1992 movie "Lorenzo's Oil," Augusto and Michaela Odone, played by actors Nick Nolte and Susan Sarandon, became involved in a fight to save the life of their son. Lorenzo Odone is initially portrayed as a normal, happy, healthy child whose health suddenly declines. At about six years of age, he develops alarming behavioral problems, ultimately leaving him in an inarticulate, bed-ridden state.

A series of investigations results in a diagnosis of adrenoleukodystrophy (ALD), a rare, incurable inherited disease that destroys the white matter of the brain, or myelin, which protects nerve cells. ALD is one of a class of childhood diseases, known as the leukodystrophies. These diseases share a common target: myelin, the fatty covering – which acts as an insulator – on nerve fibers in the brain. In the leukodystrophies, myelin is poorly formed or does not form at all. Leukodystrophies often are manifested quite slowly in the initial stages, gradually robbing children of acquired developmental milestones and may not be diagnosed for months to over a year. By that time, an additional child may be on the way with a significant risk of developing the same disease.

One of the lesser known leukodystrophies is Pelizaeus-Merzbacher disease (PMD). “It’s an X-linked disease which means that usually only male children get the disease. Females can carry the disease on the X-chromosome, and they pass it on,” said Alexander Gow, PhD, assistant professor in the Center for Molecular Medicine and Genetics.

“PMD is a tough disease in trying to diagnose just because of a lot of the symptoms seen are relatively non-specific,” he said. “And it’s relatively rare disease, falling into a general class of diseases that affect the myelin. The disease is usually detected using differential diagnosis, or process of elimination.

“It’s kind of nasty in the sense that the child would develop certain milestones – like smiling, lifting his head, starting to crawl, beginning to verbalize – and then as the disease manifests you lose those milestones. So it may be six to eight months of age before the parents would notice something is wrong,” Dr. Gow said. PMD is caused by genetic lesions in the proteolipid protein gene, or PLP. One type of genetic lesion causes structural changes to the protein encoded by the PLP gene. This has attracted the attention of Dr. Gow and his colleague James Garbern, MD, PhD, associate professor in the Center for Molecular Medicine and Genetics, and the Departments of Pediatrics and Neurology.

They recently published a study in the journal Neuron, describing a mechanism that they believe kills oligodendrocytes, which are cells that synthesize myelin.

Dr. Gow explains, “When oligodendrocytes in a PMD patient start to make PLP from a mutant copy of the gene, the protein cannot get to the myelin but is trapped along the way and builds up inside the cell. This build up compromises normal oligodendrocyte function and eventually kills the cell.

“We found that the mutant proteins accumulate in the endoplasmic reticulum (of the cell), which suggests that this disease is a manifestation of this accumulation. It doesn’t matter what mutation you have; the mutation causes this endoplasmic reticulum accumulation, which then eventually kills the cell.”

In theory, if that accumulation could be mitigated, “you might be able to prevent the cell from dying. Therefore, it would make sort of an unstable myelin, but it would make myelin, and that would reduce the severity of the disease,” Dr. Gow said.

Dr. Gow and his colleagues have characterized a series of signals inside oligodendrocytes that respond negatively to the build-up of mutant PLP inside the cell and actively cause it to die. One hope from this work is that blocking the negative signals in oligodendrocytes could reduce myelin from PMD, and there are no treatments for this disease. “We are thinking about the types of drugs that could reduce oligodendrocyte death and enable the myelin to form,” Dr. Gow said.

In addition to PMD, their work may have a broader significance. Over the last few years, scientists all over the world have suspected and found some evidence suggest-
Dr. Bonita Stanton Appointed Chair of Pediatrics

Bonita Stanton, MD, has been named chair of the Department of Pediatrics of the Wayne State University School of Medicine, pediatrician-in-chief of the Detroit Medical Center (DMC) and chief of pediatrics at Children’s Hospital of Michigan.

Dr. John Crissman, dean of the WSU School of Medicine, announced the appointment jointly with the DMC and Children’s.

Dr. Stanton is an internationally known pediatrician whose activities in the areas of public health policy and education, outcomes research, program development and infectious disease control, particularly in the area of HIV/AIDS, have received international recognition.

