Dr. Frank Calia Retires
After an Illustrious 42 Years of Outstanding Service to the School of Medicine

Frank M. Calia, MD, MACP, professor emeritus and vice dean of Clinical Affairs has retired after more than four decades of dedicated service to the School of Medicine. More than 100 guests crowded the HSF II lobby on January 5 to honor the man who has been teacher, mentor, colleague and doctor to so many at the University of Maryland.

“Frank has influenced thousands of lives and careers,” said E. Albert Reece, MD, PhD, MBA, vice president for Medical Affairs at the University of Maryland and the John Z. and Akiko K. Bowers Distinguished Professor and dean of the School of Medicine. “There are no venues on our campus that can hold all of the people, directly and indirectly, whose lives Frank has touched. There is no corner of this institution without his imprint. Frank is among incredibly select company as a true pillar of our community.”

President Jay F. Perman, MD, credited Dr. Calia with helping to bring him to the School of Medicine, where Dr. Perman served as chair of the Department of Pediatrics from 1999 to 2004. “I have seen Frank from many perspectives,” said Dr. Perman, who often sought Dr. Calia’s counsel. “He was the one I would go to and ask ‘What do you think I should do?’ His advice was always provided with humility. All of us in this room are smart people, but I think what’s rare is to be wise. Frank Calia is a wise man.”

Dave Mallott, MD, associate professor, Department of Psychiatry and associate dean of Medical Education, spoke on behalf of the many students whose lives Dr. Calia has touched. In his speech, Dr. Mallott referenced the Jewish concept of “shem tov” (good name), an accolade used for those who are remembered because they make a name for themselves through their contributions to others. “We, your students at the University of Maryland School of Medicine, this place that you love, and those who you have mentored, your colleagues and your friends, want to thank you for all that you are, and all that you’ve done. We will remember your good name,” said Dr. Mallott.

“Dr. Calia has been critical to the successful implementation of many clinical initiatives and programs throughout the School of Medicine and the University of Maryland Medical Center,” said Dr. Reece. “As a physician, researcher, administrator and teacher, Dr. Calia’s name has become synonymous with the School of Medicine, and it is hard to imagine this institution without his daily presence.”

It was almost an hour before Dr. Calia—who often seemed on the verge of tears, was able to take the podium. “It has been a terrific career and experience, and I have loved every single minute of it,” said Dr. Calia. “Working with all of you was so wonderful, I can’t even translate it into words.”

What’s On My Mind

hat’s on my mind this month is the vital sup-
port we receive from the Mary-
land General Assembly. This year our priorities include approval of accelerated funding for the School of Medicine’s new research building and support for cancer programs and student loan assistance programs:

Priority 1: Accelerated Support for a New Research Building—Health Sciences Facility III (HSF III): Last year we received $4 million in matching funds to kick-start this critical project, which will provide space to dramatically expand our research enterprise—already one of the fastest growing in the nation. We are incred-
ibly grateful for this support, which will allow us to move forward with preliminary architectural work. However, under the current schedule we would not receive addi-
tional funding for HSF III until 2015. According to the Association of American Medical Colleges, we are one of the most efficient institutions in the nation when it comes to the use of our existing space. The fact is we are already out of research space. This lack of space will impede fac-
ulty recruitment and retention, and hamper our growth. Therefore, we have respectfully urged legislators to ac-
celerate capital funding for HSF III with an appropri-
aton of $10 million that would once again be matched with institutional dollars. The economic impact will be significant, including the creation of more than 2,500 new construction jobs, 800 ongoing jobs and $400 million in economic activity over the life of the project.

Priority 2: Increased Funding for Cigarette Restitu-
tion Funding (CRF) to Support UM Cancer Programs: We have urged lawmakers to support the $10 million funding level the legislature previously mandated to sup-
port and expand University of Maryland cancer research programs. With CRF support, we have increased capacity within the community to identify and address cancer and tobacco-related diseases to foster prevention, treatment and access to clinical trials. The CRF helped the Univer-
sity of Maryland create a strong cancer disparities clini-
cal program with more than a third of our patients being African American and nearly half of them participating in clinical trials at the University of Maryland Greenebaum Cancer Cen-
ter. CRF funds enable us to retain and recruit highly skilled faculty phy-
sicians and outstanding scientists in new areas of focus, including cancer genomics, personalized medicine and HIV-related cancers.

