informed consent in studying schizophrenia. The Rhoda Diversity and Inclusion at the 2013 diversity gala. Medicine celebrating their Chair, Dr. David Stewart, Members of the Department of Family & Community can and will maximally and ethnic groups a diverse and vibrant robust workforce with I feel strongly that a achievements in broaden- Prize in Mental Health for Medicine's 2013 Rhoda and has been awarded the Institute of Psychiatry and Pharmacology at the University of Mary- somnews somnews sultations within an institution. Additionally, diversity in the academic setting can refer to teams composed of individuals with knowledge and expertise in a variety of fields, coming together to tackle a single issue. Diversity in terms of the people who work at an academic institu- tion and the knowledge base these individuals possess is vital to maximizing the success of an organization. The School of Medicine has placed a great emphasis on excellence and diversity as part of the fundamental fabric of our mission. Over the years, the leadership has invested extensive support for the recruitment of women and minorities in the faculty, staff, and student body. Last year, women comprised 38% of the faculty, and under- represented minority students comprised 11% of our medical students, 15% of our MD/PhD students, 58% of our Allied Health students, and 12% of our graduate students. The degree of workforce diver- sity at our institution is slightly ahead of the national average, as determined by the Association of American Medical Colleges (AAMC), which reports that approximately 9% of faculty members at U.S. academic medical in- stitutions are under-represented minorities and 37% of faculty members are women. The diversity within our current workforce is not an accident. The School of Medicine has provided exten- sive institutional support for professional development, mentorship, and broad multicultural experience for the entire community. In the mid 1990’s, under Dean Donald Wilson, the School implemented an aggressive program to recruit promising, culturally-diverse students through high school tours and visits, mini-medical schools, and outreach to the Student National Medical Association, the nation’s oldest student-run organiza- tion committed to promoting the interests of minority medical students. On an ongoing basis, the School of Medicine offers scholarships to recruit a talented student body. In 2013, 15 scholarship students were accepted into the medical school class. This month, we also celebrate the seventh annual Celebrating Diversity Dinner, and award the second University of Maryland School of Medicine Diversity and Inclusion Faculty Award to Dudley Streickland, PhD. In addition, I am pleased to share with you that our guest speaker for the annual Renee Royak-Shaler Lecture in Health Disparities is David Williams, PhD, MPH, the Norman Professor of Public Health at Harvard University, a member of the Institute of Medicine and a good friend of mine. If we consider diversity as a call to develop teams of investigators with varied scientific expertise working together to answer a common “Big Science” research question, then I see our having a great opportunity to capitalize upon the wealth of intellectual acuity at our School and across the Campus. There are many aca- demic and clinical benefits to diversity, including more research and funding opportunities, improved clinical care by physicians with greater cultural and ethnic com- petence, and an ability to study the health needs of all people, thus, maximizing the benefits and effectiveness of personalized medicine. As we move forward with our Vision 2020, and the Accelerating Innovation and Discovery in Medicine (ACCEL-Med) initiative, I want us to improve align- ment of the research ongoing in the basic and clinical departments, becoming known for interdisciplinary and collaborative research. Rather than staying within indi- vidual research “silos,” I encourage you to participate in ongoing research interest groups, as well as seek out oppor- tunities to collaborate with colleagues who may work outside your Department, Program, Institute or Center and can bring to a project a fresh perspective or new insight that could lead the work in a lucrative direction. I feel strongly that a robust workforce with a diverse and vibrant mix of cultures, races, and ethnic groups can and will maximally impact human health and wellbeing. Although a non-diverse organization may achieve success, it is not optimally suited to take advantage of all available opportunities, especially in challenging fiscal times. Through the many efforts the School of Medicine has made to create an evolving, diverse academic and clinical community, I am confident that we have estab- lished an environment where scholarship and academic excellence are embraced, practiced and expected at the highest level of scholarship. 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 2. and Melve K. Bowens Distinguished Professor and Dean, University of Maryland School of Medicine