“Dr. Stanton’s clinical expertise and her demonstrated commitment to medical research and education make her an exceptional choice to chair of one of largest and most productive academic departments and clinical services at WSU and the DMC,” noted Dr. Crissman.

“We are extremely fortunate that Dr. Stanton has chosen to join us to take our department of pediatrics and our hospital forward into new areas of preeminence,” said Dr. Larry Fleischmann, president of Children’s Hospital of Michigan.

Dr. Stanton had served as professor and chair of the West Virginia University department of pediatrics since June 1999. Previously, she was vice-chair of the department of pediatrics, chief of the division of general pediatrics and adolescent medicine and director of the Center for Minority Health Research at the University of Maryland at Baltimore.

In 1998, Dr. Stanton was named one of “Maryland’s Top 100 Women” by the Daily Record.

Dr. Stanton received a bachelor of science from Wellesley College in Wellesley, Mass., and a medical degree from Yale University School of Medicine in New Haven, Conn. She completed pediatric residency training at University Hospitals of Cleveland and a fellowship in pediatric infectious diseases at Yale University School of Medicine.

At Children’s Hospital/WSU, Dr. Stanton will lead the faculty of one of WSU’s largest academic departments in conducting medical education and research activities. She will also oversee all pediatric services for the DMC’s Children’s Hospital of Michigan, cited as one of the nation’s top children’s hospitals.

Dr. Stanton is the second female chair to head one of the School of Medicine’s 19 clinical departments, and is now one of four female chairs of the school’s 26 departments overall. She replaces Dr. Alan Gruskin, who retired his position as chair after 16 years.

Dr. Stanton is WSU’s chair of pediatrics, DMC’s pediatrician-in-chief, and Children’s Hospital’s chief of pediatrics.
In an effort to streamline operations and reduce costs, four companies affiliated with the Wayne State University School of Medicine will merge into two corporations, Dean John Crissman recently announced.

"These mergers are designed to eliminate redundancies in our system and improve the flow of operations in our extremely complex organization," Dr. Crissman said. "This is yet another step in a continuing process to make the School of Medicine and its affiliated companies a highly efficient enterprise."

Academic Health Center Services Inc. and University Physician Group Inc., both non-profit organizations, will merge into a single entity called University Physician Group Inc. This company will oversee clinical services provided by the School of Medicine’s 19 faculty practice groups. In addition, UPG will be responsible for matters of compliance, human resources and information systems.

Similarly, United Medical Management Company Inc. (UniMed) and University Physician Services Inc., both for-profit corporations, will merge. The resulting company, UniMed, will be owned by University Physician Group. This organization will handle ambulatory care operations, billing, managed-care contracting and marketing.

The boards of directors of both companies will be composed of the presidents of each of the 19 faculty group practices. Michael Lacusta recently was appointed president of UniMed (see story to right), replacing former UniMed President Scott Griffin and former UPS President Bruce Deschere. Dr. Stephen DeSilva will remain chairman of the University Physician Group board; Dr. Crissman will serve as president/Class B Member.

By merging these companies, the costs associated with accounting and reporting systems as well as external audits are substantially reduced.

"You are all aware of the financial challenges we face as a faculty, and as a faculty group practice," Dr. Crissman said. "These challenges call for decisive measures to ensure our viability and growth. Although organizational change is difficult, I can assure you that this plan optimizes our resources and represents the best strategy for our continued success."

Michael Lacusta, a health-care consultant and former Detroit Medical Center official, recently was named president of United Medical Management Inc. He brings 22 years of experience in health-care operations and consulting to the job. Lacusta’s appointment was announced shortly after UniMed merged with University Physician Services Inc., the management-services organization for the Wayne State University Physician Group. In his position, Lacusta will be responsible for managing billing, managed-care contracting, marketing and planning for the University Physician Group. He also will work with the WSU School of Medicine department chairs on opportunities to grow and expand ambulatory-care services.

"The level of health-care management expertise that Mike brings with him is invaluable, particularly given the challenges we face now," said Dr. Crissman. "He is certainly the right person for this job."

Lacusta said his first priority will be to evaluate the organization’s infrastructure and make necessary improvements to ensure that UniMed is meeting service expectations.

Specifically, he will continue efforts to migrate all of the 19 clinical practices onto a single billing system. He also will look at ways to streamline the practices’ overhead costs, such as those associated with human resources and accounting.

