Record-Number of Faculty Named Top Doctors in Baltimore Magazine

AN ALL-TIME HIGH OF 98 University of Maryland Medical Center doctors, all members of the School of Medicine faculty, were recognized as “Top Doctors” in Baltimore Magazine’s November issue.

The results are based on a Baltimore Magazine survey of more than 10,000 randomly selected physicians in the Baltimore area, including Baltimore City and the surrounding seven counties, asking where they would send a member of their family in dozens of specialties. The University of Maryland Medical Center had more doctors on the list than any other hospital.

Also in the November issue were three separate articles about School of Medicine physicians. The magazine profiled Dr. Kevin Colleen and Dr. Silke Niederhaus on why they chose to pursue careers in medicine. There was an in-depth feature on the university, which was recognized as “Top Doctors” in Baltimore Magazine. There were three separate articles about School of Medicine physicians. The magazine profiled Dr. Kevin Colleen and Dr. Silke Niederhaus on why they chose to pursue careers in medicine. There was an in-depth feature on the university, which was recognized as “Top Doctors” in Baltimore Magazine.

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DEAN’S MESSAGE: What’s On My Mind

hat’s on my mind this month is how heavily Maryland, with its high concentration of bioscience and federal employees, relies on federal research and development funding. As I contemplated what to share in this issue of SOMnews—recognizing that this would go to press before the White House and Congress, hopefully, had reached an agreement on a budget—I was struck by the potentially ominous consequences of the impending fiscal cliff for the State of Maryland. If the “sequestration” clause of the Budget Control Act of 2011 is allowed to kick in, it would trigger an approximately eight percent across-the-board cut in federal discretionary spending. Although all states would be negatively impacted, perhaps no state in the U.S. would be more adversely affected than Maryland. Indeed, our economy most likely would be pushed into a major recession with long-lasting economic consequences for the state, which stood to lose about $5.4 billion over the next four years in federal research funding under sequestration.

According to the Office of Management and Budget (OMB), sequestration would reduce funding for federal research agencies by approximately $3.6 billion in 2013 alone. By far, the single largest cut would have been to the budget of the NIH, which would have lost almost $2.5 billion. A dramatic cut to the NIH budget means, in practical terms, that the Johns Hopkins University School of Medicine and its hospital system and the University of Maryland School of Medicine and its hospital system—two of Maryland’s largest life-sciences job creators and two of the largest recipients of federal research dollars in Maryland—would be adversely impacted. Many of the ongoing research activities would have been cut short and new research programs and initiatives delayed or cancelled. More importantly, however, it would curtail their ability to innovate and create spinoff companies.

The U.S. Government’s impact on Maryland’s economy goes far beyond the life-sciences industry. In 2010, for example, federal operations and spending supported an estimated 821,000 jobs in Maryland, or 24 percent of the total jobs in the state. Sequestration would have resulted in $2.5 billion less in health-related spending for businesses and institutions and $2.1 billion less in defense spending from 2013 through 2017. Maryland’s Board of Revenue Estimates projected that sequestration could have reduced Maryland’s wage and salary base by about $2.5 billion and reduced employment by more than 12,600 jobs. However, a report from the Center of Regional Analysis at George Mason University more ominously suggested that direct, indirect, and induced job losses could have approached 100,000 lost jobs, possibly sending Maryland spiraling into a deep, protracted recession.

Again, hopefully, bipartisanship prevailed, and we will not go over the cliff. But the tenuous budget agreement does not change the fact that our national debt is real, and the federal government needs to take steps to address it in the long term. Or that the economic recovery in the U.S. remains fragile. It also does not change the fact that the NIH budget has remained almost flat since 2003. Failing to keep pace with inflationary costs, this means that federal research and development funding has been in a decline over the last several years. Although fiscal responsibility remains of utmost importance, financial austerity cannot extend to our research endeavors. Maryland’s bioscience sector is among the nation’s largest, generating $29 billion in economic output annually, supporting 120,000 total jobs, $11 billion in income, and nearly $600 million in state government taxes annually.