Dr. William Carpenter Honored with International Prize in Mental Health

Dr. William Carpenter was honored for his research into schizophrenia, which has helped uncover its symptoms, courses and causes, and shaped the prevention and treatment of the illness. In the 1970s, he challenged the understanding of schizophrenia, which focused on “positive” symptoms such as hallucinations and delusions, and shifted the disease paradigm to emphasize “negative” symptoms, such as inappropriate faces, monotone speech, and impaired social behavior. This work spurred an initia- tive at the National Institute of Mental Health (NIMH) that urged more focus on negative symptoms and cogni- tive deficits for therapeutic intervention. The domains
ROBERT GALLO, MD, Named First Homer & Martha Gudelsky Distinguished Professor in Medicine

Pioneering Virologist Robert C. Gallo, MD, was named the first Homer & Martha Gudelsky Distinguished Professor in Medicine at the University of Maryland School of Medicine during a ceremony on November 7, 2013. The ceremony also honored the Gudelsky Family Foundation for their extraordinary generosity in supporting the Institute of Human Virology (IHV) at the University of Maryland School of Medicine in Baltimore, MD. The IHV is a leading international center of basic science, epidemiology and clinical research for a wide variety of chronic and deadly viral and immune disorders. Dr. Gallo, who is widely known for his pioneering research in the field of human retroviruses with his discoveries of Interleukin-2, HTLV-1 and HTLV-2, his discovery of HIV as the cause of AIDS, and his development of the HIV blood test, is Professor of Medicine and Director of the Institute of Human Virology in the School of Medicine, and Co-Founder and Scientific Director of the Global Virus Network (GVN).

John Gudelsky, the President and CEO of The Homer & Martha Gudelsky Family Foundation, Inc., and the son of Homer and Martha Gudelsky, commented: “This endowed professorship was established by our family foundation in recognition of the extraordinary professors and doctors at the University of Maryland School of Medicine and at the University of Maryland Medical System, who are renovating new technologies and protocols that will help advance and improve the health and well-being of fellow human beings in Maryland and throughout the World. We are honored that Dr. Gallo, a preeminent international scientist, has been selected to be the first beneficiary of our endowment.”

The Homer & Martha Gudelsky Family Foundation, Inc. established The Homer & Martha Gudelsky Distinguished Professorship in Medicine in December 2005 in recognition of the distinguished medical careers of Donald E. Wilson, MD, MACP; Dean Emeritus, and John Z. and Akiko K. Bowers Distinguished Professor and Dean, School of Medicine. “His career has blossomed into one that has brought great pride to the School of Medicine, the department and the university as a whole,” said Dean Reece, who presented Dr. Gallo with a replica of the investiture medal to Dr. Frieman’s widow, May.

Dr. Gallo’s many contributions to the University of Maryland Medical system. IHV is the first institute of the University of Maryland School of Medicine and is home to some of the most globally-recognized and world-renowned experts in the field of human virology.

“Needless to say, I am very happy and honored by this distinction,” Dr. Gallo said. “I am, of course, first and foremost grateful to the Gudelsky Family Foundation, School of Medicine Dean E. Albert Reece, Department of Medicine Chair Stephen Davis, and IHV Board of Advisors Chair Terry Lieberman for helping to establish this honor. I will be very proud to wear the Gudelsky name.”

Before co-founding IHV, Dr. Gallo spent 30 years at the National Cancer Institute, as head of Tumor Cell Biology. Dr. Gallo’s current work at the IHV combines the disciplines of research, patient care, and prevention programs in a concerted effort to speed the pace of medical breakthroughs. In particular, Dr. Gallo is the principal investigator of IHV’s promising HIV preventive vaccine candidate. Dr. Gallo has authored over 1,200 scientific publications as well as the book, Virus Hunting—AIDS, Cancer & the Human Retrosusus. Dr. Gallo has been awarded 31 honorary doctorates and was twice recipient of the Albert Lasker Award in Medicine (1982 and 1986). Dr. Gallo is a member of the National Academy of Sciences and the Institute of Medicine.

AN INVESTITURE CEREMONY was held on November 18, 2013 to award Christopher Harmann, MD, the Pregious Sylvan Frieman, MD, Endowed Professorship in Obstetrics, Gynecology and Reproductive Sciences. Dr. Harmann is Chairman of the Department of Obstetrics, Gynecology and Reproductive Sciences, and Director of the Center for Advanced Fetal Care, which is nationally recognized for its cutting edge therapy and management of complex maternal medical problems.