All of this work will be done in the context of the difficult economic times facing the health-care industry, said Lacusta, who received his master’s degree in business administration from Marquette University and his bachelor’s of science from the University of Michigan.

"Everything relates back to your financial position," he said. "You have to find sustainable actions that provide improved service levels, increased revenues and reduced costs."

Lacusta formerly worked as a consultant for Cap Gemini Ernst & Young, where he guided hospitals and health systems through financial turn-around plans and operational improvements. He also worked at Alix Partners providing financial and operational turn-around services for companies in severe financial distress or operating under bankruptcy protection.

From 1991 to 1999, Lacusta worked in several executive positions at the Detroit Medical Center, including senior vice president for the DMC, executive vice president for operations at Grace Hospital and vice president of management services. He also held other positions at Sinai Hospital and Harper-Grace Hospitals.

Lacusta said he believes his experience at the DMC will be a major help in his new position.

"If I were coming in new to the position and the system, there would be a huge learning curve as far as how the DMC is organized and what services they provide," he said. "Now, I just need to refresh. I’m looking forward to renewing old relationships and building upon the strong network and services offered by the University Physician Group and UniMed."

A wide array of abstract titles came together with a common goal: to enhance learning through technology. Wayne State University held its fourth annual Teaching, Learning, and Technology Roundtable (TLTR) conference to help university instructors showcase the use of technology to strengthen their teaching and improve their students’ learning. The program featured more than 35 faculty presentations, wireless and PDA demonstrations, school and college posters, and an expanded display of vendor exhibitors at Scott Hall and Shaftman Medical Library.

Concurrent with the conference was a Personal Digital Assistant (PDA) Fair where faculty, staff and students learned about the latest mobile applications for medical education, referencing, and patient tracking. Medical resources such as Gold Standard Multimedia and MD Consult were demonstrated, and CampusMobility presented applications for interactive teaching and patient encounter tracking using wireless PDAs.
Internationally Renowned Endocrinologist to Lead Hood Diabetes Center

Paulos Berhanu, MD, an internationally known endocrinologist/diabetologist, has been appointed to head the diabetes program at the Wayne State University School of Medicine and the Detroit Medical Center. Dr. Berhanu is division chief for diabetes, endocrinology and metabolism within the Department of Internal Medicine as well as director of the Morris Hood Jr. Comprehensive Diabetes Center.

Dr. Berhanu was previously at the University of Colorado Health Sciences Center, where he held the rank of full professor in addition to the position of associate director of the diabetes program at the Colorado Prevention Center, in Denver.

Dr. Berhanu is an experienced basic and clinical researcher in diabetes and has published extensively in the field. He has been the recipient of multiple grants from the National Institutes of Health, the Juvenile Diabetes Foundation and the American Diabetes Association. His research interests include insulin receptor trafficking, insulin signal transduction, the mechanism of insulin resistance, and the pathophysiology of type 2 diabetes.

Dr. Berhanu will maintain a laboratory at Wayne State University to continue his research to understand and fight diabetes and its complications, while also pursuing his major goal of developing a comprehensive clinical diabetes program at the institution.

Dr. Berhanu’s credentials include receiving his MS in biological chemistry from the University of Michigan and his MD from Loma Linda University, Calif., in 1973. He served his internship in internal medicine at the University of Southern California Medical Center. He completed his residency in internal medicine and a one-year clinical fellowship in endocrinology, metabolism and diabetes at Loma Linda.

He subsequently moved to Johns Hopkins University School of Medicine, where he completed a fellowship training specializing in endocrinology, metabolism and diabetes. Dr. Berhanu is certified by the American Board of Internal Medicine and by the subspecialty board of Endocrinology, Metabolism and Diabetes.

Dr. Berhanu has received several scholarships and awards, including the prestigious international Fulbright Scholar Award, which enabled him to establish the first university-based diabetes center in Ethiopia.

He has served on numerous national committees, such as the National Institute of Diabetes and Digestive and Kidney Diseases Special Grants Review Committee and Veterans Administration Merit Review Board for Endocrinology. Dr. Berhanu has served as a member of the editorial boards for Endocrinology and American Journal of Physiology: Endocrinology and Metabolism. He has been ad hoc reviewer of manuscripts for several journals, including Diabetes, Endocrinology, Metabolism, Hepatology, the Journal Biological Chemistry and the Journal of Clinical Investigation.