In other words, the sector supports nearly five percent of Maryland’s total employment, more than eight percent of its wage/salary income, and over 11 percent of gross state product. As a top-tier academic medical school, we must continue supporting ongoing programs and new initiatives. We must maintain our leadership role through research, identifying new ways to support our efforts and building collaborations to help stretch our dollars. The life-sciences sector is the one proven powerful economic engine in the State; I am confident that Maryland will remain one of its most crucial driving forces.

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 Alice K. Bowers Distinguished Professor and Dean, University of Maryland School of Medicine
New Leadership for the Medical Scientist Training Program

University of Maryland School of Medicine Dean E. Albert Reece, MD, PhD, MBA, has appointed Michael Donnenberg, MD, as the new director of the Medical Scientist Training Program and Achsah Keegan, PhD, as the program’s associate director.

In their new roles, Dr. Donnenberg, professor, Departments of Medicine and Microbiology & Immunology, and Dr. Keegan, professor, Department of Microbiology & Immunology, will oversee the Medical Scientist Training Program, which guides medical students who are earning their medical degree at the same time they earn their PhD in a field of biomedical science. In this joint program, the MD is combined with the PhD degree offered by the University of Maryland School of Medicine fields of biochemistry, molecular medicine, molecular biology & immunology, neuroscience, and epidemiology & public health.

“The National Institutes of Health (NIH)-funded Medical Scientist Training Program (MSTP) is an integral part of the School of Medicine, producing the world’s next generation of outstanding physician-scientists,” says Dean Reece, an active NIH-funded physician-scientist, and also vice president for medical affairs at the University of Maryland and the John Z. and Akiko K. Bowen Distinguished Professor at the School of Medicine. “Science is advancing at lightning speed, and modern medicine relies increasingly upon basic scientific discoveries to bring new treatments and diagnostic techniques to patients. To remain at the cutting edge of scientific discovery and medical education, we need to offer students an exceptional MD/PhD program, and educate exceptional trainees.”

Dr. Donnenberg replaces Terry B. Rogers, PhD, who has served as director of the program since 1996. Dr. Rogers will remain at the School of Medicine as a professor in the Department of Pharmacology & Molecular Sciences. “We are deeply grateful to Dr. Rogers for his many years of distinguished service at the helm of the Medical Scientist Training Program,” says Dean Reece. “He has built a world-class program, and I have confidence that Dr. Donnenberg and Dr. Keegan will strengthen and build upon our already robust initiatives. Dr. Donnenberg has built an excellent career as an infectious disease physician-scientist, and he maintains an NIH-funded laboratory to research bacteria on the molecular level. Dr. Keegan is a renowned scientist whose discoveries in the basic science of immunology have changed the field. Together, they are excellent examples for our trainees, and I believe that our program will flourish under their watch.”

The Medical Scientist Training Program, established in 1985, is a seven-year training program that began with small groups of just two to three students per year. It has grown to include 37 students, and has graduated 94 physician-scientists over the years.

“I am honored to be chosen to help train the next generation of physician-scientists,” says Dr. Donnenberg. “The University of Maryland School of Medicine offers an ideal environment to foster this process by providing an outstanding clinical foundation and a multitude of exceptional research opportunities. In the coming years, Dr. Keegan and I plan to build on Dr. Rogers’ accomplishments, attract additional students of the highest caliber, strengthen the connection between clinical and research activities, and expand NIH support for the program.”

Dr. Keegan adds Dr. Keegan, “I am very much looking forward to working with Dr. Donnenberg to strengthen our program, director Jane Bacon, and our outstanding cadre of MSTP students to take this program to the next level of excellence. My hope is that our program will continue to be an absolute destination for the brightest and best, and be at the top of the list for MD/PhD applicants nationwide.”

“I am excited about the future of the MSTP program under Dr. Donnenberg and Dr. Keegan,” says Dean Reece. “I feel confident that their strong leadership will elevate our program to the next level of excellence.”