“Let me congratulate Dr. Harman on his collective accomplishments over the years,” said 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, School of Medicine. “His career has blossomed into one that has brought great pride to the School of Medicine, the department and the university as a whole,” said Dean Reece, who presented Dr. Harman with a special medal symbolizing the professorship.

A distinguished and highly regarded physician-scientist, Dr. Harman has conducted extensive research aimed at improving high-risk pregnancy care. Dr. Harman is a member of the team that developed the Biophysical Profile Score, the method of assessing fetal health used around the world. He has published extensively on fetal medicine and published an internationally recognized textbook on fetal therapy. “Thank you for associating me with Sylvan Frieman,” said Dr. Harman at the ceremony. “This gives me the opportunity to personally recognize him every day, so I am humbled by the honor.”

Born and raised in Baltimore, the late Dr. Sylvan Frieman graduated from the University of Maryland School of Medicine in 1953 and decided on obstetrics and gynecology as a specialty. Throughout a long and illustrious career as a physician and educator, he never forgot his alma mater. He served on the school’s Board of Visitors and was elevated to chairman in 1998. Dr. Frieman was a tireless supporter of the Medical Alumni Association. He served on the alumni board and frequently organized reunions. In 2005, Dr. Frieman established the Endowed Professorship in Obstetrics, Gynecology and Reproductive Sciences. In 2006, he was awarded the Dean’s Gold Medallion by the University of Maryland Alumni Award.

Colleagues and family members attended the Westminster Hall ceremony and spoke eloquently about Dr. Frieman’s many contributions to the field of OB/GYN and his lifelong commitment to the School of Medicine. “The professorship is truly a fitting achievement to crown a lifetime of dedicated service to patients, the university and humanity,” said Dr. Frieman’s son Robert, who is also a physician. In appreciation of the Frieman family’s support, Dean Reece presented a framed replica of the investiture medal to Dr. Frieman’s widow, May.

Colleagues reflected on Dr. Frieman’s accomplishments and character, and the importance of the professorship. Among the speakers were Frank Manning, MD, Professor of Obstetrics and Gynecology at New York Medical College; Ahmet A. Baschat, MB, ChB, Professor of Obstetrics, Gynecology and Reproductive Sciences at the University of Maryland School of Medicine; and Larry Filtri, Executive Director of the Medical Alumni Association of the University of Maryland.

In his acceptance remarks, Dr. Harman mentioned his close relationship with Dr. Frieman, who volunteered his time at the Fenn Street clinic, working side by side with Dr. Harman. “He provided inspiration and counseling,” said Dr. Harman. “I learned a lot about being a doctor and being a leader.” Dr. Harman said Dr. Frieman brought gentleness, respect and warmth to all of his encounters with patients, students and residents. “I hope that by being a recipient of the Sylvan Frieman Endowed Professorship, I can be a little bit like him.”
Two-Sizes-Too-Small “Grinch” Effect Hampers Heart Transplantation Success

Current protocols for matching donor hearts to recipients allow for sex-mismatching and heart-size disparities. According to a first-of-its kind analysis by physicians at the University of Maryland School of Medicine, matching by donor heart size may provide better outcomes for recipients, who already face a scarcity of resources as they await a transplant.

The analysis of 22 years of adult heart transplant data in the United States, published in the American College of Cardiology journal JACC: Heart Failure, critically reappraises the current practice of matching donors and recipients by body weight rather than heart size. While two people may weigh the same, their hearts could have vastly different sizes—often requiring a smaller donor heart to strain to do the necessary work. The researchers dubbed this the “Grinch” effect, referring to the Dr. Seuss character whose heart was “two sizes too small.”

The contrast is especially amplified when a match based on body weight doesn’t factor in sex differences. “Men who receive women’s hearts are 32 percent more likely to die in the first year after transplantation, and this is entirely because of the heart size,” said study principal author, Robert M. Reed, MD, Assistant Professor, Department of Medicine, who is also a transplant pulmonologist at the University of Maryland Medical Center (UMMC). “Even if the weights of donor and recipient are similar, the female heart is considerably smaller, while women are more often given men’s hearts that are larger.”