Dr. Berhanu holds memberships in several national and international professional and scientific societies, including the American Diabetes Association, the Endocrine Society and the International Diabetes Federation.

Joining WSU with a great deal of experience as a leader in diabetes, Dr. Berhanu used a Fulbright Scholar Award to establish the first university-based diabetes center in Ethiopia.

Dean’s Research Honor Roll

Wayne State University School of Medicine Dean John Crissman recognizes the following faculty members for distinguished achievement. With two or more funded grants and awards, these individuals constitute the Dean’s Research Honor Roll. Congratulations to honorees.

Two or More Federal Grants in Fiscal Year 2002

- Andrade, Rodrigo
- Artalejo, Christina
- Babh, Thomas
- Bannion, Michael
- Brooks, Samuel
- Cher, Michael
- Davis, Nicholas
- Dunbar, Joseph
- Dulchavsky, Scott
- Everson, Richard
- Finley, Russell
- Freedman, Robert
- Fridman, Rafael
- Grossman, Lawrence
- Hannigan, John
- Hazlett, Linda
- Honn, Kenneth
- Hudson, Alan
- Jena, Bhanu
- Johanson, Chris-Elynn
- Kessel, David
- Kim, Hyeong-Reh
- Kuhn, Donald
- Lancaster, Wayne
- Matterly, Larry
- Mattingly, Raymond
- Miller, Fred
- Mobashery, Shahrar
- Muzik, Otto
- Neale, Anne
- O’Leary, Donal
- Ostrea, Enrique
- Rapoole, Daniel
- Raz, Avraham
- Rosen, Barry
- Rosenberg, David
- Schager, Lucia
- Schuster, Charles
- Schwartz, Ann
- Shekhar, Malathy
- Sheng, Shijie
- Shields, Anthony
- Sikafar, Debra
- Sloane, Bonnie
- Tancer, Manuel
- Wei, Wei-Zen
- Whittum-Hudson, Judith
- Includes:
  - National Institutes of Health (NIH)
  - United States Department of Defense (DoD)
  - National Science Foundation (NSF)
  - Environmental Protection Agency (EPA)
  - National Aeronautics and Space Administration (NASA)

Two or More Awards from Foundations, State, or Federal Sources in Fiscal Year 2002

- Arfken, Cynthia
- Barnholtz-Sloan, Jill
- Brush, George
- Crane, Lawrence
- Edwards, Brian
- Gow, Alexander
- Granneman, James
- Krawetz, Stephen
- Schenck, Maryjean
- Shisheva, Assia
- Shy, Michael
- Skoff, Robert
- Taub, Jeffrey

All foundations and state support (as well as federal) was considered. To be included the principal investigator had to receive at least $75,000 from each award in fiscal year 2002. The following foundations were included:

- Ethel and James Flinn Family Foundation
- American Brain Tumor Foundation
- American Cancer Society
- Health Resources and Services Administration (Ryan White)
- Michigan Life Sciences Corridor
- Multiple Sclerosis Society
- Bureau of Health Professions
- American Diabetes Association
- Muscular Dystrophy Association
- Leukemia and Lymphoma Society

Includes:
- National Institutes of Health (NIH)
- United States Department of Defense (DoD)
- National Science Foundation (NSF)
- Environmental Protection Agency (EPA)
- National Aeronautics and Space Administration (NASA)
From Comic Relief to Pain Relief: Actor Jerry Lewis Visits WSU

You wouldn’t think Jerry Lewis was a man who suffered from chronic back pain for 37 years. Back in the ’40s and ’50s, Lewis and partner Dean Martin were on top of the comic world with an act that could be found on the big screen, TV and radio. Even today, decades after the last of their movies, Jerry Lewis’ name continues to be synonymous with comedy.

A staple of the act was physical comedy that included pratfalls by Lewis. Never wanting a stunt man to do what he could do for himself, Lewis literally lit thousands of those pratfalls. And almost every one of them was the same, with Lewis always landing squarely on his back.

The last of those pratfalls, in 1965, chipped his spine, and that began a decades-long search for anyone and anything that could cure his pain. Pain medications were ineffective or caused uncomfortable side effects such as nausea and sleeplessness. Injections of medications in his spine lost their effectiveness.