Priority 3: Support for Loan Assistance Repayment Programs (LARP) and Scholarships: Heavy debt assumed during medical school often presents a formidable challenge for physicians entering the workforce. The average debt for the School of Medicine graduating class of 2011 exceeded $135,000. Such debt makes it difficult for graduates to pursue careers in primary care or precludes new physicians from working in underserved communities. With few scholarships available, it is more important than ever for legis-
lators to support loan assistance repayment programs for our graduates. LARPs provide an important incentive to encourage new physicians to specialize in primary care and to locate in rural and underserved areas of Maryland.

The support of the Maryland General Assembly is crucial to our success as we continue to face economic challenges and intense competition from peer institutions. Legislative Day in Annapolis is an important vehicle for our institution to communicate directly with state legisla-
tors, so that they may help us achieve our goals. I would like to thank the faculty and staff who participated in this important annual advocacy event. In the relentless pursuit of excellence, I am sincerely yours,

E. Albert Reece, MD, PhD, MBA
Vice President for Medical Affairs, University of Maryland
John Z. and Akiko K. Bowers Distinguished Professor
and Dean, University of Maryland School of Medicine
DUDLEY STRICKLAND Appointed as Assistant Dean for Graduate and Postdoctoral Studies

Dean E. Albert Reece, MD, PhD, MBA, has appointed Dudley Strickland, PhD, professor, Department of Surgery and Department of Physiology, as its new assistant dean for graduate and postdoctoral studies.

In his new role, Dr. Strickland will oversee the Graduate Programs in Life Sciences (GIPS) and the Office of Postdoctoral Scholars. GIPS provides cutting edge research training in basic, biological, clinical and population science. The Postdoctoral Scholars Program supports the school’s postdoctoral research scholars by fostering a sense of community, new collaborations, career development opportunities and guidance. Dr. Strickland will continue serving as professor of surgery and physician and director, Center for Vascular and Inflammatory Diseases.

“Dr. Strickland is a cell biologist who studies certain cell receptors and their role in protecting the vasculature from the development of disease, such as atherosclerosis.”

Dr. Strickland currently has nearly $2 million in research funding. He is a cell biologist who studies certain cell receptors and their role in protecting the vasculature from the development of disease, such as atherosclerosis. In addition, he investigates their role in other diseases as well, including Alzheimer’s disease. In unraveling the basic mechanisms of this activity, he hopes to gain a better understanding of how diseases develop to provide insight into potential therapies.

“In the past six years, the graduate program has been elevated into the national arena,” Dr. Strickland said. “We are competitive in an extremely competitive field, able to attract the very best students and we’re in a great position to get even better.”

Dr. Strickland earned his B.S. degree in Chemistry from Southern Nazarene University (1973) in Bethany, Oklahoma, and then went on to earn his PhD in Biochemistry from the University of Kansas (1978). From 1978 to 1981, Dr. Strickland continued his training in post-doctoral fellowships in the Department of Chemistry at the University of Notre Dame. In 1982, Dr. Strickland began his work at the American Red Cross in Rockville, MD while he remained an assistant professor. In 1993, Dr. Strickland was a professor of Biochemistry and Molecular Biology at The George Washington University, and from 1997 to 2004, he served as director of the Biochemistry Program in the Institute of Biomedical Sciences also at George Washington.

Dr. Strickland was recruited to the University of Maryland School of Medicine in 2004 and brought with him a team of 15 senior faculty members with more than $10 million in research funding. The team formed the basis of the Center for Vascular and Inflammatory Diseases, which was created in 2005 with Dr. Strickland at its helm.