From the beginning, says Dr. Blattner, “the mission’s strategy has been excellence in care and treatment, training and research, and, the most important element, respect for the dignity of the people and providing hope for the people of Nigeria and beyond.”

Since 2004, the IVH’s Division of Clinical Care, and Research, under the leadership of Dr. Redfield, has been awarded contracts and established an HIV-mission success is a high-impact service delivery model that has trained 35,000 in-country health care professionals, who have delivered more than 100 million doses of medication.

AIDSRelief. Dr. Redfield has built dedicated teams who are providing emergency response training, building local health professional capacity, strengthening partnerships with international partners in Ethiopia, Gutyana, Haiti, Kenya, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia. The incidence of HIV/AIDS in Africa is going down, and life expectancy is increasing, Redfield notes. The IVH Clinical Division now has 276 sites in 10 African countries. “In each of these, we have strong, strong programs providing care and treatment,” says Dr. Redfield.

Based on the success of their business model, Dr. Redfield’s teams have been awarded 24 additional international grants. “Dr. Blattner and Dr. Redfield have lived up to the Institute of Human Virology and the University of Maryland in all 10 countries,” says Joseph O’Neill, MD, MS, MPH, director of the University of Maryland Office of Global Health and former director of the FEPFAR program. “They have built a reputation among the Ministries of Health and local in-country universities in all of these countries as the expert in global infectious diseases, HIV/AIDS, and beyond.”

Dr. Redfield outlined three principles of the clinical side of the IVH’s social entrepreneurship: 1.) The correct regimen of drugs; 2.) Develop a care system based on the mission’s strategy has been excellence in care and treatment, training and research, and, the most important element, respect for the dignity of the people and providing hope for the people of Nigeria and beyond.”

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Exercise Beneficial for Parkinson’s Disease Patients

RESEARCHERS from the University of Maryland School of Medicine and the Baltimore VA Medical Center published results of a randomized, controlled trial showing that physical activity, including walking on a treadmill, and stretching and resistance exercise, appears to improve gait speed, muscle strength and fitness for patients with Parkinson’s disease (PD). The results were published on November 6, 2012, in the online edition of Archives of Neurology, a publication of the Journal of the American Medical Association (JAMA).

“People with Parkinson’s often see a serious decline in their quality of life when they begin to have trouble with walking, so many patients ask what kind of exercise they should be doing to help them maintain their mobility and independence. Our research shows that treadmill walking and stretching and resistance training are effective in improving mobility, strength and fitness,” says Lisa Shulman, MD, principal investigator and the Eugenia Brin Professor in Parkinson’s Disease and Movement Disorders at the University of Maryland School of Medicine. “We also found that lower-intensity treadmill walking, which most people with Parkinson’s can do, was actually more effective than the higher intensity treadmill exercise,” adds Dr. Shulman.

The researchers, who received funding from the Michael J. Fox Foundation, compared 67 people with Parkinson’s disease who were randomly assigned to one of three exercise groups: walking on a treadmill at low intensity for 50 minutes; higher-intensity treadmill training to improve cardiovascular fitness for 30 minutes; and using weights (leg presses, extensions and curls) and stretching exercises to improve muscle strength and range of motion. Participants exercised three times a week for three months under the supervision of exercise physiologists at the Baltimore VA Medical Center.

“When we tested the participants, all three groups showed improvement, but low-intensity exercise (performed for 50 minutes three times a week) was the best in terms of helping participants to improve their mobility,” notes Dr. Shulman, who is also co-director of the Maryland Parkinson’s Disease and Movement Disorders Center at the University of Maryland Medical Center. “We are encouraged to see that the lower-intensity treadmill exercise, which is feasible for most Parkinson’s patients, proved to have the greatest benefit for mobility while also improving cardiovascular fitness,” says Dr. Shulman.