“Doctors told me I just had to live with the pain,” Lewis said. “I heard that so many times, but I could not accept it.” Lewis turned to narcotics for relief, and for 13 years he was addicted to oxycodone and aspirin (also known as Percodan). While Lewis never stopped working — especially doing his charity work — it was difficult for him. In fact, so excruciating was his pain, that at one point he decided to try to take his own life.

Just in the nick of time, his anesthesiologist, Dr. Joseph Schifini, called and said, “I have one last treatment I’d like to try, and I think you’d be a good candidate for it.” The treatment turned out to be a neurostimulator. It’s an implantable device made by Medtronic that blocks pain messages to the brain through the use of precisely-controlled, low-voltage electrical stimulation to the spinal cord. Lewis underwent a four-day trial with neurostimulation and had 100 percent pain relief from day one.

On April 20, 2002, Lewis had the permanent neurostimulation system implanted. And today, he’s on a mission to raise awareness of chronic pain and the treatment options available for some patients, a mission that brought him to the WSU School of Medicine on January 15 to speak to students, faculty and staff involved in pain management.

“Patients with pain tend to be a disenfranchised group in our society, and pain management is not a very sexy specialty like cardiology or oncology,” said Dr. Todd Lininger, of the North Oakland Medical Center Waterford Ambulatory Care Center. “And we don’t get the star power that patients with HIV have.” Lininger was one of a small group of physicians who met privately with Lewis during his visit to Detroit.

“Patients with pain tend to be disenfranchised for a number of reasons. Their families break down very quickly. They lose their financial resources. They’re usually involved in adversarial relationships with family members, with their insurance carriers and with their employers. Jerry speaks with a voice of strong compassion and obvious strong personal commitment to what he’s doing with a very, very personal experience that’s very moving,” Dr. Lininger said.

Slowed and overweight by pulmonary fibrosis and the Prednisone he takes for it, Lewis was nonetheless his comical self, ready to make light of any situation that presented itself.

“So, I’m staying at this beautiful hotel in — what’s that city? Birmingham! Where am I, Alabama? Anyway, the (Townsend) hotel manager comes up to me and says, ‘Jerry, I just want you to know that this isn’t my hotel. This isn’t your hotel. This is our hotel.’ I said, ‘Great. Let’s sell it.’”

Jerry Lewis visited the WSU School of Medicine to talk about a novel implanted neurostimulator that relieved his pain.

Students Offer Recommendations to Address Uninsured Citizens

Three students from the WSU School of Medicine were among a team of five people who took first place in a competition to increase public awareness of underinsured and uninsured medical patients. Sponsored by United Way Community Services in Detroit and in conjunction with Cover the Uninsured Week, the competition involved students and faculty from five local colleges and universities presenting case study analyses and sharing recommendations to address the plight of the more than 41 million Americans who lack health insurance.

The objectives for the case study were to find the best coverage and medical care for an uninsured man and his family after identifying the primary health risk factors and medical needs.

“Through our research, we found a number of low-cost clinics for the man, who was uninsured yet needed primary care contacts for a serious hypertension issue he was having,” said Paul Buzyk, a member of the team and the class of ’03. “As the man was divorced, we were also able to find that the ex-wife and her children were — without their knowledge — eligible for state assistance. We were able to put them into a primary care setting where they would have comprehensive medical coverage, inpatient and outpatient, as well as an ongoing contact so they could develop a relationship with a physician.

“It was interesting, because what we found was that we could get the gentleman medical care in clinics, but we could not get him medical coverage. So his inpatient needs still went unmet. And as it pertains to the Detroit area, that’s a catastrophic hill. So one of our recommendations was for increased federal funding for primary care clinics to treat the uninsured and underinsured and to try to stop the progression of disease at the primary care level before it got to the point where someone needed hospitalization that was possibly preventable or, God forbid, a trip to the intensive care unit.”

A panel of health care experts judged each school’s presentation based on recommendations and implementation strategies. Judges awarded first place prizes of $1,000 to Wayne State University and Macomb Community College; second place awards of $500 to the University of Michigan and Wayne County Community College; and a third place award of $250 to Oakland University. United Way Community Services will share the recommendations from the top two winning colleges with Michigan’s policy-
South Africa has quite an established public health infrastructure, despite its battle with rampant HIV/AIDS infection, malaria, malnutrition and communicable diseases. Faculty members from the University of Pretoria and Wayne State University’s Center for Healthcare Effectiveness Research are sharing resources to educate one another about international health systems.

