UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

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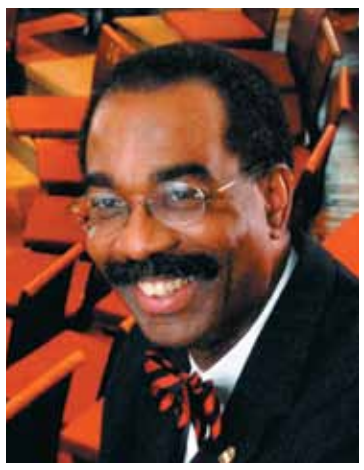
DEAN'S MESSAGE: What's On My Mind

What's on my mind this month is the need for enhanced federally-funded clinical research. We are currently witnessing an evolution in medical and scientific research at the national level. There are vast increases in biological data from the human genome project. Advanced technologies are being used for molecular discovery. There are developments in more personalized approaches to care. As part of this transformation, we are seeing a growing emphasis and embrace of both clinical and translational research by federal and state funding agencies. One needs to look no further than www.clinicaltrials.gov and the new National Center for Advancing Translational Sciences (NCATS) at NIH as evidence of the scope and magnitude of federally-funded clinical trial research.

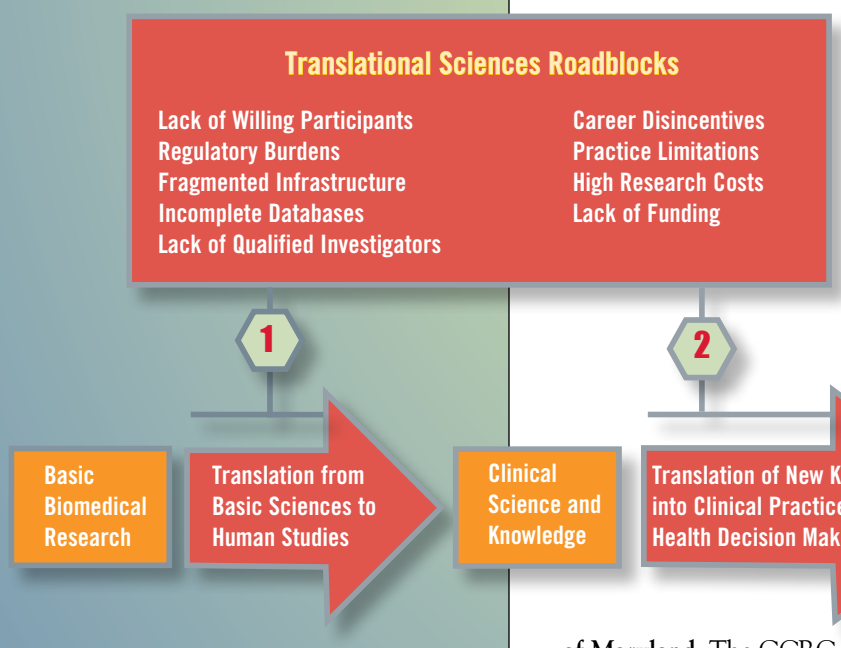
It is not difficult to see why this evolution has occurred. At the end of the day, what matters most is **improving patient care**. Indeed, it is our *raison d'etre* and, ultimately, why we conduct research in the first place.



Of course, we know there are and will continue to be persistent challenges in conducting clinical research—including infrastructure issues, human subject protection and other roadblocks along the way. **However, we cannot let these impede our progress. We must work together to creatively overcome these challenges.** Imagine that traffic is stalled on the way to work because of an accident. Do we turn around and go home? Absolutely not! We will find an alternate route to get there.

I am pleased to report that we are making progress in in finding detours around our clinical research roadblocks.

First, we have created **The Clinical and Translational Sciences Institute (CTSI)**, which was established a year ago and is led by Dr. Alan Shuldiner and Dr. Stephen Davis. The mission of the CTSI is to create a strong infrastructure for translational research in laboratories and in the community, both in Baltimore and throughout the region. Through this institute, we hope to solve health problems across the human lifespan, especially addressing healthcare needs in underserved urban and rural populations. This is an opportunity to advance the University of Maryland to the forefront of clinical and translational research and into a new age of omics-based clinical medicine.