According to study co-author Keshava Rajagopal, MD, PhD, Assistant Professor, Department of Medicine, the research emphasizes the peril of under-sizing the donor heart if the recipient heart is very large. “It’s like putting a motorcycle engine into a truck,” says Dr. Rajagopal, who is also a UMMC heart and lung transplant surgeon. “We need to figure out a better way to reliably ascertain heart size to best match donor and recipient. Some of the heart-size models we utilize in this study may provide those predictive tools.”

Transplant centers typically limit the pool of acceptable heart donors to those whose body weight is within 30 percent of the recipient’s body weight. “This research shows that the current system allows some less-than-optimal matches to occur, while simultaneously reducing access to an already very limited resource for people waiting for heart transplants,” says Dr. Reed. He and his team propose a new strategy to determine compatibility based on the predicted total heart mass for recipient and donor pairs.

The research conclusions are based on a retrospective analysis of more than 3,700 donor-recipient adult heart transplant pairings from the United Network for Organ Sharing (UNOS) transplant registry between October 1989 and June 2011. The study focused on heart-size matching, comparing outcomes based on body weight, predicted heart mass, and sex. The study evaluated risk of death after transplantation over five years.

The body weight sizing analysis reflected the prevailing weight-based matching criteria: 86 percent of donor weights were within 30 percent of the corresponding recipient’s weight. Donor-recipient weight differences were distributed similarly across categories of sex matching. Survival was similar among groups with weight mismatches when compared against the weight-matched group. “These findings confirm that weight differences are not associated with any difference in survival,” says Dr. Reed.

The sex comparison revealed that 77 percent of recipients were male (median age 55) and 71 percent of donors were male (median age 29). Overall death rates at one and five years post-transplant were 12 percent and 23 percent respectively. Nearly 71 percent were sex-matched recipient-donor pairs, while 29 percent were sex-mismatched pairs. Differences in predicted cardiac size accounted for the survival differences associated with donor-recipient sex mismatch.

The comparison of predicted heart mass shows the risk of death rose markedly when the donor heart’s predicted mass was 10 to 15 percent below the predicted mass of the recipient’s heart. The group that had the most undersized hearts was 25 percent more likely to die in the first year after transplant.

Finally, the study found that heart size plays a role in the need to treat acute organ rejection during the first year after transplantation. Rejection was treated nearly 50 percent more often in the most undersized compared to the most over-sized heart pairings.

The study did not pinpoint why undersized hearts produce worse outcomes, but Dr. Reed speculates that problems result because the heart has to grow to meet the needs of its new body. “The undersized donor heart has to bulk up to deal with the workload of a body it was never meant for. I suspect this growth occurs in an unhealthy way.”

This research complements prior work on lung sizing in transplantation done by Dr. Reed in collaboration with the study’s senior author, Michael Eberlein, MD, PhD, a transplant pulmonologist and assistant professor of medicine at the University of Iowa Roy J. and Lucille A. Carver College of Medicine. This thoracic transplantation research tells us there are better ways to manage the organ-size-matching process,” says Dr. Eberlein. “Instead of body weight and body height for lungs, we show that such parameters of estimated organ size as the predicted heart mass and predicted total lung capacity are clinically more relevant for the size-matching decision.”

More than 1,700 people worldwide undergo heart transplantation annually. About 1,370 people are currently on the heart transplant waiting list in the United States, according to the Organ Procurement and Transplantation Network.

“Heart transplantation has made great strides in recent years; now, thanks to this research, clinicians have a new calculus that promises better donor-recipient matching and better transplantation outcomes,” says Dr. Eberlein. “In addition, better donor selection could improve outcomes for patients waiting for heart transplantation.”

“By Bill Seiler

The University of Maryland School of Medicine’s Department of Family & Community Medicine is at the forefront in the battle against obesity in Baltimore. With a large urban patient population, they see daily the drain on the healthcare system by patients with complications of obesity such as diabetes, heart disease, stroke, infertility and cancer. Hopeing to stem the trend of upward weight and downward health in its patients, the department started a special Medical Weight Loss Program, which uses a variety of approaches to help people lose weight, including lifestyle, nutrition education, cognitive behavior therapy, and exercise.