With expertise in epidemiology and health systems research, Daniel Barth Jones, PhD, and M. Michael Massanari, MD, have partnered with the School of Health Systems and Public Health at the University of Pretoria to provide counsel to national health ministries and academic faculty, particularly in the area of numeracy skills and statistics.

“We are helping them with computational and mathematical epidemiology, and in return, they are offering us a glimpse into the inner workings and organization of their very complex public health system,” Dr. Massanari said. “In fact, I would offer that South Africa provides better access into the health system than we do in the United States.”

The collaborative exchange seeks to improve the acquisition, analysis and synthesis of health information for policy makers in both countries. It is part of a larger university-wide project initiated by WSU President Irvin Reid who is fostering global education and established a collaborative partnership with the University of Pretoria in 1999.

Drs. Barth Jones and Massanari have each earned funding from WSU’s global initiatives project for these international curriculum developments, and they’ve established an exchange program of sorts with Professor Carel Ijsselmaiden of Pretoria. They have made several trips between universities and have held numerous educational sessions for graduate students, physicians, public health officials, and health care workers on such topics as infectious disease transmission, mathematical epidemiology, biostatistics and computer modeling of disease. They have planned another trip for fall 2003 and are trying to develop electronic courses that could provide additional educational opportunities across continents.

Methods of mathematics and computer science have become important tools for analyzing the spread and control of infectious and noninfectious diseases, said Dr. Barth Jones. “We can study trends, patterns and numbers to understand what is happening with a disease. We can then design models for treatment programs, vaccination protocols and other tested interventions.”

“We hope to explore more opportunities for interactions and exchanges with our colleagues in South Africa,” said Dr. Massanari. “It would be wonderful for faculty and students to share information and contribute to the development of improved national health care systems.”

Granholm issued a proclamation declaring Cover the Uninsured Week in Michigan.

The most recent report from the U.S. Census Bureau says that more than 41 million Americans were uninsured in 2001. In Michigan, approximately 2.29 million Michigan residents under 65 years of age – almost 1 out of 4 (26.3 percent) – were uninsured at sometime in 2001-2002 and most of them were connected to the workforce.
• Molecular Genetics
• Unix Operating System, and
• Computer Applications.

Children’s Hospital of Michigan Ranks Among Nation’s Best

Children’s Hospital of Michigan, Wayne State University’s clinical affiliate for pediatrics, has been ranked 13th in the country by Child magazine.

Enjoying its second year on the prestigious list, Children’s Hospital is internationally recognized for outstanding medical and surgical expertise, trains more Michigan pediatrics than any other facility, and is the state’s only free-standing pediatrics hospital.

“We are thrilled to be ranked among the nation’s best children’s hospitals,” said Dr. Larry Fleischmann, Children’s Hospital president and WSU professor of pediatrics. “The doctors, nurses and staff at this hospital work hard every day to ensure our patients get the best care while they are at the hospital, I’m proud of the work they do for our kids.”

Changes in Wayne State University Board of Governors

The Wayne State University Board of Governors recently inducted new members and elected new officers. Following is an updated list of the board.

Richard Bernstein
John Davis, treasurer
Eugene Driker
Diane Dunaskiss
Elizabeth Hardy
Paul Hillegonds
Paul Massaron, chair
Annetta Miller
Julie Miller, secretary
Jacquelin Washington, vice chair
Irvin Reid, ex-officio

Participants Sought for Diabetes, Cardiovascular Studies

Participants are needed for two studies conducted by the Wayne State University Cardiovascular Epidemiology and Clinical Applications Program.

The program is recruiting people 30 years and older to participate in a diabetes prevention study. To be eligible, candidates must not have diabetes, but be at risk for developing it. Risk factors include family history of diabetes, suffering diabetes during pregnancy, high blood pressure, being overweight or having a borderline blood-sugar level. Researchers are looking for new ways to prevent the onset of diabetes.

In a second study, the program is recruiting African-American women between the ages of 18 and 45 who are in generally good health. This study will investigate the effects of short bouts of physical exercise on blood pressure.