Second, our General Clinical Research Center (GCRC) is the cornerstone for clinical research within the University of Maryland. The GCRC, which supports the full spectrum of patient-oriented research, is available to all University of Maryland investigators who have a need for center resources and who will conduct clinical research of scientific merit. Studies funded by federal sources, foundations, industry and other sources are welcome, as are pilot studies that may lead to future peer-reviewed clinical research. The GCRC provides investigators with the resources they need to conduct clinical research, including nursing support and the facilities for inpatient and outpatient care, as well as a state-of-the-art Dual-Energy X-Ray Absorptiometry (DEXA) facility.

Third, we are already advancing clinical and translational research success in some specialized areas, but wish to broaden the horizon of clinical and translational research.

Our historic face transplant is a case in point. Performed last spring by a team led by Dr. Eduardo Rodriguez, the groundbreaking surgery was based on 10 years of basic science laboratory research, which was subsequently translated into a clinical research effort and eventuating into the engagement of over 150 physicians, nurses and technicians.

Another major research center contributing to these efforts is the Shock, Trauma and Anesthesiology Research Organized Research Center (STAR-ORC). STAR-ORC, led by Dr. Alan Faden is a world-class, multidisciplinary research and educational center focusing on brain injuries, critical care and organ support, resuscitation, surgical outcomes, patient safety and injury prevention. Founded in 2008, the STAR-ORC encompasses the Congressionally mandated Charles "Mac" Mathias, Jr. National Study Center for Trauma and Emergency Medical Systems; the clinical research activities of the R Adams Cowley Shock Trauma Center; the clinical research programs of the Program in Trauma; and the pre-clinical and clinical research programs of the Department of Anesthesiology.

The Center's research focuses on mechanisms and modulation of cell death and neuroinflammation after experimental brain or spinal cord injury, including molecular and cell biology, animal modeling, behavior and drug discovery. The program is highly interdisciplinary, utilizing molecular and cellular biology, biochemistry, electrophysiology, pharmacology, behavior, magnetic resonance imaging and spectroscopy and quantitative histological analysis.

With the combined resources of the School of Medicine, the Shock Trauma Center, the National Study Center, and the UMB campus, the STAR-ORC is uniquely positioned to enhance patient care through pre-clinical and clinical research.

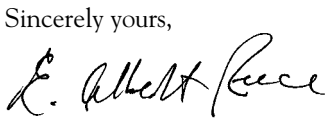
The University of Maryland Greenebaum Cancer Center (UMGCC) also is a strong participant in new drug development and translational clinical trials. The Cancer Center is a member of several national cooperative groups and has established strong translational research programs in experimental therapeutics, hormone-responsive cancers, molecular biology and genetics, viral oncology, tumor immunology, and cancer prevention and control. Cancer Center members have a strong commitment to intra- and inter-institutional cooperative cancer research.

Ultimately, the translation of discoveries in basic and applied science into useful clinical and public health interventions and uses of such interventions to reduce disability, morbidity and health disparities are the ways the public measures the success of its investments in biological and behavioral research.

In the end, if we are to continue to attract funding from federal and state agencies, we must continue on this path. We must utilize every means available to translate our basic science discoveries into clinical investigation. That is how we will truly impact patient care now and in the future.

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

AT THE END OF THE DAY, WHAT MATTERS MOST IS IMPROVING PATIENT CARE. INDEED, IT IS OUR *RAISON D'ETRE* AND, ULTIMATELY, WHY WE CONDUCT RESEARCH IN THE FIRST PLACE.

► BY KAREN ROBINSON

Dr. Claudia Baquet Honored by American Association for Cancer Research

Claudia Baquet, MD, MPH, director of the Bioethics and Health Disparities Research Center at the University of Maryland School of Medicine, has been awarded the 2012 American Association for Cancer Research Distinguished Lectureship on the Sciences of Health Disparities, funded by Susan G. Komen for the Cure. The award honors those with admirable lifetime achievements in health disparities, whose career focus has changed the way scientists conduct research in health disparities. Dr. Baquet delivered a lecture on her current work at the Fifth Annual AACR Conference on the Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved in San Diego, CA, on October 27.