“We saw a pressing need,” says Vivienne Rose, MD, who runs the program and is also an assistant professor in the department. A study of patients in the Family Medicine clinic found that nearly 75 percent of women between the ages of 18 and 45 were above their ideal weight. “So many in the city are overweight, and we mirror all the statistics. Sit in our waiting room for just one day and you will see why there is a need for this.”

Addressing the problem is that many of these patients have no idea how to get to started, let alone succeed, with weight loss. “Primary care physicians, because we cover such a broad spectrum of conditions, we don’t always have the time to focus on the weight loss,” Dr. Rose admits. “We tell patients they need to lose weight, but many doctors don’t have the time to sit down with the patient to map out a plan, or don’t have the expertise to do it. That’s what this program was born of, the pressing need, right here in our clinic, for someone who could take the time to guide these patients.”

Working as an “add-on” to the department’s Family Medicine clinic has its challenges. “We have goals, things we want to do, but we have to accomplish those within this superstructure,” Dr. Rose says. “Not that it’s an antagonistic relationship, but it takes a bit of tweaking for this to work out OK. The department has been very supportive, but it’s a work in progress. It is very unusual to have a practice like this, especially in the middle of the city.”

Along with providing preventive care for patients, the program also gives medical students a unique opportunity to learn more about how to counsel their future patients on the topic of obesity and weight loss. “We want to get them familiar with more than just the medical part of it,” explains Dr. Rose. So while the students may join doctors in following up on patients who have had bariatric surgery, they might also sit in on group therapy sessions or nutritional counseling. Dr. Rose, who is a member of the American Society of Bariatric Physicians, would eventually like to see a branch of the Society devoted to student education “to get students more informed and more involved about what is going on in obesity management.”

Patients are referred to the program not only by University of Maryland doctors, but also from outside physicians and other patients. Dr. Rose and her staff also attend local health fairs to make potential patients aware of the assistance that is available to them here as they fight the fat. “It’s challenging,” says Dr. Rose. “We are working with patients who really don’t have a grasp of calories, food choices, portion sizes, things like that, so you have to do a lot of re-educating about how to eat. But it’s very gratifying.”

The group that had the most undersized hearts was 25 percent more likely to die in the first year after transplant.
Unfortunately, the Ravens are not still playing football in February this year. That means life is a little less busy for Howard Eisenberg, MD, Professor and Chair of the Department of Neurosurgery. During the NFL season, Dr. Eisenberg and his department colleagues served as consultants for the league, as part of a recent NFL “Return-to-Play” initiative that focuses on the problem of concussions among active players. “One of the things they’ve established in this regard is to bring in what they call an unaffiliated trauma consultant,” Dr. Eisenberg explains. “The consultants are not affiliated with the team, so they can be non-biased. Each stadium is covered by a group of neurosurgeons. Our department covers M&T Bank Stadium.”

The neurosurgeons—who are contracted by the NFL—met with the league last summer to work out the plans for their consultations. It was decided that two physicians would work each game, one on each sideline to cover the players on both teams. Seeing the game from his spot on the sidelines was quite the experience. “Even if you have been a football player in high school or college or you’ve watched from the stands, when you are on the sidelines, the game is very different. The players are much faster than you might think they are,” Dr. Eisenberg says. “It’s no surprise there are concussions and other injuries, because they’re moving surprisingly fast. The speed, even more than the size of some of these guys, is what’s dangerous.”

When a player does suffer a suspected head injury, he is taken to the locker room with the team doctor and the neurology consultant. “We do not make medical decisions; that is up to the team physician,” says Dr. Eisenberg. “If there is a suspected concussion and the team doctor takes a player out of the game, the team physician breaks the news to the player once a decision has been made. Although football players have a reputation as tough guys who will play through anything, “many of them are receptive to [being taken out], because they are concerned for their own safety,” says Dr. Eisenberg, noting that recent media stories about former NFL players with lasting and sometimes deadly injuries caused by repeated head injuries have done a great deal to change player attitude in this regard. “Occasionally you might get one, but the players whom I’ve examined have been cooperative.”

For more on the NFL’s Return-to-Play policy, visit http://on.nfl.com/2dOClN6.

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