Individual participation lasts up to 12 weeks. Participants will receive health exams and up to $180 compensation for time and transportation expenses. Those interested in either study should contact Donna Ford at (313) 745-5774 or toll free at (866) 745-8080.

Neurology Department Presents at National Meetings

Neurology faculty members made the following presentations at national and international meetings during the fall, 2002. Kudos to all researchers involved.

• Chong, ZZ, Kang, J, Maiese, K. Early and late phases of apoptotic injury parallels attempted cell cycle induction in post-mitotic neurons. Society for Neuroscience, Orlando, Fla., November 2002


• Leather, D, Balabanov, R, Wagnerova, J, Washington, R. Expression of the activation marker urokinase plasminogen activator in CNS microvascular pericytes in experimental autoimmune encephalomyelitis, at the 7th annual meeting of the Americas Committee for Treatment and Research in Multiple Sclerosis (ACTRIMS) and the 18th Congress of the European Committee for Treatment and Research in Multiple Sclerosis (ECTRIMS), Baltimore, Sept. 20, 2002

• Swamydas, M, Adler, JE. Parital sciatic nerve transection causes allodynia and redistribution of pain-related peptides. Society for Neuroscience, Orlando, Fla., November 2002

Notecards For Sale to Benefit “Friends”of WSU School of Medicine

For formal correspondence on behalf of the Wayne State University School of Medicine, why not consider notecards with an illustration of Scott Hall? These notecards, sold in sets of five ($8) or ten ($15), benefit the Friends organization that supports activities around the school including campus beautification, computer and equipment donations, and development and event planning. If ordering quantities of 100 or more, the donation is just 50 cents per card.

For more information, please call Friends President Cecelia Whapham at (248) 674-7129.
Gary Abrams, MD, professor and chair of ophthalmology, has been awarded a Research to Prevent Blindness grant.

Geoffrey Barger, MD, assistant professor of neurology, has been appointed vice chair of the Brain Committee of Southwestern Oncology Group (SWOG), one of the largest adult cancer clinical trials organizations in the world. He had previously served terms as both vice chair and chair of this committee.

James Blessman, MD, assistant professor of family medicine, was appointed to a one-year term with the National Advisory Committee on Occupational Safety and Health (NACOSH). The committee advises the Secretaries of Labor and Health and Human Services on occupational safety and health programs.

William Coplin, MD, associate professor of neurology and neurosurgery, serves on the organizing committee for the new Society for Neurocritical Care.

Scott Dulchavsky, MD, professor of surgery, was appointed to the American College of Surgeons Committee on Trauma.

Richard Gallagher, PhD, professor of family medicine, has been appointed to a five-year term of the National Cancer Institute Review Group, Subcommittee G-Education.

David Kessel, PhD, professor of pharmacology, will give one of three plenary talks at the May 2004 meeting of the International Photodynamic Association to be held in Mayazaki, Japan.

Omar Khan, MD, associate professor of neurology, was appointed to the Federal Minorities Health Care Advisory Council to the Secretary of Health and Human Services.

Gary Krause, MD, professor of emergency medicine, has been selected as a Charles H. Gershenson Distinguished Faculty Fellow. Wayne State University awards two of these fellowships annually to recognize distinguished achievements and support current scholarly activity.

Anna Ledgerwood, MD, professor of surgery, has been elected the first vice president of the American College of Surgeons. Dr. Ledgerwood is the trauma director at Detroit Receiving Hospital and has previously served on the ACS's Committee of Trauma.

Richard Lewis, MD, professor and associate chair of neurology, was appointed to the board of trustees of Harper University Hospital. He also was an invited speaker at Mt. Elizabeth Hospital in Singapore and at the Thailand Royal Neurological Society, where he spoke on "Intravenous Immunoglobulin Therapy for Neurologic Disorders." He presented "A Clinician's Approach to Peripheral Neuropathies" at Ramathibodee Hospital in Bangkok, Thailand.