"I have devoted my career to unraveling the barriers to prevention, detection, care and participation in clinical trials for underserved populations," says Dr. Baquet, who also is a professor of medicine and associate dean for policy and planning at the University of Maryland School of Medicine. "Cancer is an area in which many disparities still exist—some of which are avoidable. African-American, rural, and medically underserved communities can experience higher cancer incidence and mortality rates. It is critically important to foster community partnerships with researchers that can have a profound effect on producing solutions and community empowerment. These partnerships are also essential for supporting the translation of research results and evidenced-based screening, prevention, treatment and quality-of-life strategies for disparity communities. I am honored to be recognized with this distinguished award, and I hope that the lecture and the entire conference serve to raise awareness of the critical state of science and cancer health disparities in America."

Dr. Baquet serves as an advocate for quality health care with a focus on issues related to the health needs and models of care for the medically underserved and minority communities. She also serves as director of the Maryland Area Health Education Center (AHEC) Program and director of the Center for Health Policy/Health Services Research.

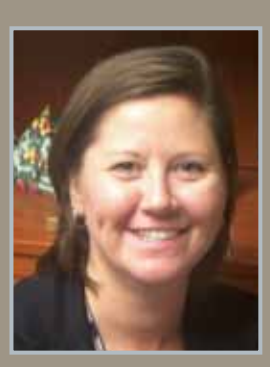
In 2002, Dr. Baquet served as the chair of the Governor's Commission for the Prevention of Infant Mortality and received the Governor's Citation for the reduction of the Maryland infant mortality rate. Dr. Baquet is also the 2004 co-recipient of the U.S. Department HHS Best Practice Award for "Increasing Availability of Community-Based Clinical Trials on the Eastern Shore." Dr. Baquet was formally recognized by the Maryland Senate for her work to reduce cancer disparities and most recently for her long-standing commitment to the community.

Dr. Baquet's other recent awards include the NIH's Dr. Martin Luther King, Jr. Special Award for "Closing the Health Gap in the Communities We Serve;" the American Public Health Association's 2005 David P. Rall Award for Advocacy in Public Health; the National Medical Association's Council on Concerns for Women Physicians Research Award; and the "Racial Justice Award" from the YWCA of the Greater Baltimore Area.

► BY KAREN WARMKESSEL

Four Out of 10 Lesbians Not Routinely Screened for Cervical Cancer

Nearly 38 percent of lesbians polled in a national survey were not routinely screened for cervical cancer, putting them at risk of developing a highly preventable cancer, according to a University of Maryland School of Medicine study that was presented at the 11th Annual AACR International Conference on Frontiers in Cancer Prevention Research in Anaheim, CA, in October. The conference is sponsored by the American Association for Cancer Research (AACR).



J. Kathleen Tracy, PhD

Cervical cancer is caused by a sexually transmitted virus, the human papillomavirus (HPV), and can be detected through regular Pap smears. The percentage of lesbians not being screened as recommended is higher than for women overall. According to information compiled by the Centers for Disease Control's Risk Factor Surveillance System (BRFSS), 13 percent of women have not had a Pap test in the last three years.

"This study highlights an often-overlooked cancer disparity," says study author J. Kathleen Tracy, PhD, associate professor, Department of Epidemiology & Public Health. "We know that HPV can be transmitted during same-sex sexual activity, so lesbians are at risk of developing cervical cancer. If these women aren't screened, they are at increased risk of getting this type of cancer by missing opportunities to identify pre-cursor cervical abnormalities that can be treated."

According to Dr. Tracy, a key barrier to effective screening among lesbians is a lack of communication with their health care providers. "We shouldn't underestimate the importance of open communication," Dr. Tracy says. "Our research showed that women who were open with their primary care doctors and gynecologists about their sexual orientation were nearly 2½ to three times more likely to have routine screening than those who did not disclose it. They also were more likely to be screened if their doctors recommended it, and they believed that having routine Pap tests was beneficial."