Researchers at the Center for Vascular Biology include experts in stem cell research, vascular biology, biochemistry, microbiology and immunology. Under Dr. Strickland’s leadership, they investigate the biological systems that may lead to new treatments for heart disease, stroke, cancer, diabetes, and autoimmune diseases such as multiple sclerosis. The center’s basic scientists work closely with School of Medicine faculty physicians who provide care to patients suffering from such conditions, broadening their understanding of disease.

Dr. Strickland began working at the University of Rochester as an assistant professor of psychiatry, director of the Long-Term Care Program and Medical Director of the Extended Care Clinic. He joined the University of Maryland School of Medicine as an associate professor of psychiatry in 1986 and became a professor of psychiatry in 1994. He was named acting chair of the Department of Psychiatry in 1996, and chair in 2002.

“Dr. Strickland has been an outstanding clinician, scientist, educator and leader throughout his career, and I am convinced he is the ideal candidate to lead our clinical affairs programs into a bright new future,” says Dean Reece.
**Restricting Post-Surgery Blood Transfusion is Safe for Older, Anemic Hip Surgery Patients**

More than half of the older, anemic patients in a New England Journal of Medicine study did not need blood transfusions as they recovered from hip surgery, according to new research from the Department of Epidemiology and Public Health. The findings could immediately change the way such patients are treated, according to senior author Jay Magaziner, PhD, MSHyg, professor and chair, Department of Epidemiology and Public Health, and co-principal investigator Michael Terrin, MD, CM, MPH, professor, Department of Epidemiology and Public Health.

Doctors have long assumed that transfusions strengthen patients weakened by anemia, improving their chances of recovery from surgery after hip fracture. But the North American study of more than 2,000 patients found no significant difference in rate of recovery between patients who received transfusions at a moderate level of anemia and those who did not receive transfusions until their anemia was more advanced.

The study, published online on December 14, was funded by the National Heart, Lung, and Blood Institute with the National Institute of Health. Dr. Terrin was principal investigator for the data coordinating center, which collected and analyzed the data gathered at clinical sites in the United States and Canada. The clinical arm of the trial was led by principal investigator Jeffrey L. Carson, MD, professor and chief of the Division of General Internal Medicine at the Robert Wood Johnson Medical School at the University of Medicine and Dentistry of New Jersey.

For their research, the scientists enrolled 2,016 older patients with anemia after hip surgery between 2004 and 2009. The patients had hemoglobin levels of less than 10 grams per deciliter after surgery, a sign of anemia. Patients were randomly assigned to one of two groups. One group received a liberal transfusion strategy, meaning that patients were administered red blood cell transfusions when their hemoglobin levels were below 10 grams per deciliter, a level at which many patients would not even show symptoms of anemia. The second group received a more restrictive treatment strategy, meaning that—at the discretion of their doctors—they were given transfusions when their hemoglobin levels reached 8 grams per deciliter or if they showed symptoms of anemia.

The researchers followed up each patient about 60 days after their placement in one of the study groups to track how many were unable to walk across a room without another person’s assistance or had died. They found that 35.2 percent of patients in the liberal transfusion strategy group had died or could not walk across a room. In the more restrictive transfusion group, the rate of death or inability to walk was 34.7 percent, not much different than in the liberal arm.

**Department of Surgery Leads Region in NIH Funding**

The School of Medicine’s Department of Surgery is continuing to lead its field, ranking first in National Institutes of Health funding in Maryland and Washington, D.C., for fiscal 2011. And, in a time when the NIH is being asked by the federal government to cut its budget per year, the Department of Surgery continues to obtain funding for biomedical research despite increasingly competitive NIH requirements. In 2005, the Department of Surgery was ranked 17th in the nation for NIH funding, and it is now a top 10 program.

“NIH research funding is an objective measure that we use to reflect the excellence and quality of our research program as we develop the latest treatment options for patients,” says Stephen T. Bartlett, MD, Peter Angelos Distinguished Professor and chair, Department of Surgery. “We have built this department with the goal of becoming a top three NIH-funded research program. We instigate a culture of research within our clinical faculty from the moment they join our institution.”