Robert Lisak, MD, professor and chair of neurology and professor of immunology/microbiology, was elected as a member of the executive council of the American Neurological Association, the oldest neurological scholarly society in the U.S. and the leading academic neurological society. He was also elected to membership in the Detroit Academy of Medicine. Dr. Lisak recently made the following presentations: "Glatiramer Acetate in MS: A New Look at the Clinical Effects in the Light of Mechanisms of Action" at the symposium IV, and "Milestones in Immunomodulatory Therapy: Decisions in the Treatment of Multiple Sclerosis" at the 7th annual meeting of ACTRIMS and 18th congress of ECTRIMS. He co-chaired sessions on: "Clinical Applications" at the International Workshop on Repair of the Central Nervous System, "Mechanisms and Potential for Recovery of Function in Multiple Sclerosis and Related Disorders" sponsored by the National Multiple Sclerosis Society and the Association pour la Recherche en la Sclérose en Plaques, in NICE, France, and "Neuroprotection" at the 7th annual meeting of ACTRIMS and 18th congress of ECTRIMS.

Jeffrey Loeb, MD, PhD, assistant professor in neurology and the Center for Molecular Medicine and Genetics, was an invited speaker at the Gordon Conference on Proteoglycans. He presented "Transynaptic Gene Regulation Through Neuregulin-HSPG Interactions."

Kenneth Malese, MD, professor of neurology and anatomy and cell biology, was invited to serve on the 2002 American Heart Association National Peer Review Steering Committee and he presented at the Fourth International Meeting on Metabotropic Glutamate Receptors.

Gordon McLorie, MD, professor of urology, has been named chief of pediatric urology at Children's Hospital of Michigan. Prior to joining WSU/Children's, Dr. McLorie was the senior pediatric urologist at the Hospital for Sick Children in Toronto, Ontario.

Edwin Monsell, MD, PhD, professor of otolaryngology and director of otology and neurotological skull base surgery, has been named president of the Association for Research in Otolaryngology.

John Porcerelli, PhD, associate professor of family medicine, presented "Personality Characteristics and Major Depression: The Pondering Personality," at the symposium IV, and "Milestones in Immunomodulatory Therapy: Decisions in the Treatment of Multiple Sclerosis" at the 7th annual meeting of ACTRIMS and 18th congress of ECTRIMS. He was also the recipient of the Society for Personality Assessment's "valuable contributions to basic and clinical ophthalmic research."

Hiroto Inaba, MD, PhD, pediatric resident at Children's Hospital, is the recipient of the 2003 Society of Pediatric Research House Officer Research Award for his work on "Sensitization of Osteosarcoma Cells to Fas-Induced Apoptosis by Interferon Gamma," a study conducted during his training at WSU.

Kathleen Meert, MD, associate professor of pediatrics, was honored by the Women of Wayne Alumni Association with a research grant to further her studies regarding end-of-life issues in the pediatric intensive care unit.

Edwin Monsell, MD, PhD, professor of otolaryngology and director of otology and neurotological skull base surgery, won the Mosher Award for excellence in clinical research from the American Triological Society.
Before medical students have rambling curriculums and firm plans about where and what they will practice, they search for valuable exposures to different medical specialties and research projects. Wayne State’s Marquess Wilson, second-year medical student, is one of nine people in the country selected for the Aventis Minority Scholarship Program. This program provides funding for students to attend the American Academy of Neurology (AAN) annual meeting, with the goal of promoting diversity in the neurosciences.

Wilson, who has an interest in a neurology career, was able to hear about research advances firsthand. His own mother suffers from peripheral nerve damage in her leg and helped inspire his interest in the field.

He has also participated in several research projects through summer programs and has been hooked on neurology ever since. He volunteered as a lab assistant in a developmental biology lab at the University of Wisconsin-Milwaukee, where he studied the development of the neuromuscular junction in Xenopus laevis.

“My work in this lab gave me a solid foundation and interest that helped me to honor the neuroscience course at Wayne State. The following summer, I completed a summer externship at the Rehabilitation Institute of Michigan, working with spinal cord injured patients under Dr. Edward Nieshoff. The AAN annual meeting allowed me to add to my growing knowledge and experience with neurology,” Wilson said.

This was his second scientific meeting and he returned to school with a wealth of new information about potential research projects and clinical advancements. Incidentally, this year’s AAN meeting took place in Honolulu, Hawaii, at the end of March, so Wilson thoroughly enjoyed a few sunny days off from his normal curriculum and class work.

Marquess Wilson was selected from more than 40 national applicants to participate in the Aventis Minority Scholarship Program.