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, "Cervical cancer is very treatable if detected early through routine screening with Pap tests. Dr. Tracy's research shows that a significant percentage of the lesbian population is not being screened as recommended. We need to eliminate barriers to screening for this subset of women and educate them on the benefits."

Dr. Tracy and her colleagues sent a standardized internet survey in 2010 and early 2011 to 3,000 women who identified themselves as lesbians. Of these, 1,006 women responded to the survey, with nearly 38 percent reporting that they were not getting regular cervical cancer screening.

The two most common reasons for not getting Pap tests as recommended: not having a physician referral (17.5 percent) and not having a physician (17.3 percent). "Physician recommendation appeared to be a potent determinant of regular screening behavior," Dr. Tracy says. "Routine screeners perceived more benefits and fewer barriers to screening, and knew that not having a Pap test put them at increased risk for cervical cancer, than did women who were not screened."

Researchers concluded that women who identify as lesbian are at potentially elevated risk of cervical cancer because they are not routinely screened. "Evidence-based interventions should be developed that address critical health beliefs that undermine participation in screening," said the researchers in their presentation. "Given the value placed on physician recommendation, patient-provider communication may serve as the optimal mode for intervention delivery."

► BY BY KAREN ROBINSON

Amish Children Much Less Likely to be Overweight

Old Order Amish children are much more physically active and three times less likely to be overweight than non-Amish children, which may provide them with some long-term protection against developing Type 2 diabetes, University of Maryland School of Medicine researchers reported in the journal *Diabetes Care*.

The researchers found that Amish children in Lancaster County, PA, spent an additional 34 minutes a day in light physical activity, and an additional 53 minutes a day in moderate to vigorous activity compared to non-Amish white children living nearby on Maryland's rural Eastern Shore. The amount of moderate to vigorous activity, which is important to cardiovascular health, was twice that of the non-Amish children. The level of physical activity was inversely correlated to their BMI, or body mass index, which is a measurement of body fat based on a person's height and weight.

"We know from our earlier research that Amish adults are just as overweight as non-Amish Americans of European origin, but they have half the incidence of Type 2 diabetes," says the study's senior author, Soren Snitker, MD, PhD, associate professor, Departments of Medicine and Pediatrics. "This study suggests that the Amish gain their excess weight relatively late in life, which may decrease their long-term risk of developing the disease." The number of years someone is obese is a risk factor for diabetes, irrespective of the person's age and current BMI.

Alan Shuldiner, MD

Higher levels of physical activity and lower BMI are both protective against diabetes, Dr. Snitker says. Obesity is a major risk factor for Type 2 diabetes. Dr. Snitker concedes that while it is unrealistic to imagine that the general public will adopt the Amish lifestyle in its entirety, the study results underscore the need for parents to encourage their children to be more physically active.

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, "as America's children become increasingly overweight, they become more vulnerable to diseases such as Type 2 diabetes. The incidence of diabetes among our young people is rising at an alarming rate. This study by Dr. Snitker and his colleagues offers clear evidence of the benefits of exercise and maintaining a healthy body weight, as reflected in the body mass index calculation."

This study is one of a number of studies conducted by University of Maryland School of Medicine researchers using data collected from the Old Order Amish in Pennsylvania. Alan Shuldiner, MD, the John L. Whitehurst Endowed Professor, Department of Medicine, and director of the Program in Personalized and Genomic Medicine, a co-author of this study, operates an Amish research clinic in Lancaster. Over the past 20 years, he and his research team have conducted more than a dozen studies with the Amish, looking for genes that may cause common illnesses such as diabetes, osteoporosis and cardiovascular disease.

► BY KAREN ROBINSON

Scientists Develop Stem Cell Model for Hereditary Disease

A new method of using adult stem cells as a model for the hereditary condition Gaucher disease could help accelerate the discovery of new, more-effective therapies for this and other conditions, such as Parkinson's, according to new research from the University of Maryland School of Medicine.

Scientists at the University of Maryland School of Medicine reprogrammed stem cells to develop into cells that are genetically similar to and react to drugs in a similar way as cells from patients with Gaucher disease. The stem cells will allow the scientists to test potential new therapies in a dish, accelerating the process toward drug discovery, according to a paper published online in the journal the *Proceedings of the National Academy of Sciences* (PNAS) on Oct. 15.