For example, recently, a five-year, $3.5 million grant was awarded to Richard N. Pierson, III, MD, professor, Department of Surgery. The grant is to study coagulation control in lung and liver xenografts.

Other recent, notable NIH awards include basic science and preclinical research of:

- **Immunomodulation for heart allograft tolerance.** Richard N. Pierson, III, MD. This project will evaluate strategies to induce tolerance in heart transplants in order to improve our understanding of mechanisms of graft acceptance and rejection. The research will also examine biomarkers that are predictive of acute or chronic rejection or are associated with tolerance.

- **Pumps for Kids, Infants and Neonates (PumpKIN).** Bartlett P. Grifforth, MD, Thomas E. and Alice Marie Hales Distinguished Professor, Department of Surgery. This preclinical research will help develop and evaluate a heart pump for infants and young children born with heart disease. Currently, there are no ventricular assist devices (VADs) for young children who require miniature pumps for their small hearts.

- **Induction and migration of regulatory T cells.** Jonathan S. Bromberg, MD, PhD, professor, Department of Surgery and Department of Microbiology and Immunology and director, Division of Transplantation. Basic science research studying how T cells migrate from the lymph nodes to a transplanted organ and how this migration affects the final immune response and helps determine tolerance or rejection.

“The Department of Surgery is a destination center for researchers and patients who demand an institutional commitment to advancing medicine through science and discovery,” says E. Albert Reece, MD, PhD, MBA, dean of the University of Maryland School of Medicine and School of Pharmacy.

Strategic recruitment of faculty has also been a factor in the Department’s growth and NIH funding level. The following clinical faculty members have joined the Department in the past two years with strong NIH portfolios:

- Jonathan S. Bromberg, MD, PhD, professor, Department of Surgery and Department of Microbiology and Immunology and director, Division of Transplantation.
- Sunjay Kushal, MD, PhD, associate professor, Department of Surgery, and director, Pediatric Cardiac Surgery.
- John Olson, MD, PhD, professor, Department of Surgery, and director, Division of General and Surgical Oncology.
- Rajabhatu Sarkar, MD, PhD, professor, Department of Surgery, and director, Division of Vascular Surgery.

**Frank Calia (continued from page 1)**

Dr. Calia ended his farewell speech by ceremoniously removing the Davidge Hall pin he was wearing and replacing it with a pin that had been given to him by his grandchildren after a summer trip to Disney World. The pin depicts Grumpy, the dwarf from Disney’s pin he was wearing and replacing it with a pin that had been given to him by his grandchildren after a summer trip to Disney World. The pin depicts grumpy, the dwarf from Disney’s
Blood Transfusion (continued from page 3)

“This study shows that there is no compelling reason to transfuse to maintain a hemoglobin level of 10 grams per deciliter,” said Dr. Terrin. “Allowing the hemoglobin level to drift down to 8 grams per deciliter is perfectly adequate in the absence of symptoms of anemia.”

The study examined a particularly vulnerable population—elderly, anemic patients with a history of or risk factors for cardiovascular disease.

The findings likely have implications for healthier patients as well, said Dr. Terrin.

“If the extra blood provided by these transfusions didn’t do these patients any recognizable good, it seems unlikely that transfusion would do any good for less precarious patient populations who are free of symptoms of anemia and maintain hemoglobin levels above 8 grams per deciliter on their own. It seems transfusions could be withheld across the board for a large number of patients,” he said.

A Rare Distinction

Congratulations to the University of Maryland Medical Center for being one of just two hospitals nationwide who were consistently, for the past six years, named a Leapfrog Top Hospital for patient safety and quality of care.

“All the physicians treating patients at the medical center are faculty of the University of Maryland School of Medicine,” says E. Albert Reece, MD, PhD, MBA, vice president for medical affairs at the University of Maryland and dean of the University of Maryland School of Medicine. “This recognition by The Leapfrog Group is continued affirmation that great teams of professionals working together drive great patient outcomes.”

Call for Photos!

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To participate, submit your photograph(s) to photos@som.umaryland.edu by March 1, 2012.

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