“This study by University of Maryland School of Medicine faculty provides a very practical, real-life option for doctors and patients,” says E. Albert Reece, MD, PhD, MBA, Vice President for Medical Affairs, University of Maryland, and the John Z. and Akiko K. Bowers Distinguished Professor and Dean, University of Maryland School of Medicine. “The research builds a strong foundation, opening the possibility for future investigation, such as comparing different combinations of exercise or looking at the potential benefit of a longer training session.”
Impact of the 23rd Annual Project Feast

Amanda Wong (in gray shirt) and other Project Feast volunteers

Students from the School of Medicine organized the 23rd annual University of Maryland Project Feast, a Thanksgiving meal for homeless and disadvantaged persons held November 22, 2012 in West Baltimore. Students, faculty and staff from all of the University’s professional schools gathered at Booker T. Washington Middle School to host the midday meal. They provided free clothing, non-perishable food items, blood pressure screenings and a warm, safe place for those who had nowhere else to celebrate the holiday. Project Feast is a Thanksgiving tradition co-sponsored by the Medical Alumni Association, the University Student Government Association, and the School of Medicine Student Council. More than 100 students from across the campus helped to organize and staff the event. Amanda Wong, MPH, a second-year medical student, was one of the organizers of this year’s event. "Around 400 people were served lunch, mostly men but there were a fair number of couples and families," Amanda says. "Ms. Sheila Travis, the middle school’s cafeteria manager, was there the night before to help prepare sides and the cooked turkey we brought her. She arrived at 6am on Thanksgiving Day to start the bulk of the cooking. We (the organizers) arrived at 7:30am to start setting up, and volunteers started arriving at 8am, as did attendees, who lined up outside to wait for the doors to open at 10."

The experience had quite an impact on Amanda, who was far from home on the holiday. "I’m originally from California—I moved here for medical school—and don’t have many ties to the community. Medical school sometimes seems so all-consuming that I feel it’s my only community here. But working on Project Feast changed that. I felt as though I was finally a part of this city. Most of our volunteers were associated with the University of Maryland, but we were all here for a common purpose: to make Thanksgiving special for everyone, even strangers we never even look at on the street."

The event also had a great impact on those who were fed. "I had an opportunity to sit and talk to a number of the attendees as they ate," Amanda says. "One man was here for the first time—he’d heard about it from a shelter he’d recently stayed at. He told me that he couldn’t believe that this existed, and that he could take as much food with him as he wanted. His last meal was a day ago and he was grateful for this and the warm clothes donations. He said that he wished more people could have known about it and promised to spread the word. He also thanked every single volunteer who walked past him."

If you are interested in joining next Thanksgiving’s event, email ProjectFeastUMD@gmail.com after September 1, 2013 for more information.

Radiation Following Surgery 

“The researchers attribute the improved outcomes with surgery and radiation to better “locoregional control” of the cancer. They also noted that patients selected to receive radiation may have been healthier, with a longer anticipated life expectancy than those who did not receive radiation.”

Julie Taylor, a third-year medical student at University of Maryland School of Medicine; and Mr. Marty Taylor, a former Civin lab member. The event honored the work of the Honorable Pete Hammen and the Honorable Sandy Rosenberg in advancing stem cell research in Maryland. Delegates Hammen and Rosenberg, who have written and advocated for legislation supporting critical stem cell research, were presented with certificates of appreciation.

Researchers attributed the improved care following a lumpectomy for early-stage breast cancer, but previous research suggested that it helped to prevent the cancer from returning in the treated breast, but had no impact on survival in older women," Dr. Feigenberg says. "As a result, some elderly women may not have been offered radiation therapy as part of their breast cancer treatment. We wanted to look at a large, population-based database to determine if radiotherapy does offer some benefits in terms of survival, and we found that it does. E. Albert Reece, MD, PhD, MBA, Vice President for Medical Affairs, University of Maryland, and the John Z. and Akiko K. Bowers Distinguished Professor and Dean, University of Maryland School of Medicine, says, "Breast cancer is a very common problem for older women, with more than half of the women diagnosed with breast cancer in the U.S. are over the age of 65. Many of them have early-stage cancers, which can be removed with a lumpectomy. This large-scale study provides convincing evidence that adjuvant radiation therapy should also be offered to these older patients."

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