The study was funded with $1.7 million in grants from the Maryland Stem Cell Research Fund; researchers received a start-up grant for $200,000 in 2007 and a larger, five-year grant for $1.5 million in 2009.

"We have created a model for all three types of Gaucher disease, and used stem cell-based tests to evaluate the effectiveness of therapies," says senior author Ricardo Feldman, PhD, associate professor, Department of Microbiology & Immunology, and a research scientist at the University of Maryland Center for Stem Cell Biology & Regenerative Medicine. "We are confident that this will allow us to test more drugs faster, more accurately and more safely, bringing us closer to new treatments for patients suffering from Gaucher disease. Our findings have potential to help patients with other neurodegenerative diseases as well. For example, about 10 percent of Parkinson's disease patients carry mutations in the recessive gene for Gaucher disease, making our research possibly significant for Parkinson's disease as well."

Gaucher disease is the most frequent lipid-storage disease. It affects 1 in 50,000 people in the general population. It is most common in Ashkenazi Jews, affecting 1 in 1,000 among that specific population. The disease occurs in three subtypes—Type 1 is the mildest and most common form of the disease, causing symptoms such as enlarged livers and spleens, anemia and bone disease. Type 2 causes very serious brain abnormalities and is usually fatal before the age of two. Type 3 affects children and adolescents.

The condition is a recessive genetic disorder, meaning that both parents must be carriers for a child to suffer from Gaucher. However, said Dr. Feldman, studies have found that people with only one copy of a mutated Gaucher gene—those known as carriers—are at an increased risk of developing Parkinson's disease.

"This science is a reflection of the mission of the University of Maryland School of Medicine—to take new treatments from bench to bedside, from the laboratory to patients, as quickly as possible," 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. "We are excited to see where this research goes next, bringing new hope to Gaucher patients and their families."

Dr. Feldman and his colleagues used the new reprogramming technology developed by Shinja Yamanaka in Japan, who was recognized with this year's Nobel Prize for Medicine or Physiology. Scientists engineered cells taken from the skin of Gaucher patients, creating human-induced pluripotent stem cells (hiPSC)—stem cells that are theoretically capable of forming any type of cell in the body. Scientists differentiated the cells to form white blood cells—known as macrophages—and neuronal cells.

Ricardo Feldman, PhD

A key function of macrophages in the body is to ingest and eliminate damaged or aged red blood cells. In Gaucher disease, the macrophages are unable to do so—they can't digest a lipid present in the red blood cell membrane. The macrophages become engorged with lipid and cannot completely clear the ingested red blood cells. The result is a blockage of membrane transport pathways in the macrophages lodged in the bone marrow, spleen and liver. The macrophages that the scientists created from the reprogrammed stem cells exhibited this characteristic hallmark of the macrophages taken from Gaucher patients.

> "We have created a model for all three types of Gaucher disease, and used stem cell-based tests to evaluate the effectiveness of therapies....Our findings have potential to help patients with other neurodegenerative diseases as well. For example, about 10 percent of Parkinson's disease patients carry mutations in the recessive gene for Gaucher disease, making our research possibly significant for Parkinson's disease as well."

To further test the stem cells, the scientists administered a recombinant enzyme that is effective in treating Gaucher patients with Type 1 disease. When the cells were treated with the enzyme, the function of the macrophages was restored—they completely cleared the red blood cells.

"The creation of these stem cell lines is a lovely piece of stem cell research," said Curt Civin, MD, professor, Departments of Pediatrics and Physiology, associate dean for research, and founding director of the Center for Stem Cell Biology & Regenerative Medicine at the University of Maryland School of Medicine. "Dr. Feldman is already using these Gaucher patient-derived macrophages to better understand the disease fundamentals and to find novel medicines for Gaucher disease treatment. A major goal of our Center for Stem Cell Biology & Regenerative Medicine is to translate our fundamental discoveries into innovative and practical clinical applications that will enhance the understanding, diagnosis, treatment and prevention of many human diseases. Clinical applications include not only transplantation of stem cells, but also the use of stem cells for drug discovery, as Dr. Feldman's studies so beautifully illustrate."

"We are looking forward to testing new drugs on these cells, and getting new therapies to patients," adds Dr. Feldman.

► BY KAREN ROBINSON

Renowned Physician-Scientist Dr. Minesh Mehta Named Director of the New Proton Treatment Center

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 and William Regine, MD, Professor and the Isadore & Fannie Schneider Foxman Endowed Chairman of the Department of Radiation Oncology have appointed Minesh Mehta, MBChB, FASTRO, to be the medical director of the Maryland Proton Treatment Center (MPTC). Additionally, he has been named associate director of clinical research and professor in the Department of Radiation Oncology. Dr. Mehta joined the University of Maryland School of Medicine on October 22, 2012 from his previous position as professor and co-director of the Radiation Oncology Residency Training Program at Northwestern University in Chicago.

"We are delighted to welcome Dr. Mehta to the helm of our new proton treatment center, a more than $200 million project that brings this revolutionary new cancer treatment to the Baltimore-Washington region for the first time," says Dean Reece. "This center will provide state-of-the-art, potentially lifesaving care to numerous cancer patients annually. Beyond that, the Maryland Proton Treatment Center will give these patients access to cutting-edge research trials, making our patients and this center a hub for the advancement of the emerging science of image-guided, intensity-modulated proton therapy."

Advanced Particle Therapy LLC of San Diego, Calif., is developing the Maryland Proton Treatment Center, a 110,000-square-foot facility in the University of Maryland BioPark in West Baltimore. The center will begin seeing patients in 2015. The University of Maryland Radiation Oncology Associates P.A. at the School of Medicine will provide clinical management and therapeutic services, including physician services and medical direction, and will extensively collaborate with other academic and community oncology physicians in ensuring appropriate management of patients and resources. The initial radiation oncology faculty physicians are members of the University of Maryland Marlene and Stewart Greenebaum Cancer Center team, but with growing collaborations, other academic physicians may participate.

Dr. Mehta is active in many national groups, including the American Board of Radiology, the FDA Radiological Devices Panel, the American Society for Radiation Oncology, the American Society of Clinical Oncology, the International Stereotactic Radiosurgery Society, and the Society of Neuro-Oncology. "Dr. Mehta is recognized worldwide as an expert in clinical trial strategies, design and execution of national and international trials of all sizes, and innovative research, integrating technology, biology and imaging in radiation oncology," says Dr. Regine. "He will work closely with departmental leadership, as well as Advanced Particle Therapy, to successfully establish the Maryland Proton Treatment Center as a center of excellence for research, education and patient care."

As medical director of the center, Dr. Mehta will define and implement the processes to ensure that the center is

[please turn to back page]

CORRECTION

In our November 2012 issue, the photo caption for Dr. Aaron Rapoport's investiture ceremony was incorrectly identified. The gentleman pictured with Dr. Rapoport and his wife, Debbie, was his mentor, Dr. Jacob Rowe.

SOMnews truly regrets the error.

The Class of 2016 Celebrates Their White Coat Ceremony

► BY CAELIE HAINES

The White Coat Ceremony was held on November 1, 2012 at the Hilton at Camden Yards. This special day for first-year medical students, which was sponsored by the Whiting-Turner Contracting Company, gives family members a glimpse into what medical school is really like for these new students and is capped off by a ceremony welcoming the students to the field of medicine. "Today you will be presented with the time-honored badge of the profession, the white coat," 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, University of Maryland School of Medicine. "It is a symbol of the confidence and professionalism to which I hope you will all aspire."

Before the coats were given out, families were educated a bit about the medical school experience. David Mallott, MD, Associate Dean of Medical Education, presented "What to Expect the First Year of Medical School," in which he frankly told the families they would not be seeing much of their students in the next few months (unless, of course, there is a meal involved). The families also had the chance to ask questions of a panel of medical school experts—Donna Parker, MD, Associate Dean for Student Affairs; Sandra Dolan, PhD, Director of Academic Development in the Office of Medical Education; Steven Gross, MD, a class of 1973 graduate, parent of a med student and chair of the Medical Family Annual Fund; student Hersch Bhatia; George Fantry, MD, Assistant Dean for Student Research & Education; and Neda Frayha, MD, an associate professor of Medicine and Assistant Dean for Student Affairs. Dr. Gross also spoke to families about the Medical Family Annual Fund, which helps students take advantage of educational opportunities, and which funded recent renovations to student lounges on campus. Dr. Joseph Martinez, assistant professor of Emergency Medicine and Assistant Dean for Student Affairs, was chosen by the students to give the faculty presentation.

Hersch Bhatia, MS-IV, president of the Class of 2013, spoke about the history of the white coat and what the ceremony means to students. "This is a symbol of initiation, not one of graduation or completion," he said. "The ceremony helps students cross over from where they were before—undergraduate school, other careers—into a community of life-long learners and healers. We receive white coats as a symbol that we are being accepted to train in the field of medicine. This ceremony is where we start to realize that being a part of this community is a privilege and that there is great responsibility that goes along with that."

After the family information sessions came the event every first-year student had been waiting for—the White Coat Ceremony. This tradition, which started at the School of Medicine in 1997, formally presents these students with their white coats, long the symbol of physicians and scientists, after they have completed their first course in medical school—Structure and Development (aka Anatomy). The coats are put on by School of Medicine faculty, to welcome their junior colleagues to the profession of medicine.

After they received their coats, students recited an oath acknowledging their acceptance of the obligations of the medical profession. They also added their signatures to the school's honor registry, a leather-bound book signed by all our medical students in their first year, in which they pledge to maintain integrity throughout their years in medicine.

Dr. Minesh Mehta Named Director *[continued from page 3]*

fully integrated within our radiation oncology program, the University of Maryland Greenebaum Cancer Center, the University of Maryland Medical Center and System and the University of Maryland School of Medicine. He will work in the development of clinical trials and research protocols for patients, assume a leadership role within the evolving nationwide proton center consortium, as well as develop and integrate criteria for proton therapy patient selection within the Department of Radiation Oncology's clinical practice guidelines.

"Preparing for the opening of the first proton treatment center in the Baltimore-Washington region is a challenging next step for my career, a challenge that I am looking forward to," says Dr. Mehta. "Their world-class expertise makes the cancer faculty at the University of Maryland School of Medicine uniquely suited to establish this center and to change the lives of patients throughout the mid-Atlantic region and the world. I am excited to be a part of that."

Dr. Mehta currently chairs the Brain Tumor Committee of the NIH-funded Radiation Therapy Oncology Group, focusing on innovative clinical trials for patients with various tumors of the central nervous system. He also has an excellent track-record of peer-reviewed funding and leading multi-investigator research grants in the fields of thoracic oncology, neuro-oncology, integrating imaging advances with radiation therapy, and innovative applications of new radiation therapy technologies to test biological concepts. He maintains an active interest in radiation-drug interactions, amelioration of radiation toxicities, incorporation of advanced radiation and imaging technologies, and is keenly interested in expanding the frontiers of personalized care in radiotherapy.

"I am confident that Dr. Mehta is the perfect candidate to direct our Maryland Proton Treatment Center, making it a national hub for cutting-edge research and patient care and bringing new hope to cancer patients and their families in this region and beyond," says Dean Reece.

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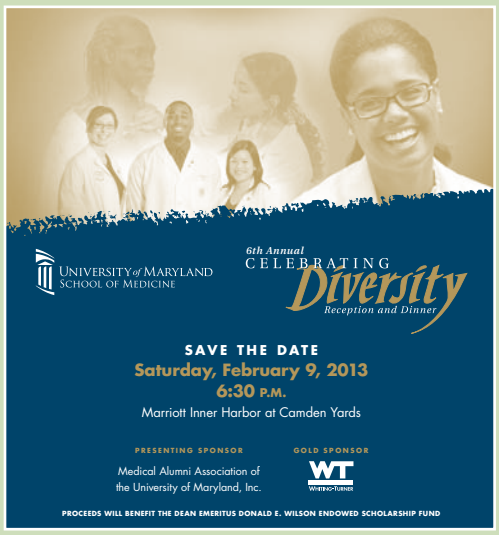

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