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 health status of citizens in our state and how we are taking a lead role in introducing initiatives to help improve the health and well-being of the people of Maryland.

As Marylanders, we have an interesting paradox. On one hand, our state is among the nation's leaders in several important measures. Maryland has the fourth-highest per capita income in the U.S. We rank third in the nation in median household income. Maryland is home to the world's premiere biomedical research institute, the U.S. National Institutes of Health, as well as some of the nation's top hospitals and two top-tier medical schools.

Despite these advantages, however, it is alarming to see that we are behind in some specific measures of health care. The state ranks 34th in health outcomes, 35th in infectious disease rates, and 43rd for infant mortality rates, according to United Health Foundation's 2011 Rankings. One significant factor in these statistics is the health disparities that exist between various racial and ethnic groups. The data show that minorities have significantly higher morbidity and mortality rates compared to whites. For example, African-American adults have a significantly higher prevalence of diabetes and hypertension compared to Caucasians, as well as significantly higher rates of disease-related mortality. Indeed, African-Americans in Maryland are almost 13 times more likely to die from HIV/AIDS compared to Caucasians, and such health disparities are estimated to cost Medicare an additional $26 million, according to the Maryland Health Quality Cost Council.

I am pleased to report we are engaged in several new initiatives specifically targeted at addressing these disparities.

Health Enterprise Zones. Chief among the Workgroup's recommendations is the creation of Health Enterprise Zones, or HEZs, to reduce health care disparities, improve outcomes, and stem the rise in health care costs. Ultimately, the goal of HEZs is to work with existing providers, insurers, the public health system, non-medical community agencies, and other stakeholders to create an integrated health care system within impoverished neighborhoods to improve health care access.

Innovation Prize. The Workgroup also recommended the creation of The Maryland Health Innovation Prize, or I-Prize, as a financial reward and public recognition for programs that have achieved reductions in health care disparities or evidence-based strategies that have reduced and/or eliminated health and health care disparities in the State of Maryland.

The I-Prize is modeled after financial awards given by the X Prize Foundation, which oversees incentivized prize competitions that stimulate investment in research and development worth far more than the prize itself. I-Prizes will be awarded for interventions that address both wide-ranging health disparities as well as those which may be unique to a particular community and will bring to bear the expertise of all manner of health, business, non-profit, and community leaders on the health disparities problem.

Research and Community Outreach. As part of the School of Medicine's Center for Health Disparities, Dr. Claudia Baquet leads our efforts in education, research and continuing medical education related to minority health and health disparities. In particular, she has been a leader in increasing diversity participation in clinical trials. For her pioneering work and leadership in this area, Dr. Baquet will be awarded the Lifetime Achievement Award by the American Association for Cancer Research and will deliver the 2012 2nd Annual AACR Distinguished Lecture on Cancer Health Disparities.

Other faculty across departments and centers have been studying disease in under-represented minorities as well. Dr. Jay Magaziner and others in the Department of Epidemiology & Public Health have been working in partnership with Lt. Governor Anthony Brown and Secretary of Health and Mental Hygiene Josh Sharfstein as part of the Health Disparities Workgroup and the recently formed Maryland Health Quality Council. Dr. Renee Fox in Pediatrics is part of a Coalition for Healthier Baltimore that is studying health disparities in the City of Baltimore. At Greenebaum Cancer Center, Dr. Kevin Cullen is leading research to help determine cancer rates among African Americans and why differences occur among racial and ethnic groups, with a specific focus on head and neck cancer. In Family Medicine, Dr. David Stewart and his team study disparities as they relate to access to information regarding breast cancer screening.

Finally, we are bringing our faculty and expertise directly to minority and rural populations. Our "Mini-Med School" program each year provides valuable health and medical information to members of our community in Baltimore City, as well as on the Eastern Shore and Southern Maryland. Our Mini-Med on bioethics in research continues next spring as part of a national program to address ethical issues in research and examine the implications of these issues on health disparities.

I am confident, that through these and other initiatives, Maryland can lead the way in helping to close this increasingly serious gap in the health and well-being of the citizens of our state and nation.

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

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Dr. Aaron Rapoport and his wife, Debbie, with his mentor, Dr. Jacob Rowe

Dr. Aaron Rapoport is the Inaugural Gary Jobson Professor in Medical Oncology

► BY LARRY ROBERTS

A ceremony was held on September 12, 2012 to invest Aaron P. Rapoport, MD, as the inaugural Gary Jobson Professor in Medical Oncology. The honor was bestowed in recognition of his excellence in clinical research and scholarly pursuits in the area of medical oncology. A professor of Medicine at the School of Medicine, Dr. Rapoport came to the University of Maryland in 1997, and is director, Gene Medicine/Lymphoma and associate director of the Bone Marrow/Stem Cell Transplant Program at the Marlene and Stewart Greenebaum Cancer Center.

The professorship was gifted by Gary Jobson, whose cancer has remained in remission since receiving an autologous stem-cell transplant in 2003. From its inception, the Greenebaum Cancer Center has been at the forefront of developing and testing new therapies for hematologic malignancies and is considered one of the East Coast's largest and most advanced programs for the treatment of leukemia, myeloma and lymphomas, including non-Hodgkin's lymphoma. Jobson developed a very close, personal relationship with Dr. Rapoport, whose extraordinary care and compassion helped Jobson through his illness. "Through it all, because of Aaron, I never gave up," said Jobson during the investiture ceremony.

"This extraordinary contribution will significantly influence the school, but most importantly, this gift will profoundly impact the lives of the patients treated here at the University of Maryland Medical Center and throughout the region," 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. "Endowed professorships, including the Gary Jobson Professorship in Medical Oncology, provide our outstanding faculty members with critical resources needed to sustain and expand promising research, launch innovative clinical initiatives, and educate and train future physicians."

Among the many patients, family members and colleagues who honored Dr. Rapoport was Kevin J. Cullen, MD, the cancer center's director and professor of Medicine at the University of Maryland School of Medicine. "None of what we do would be possible without Dr. Rapoport's talent, dedication and devotion," said Dr. Cullen.

► BY KAREN WARMKESSEL

Steven J. Feigenberg, MD

Married Lung Cancer Patients Survive Longer Than Single Patients

Married patients with locally advanced lung cancer are likely to survive longer after treatment than patients who are single, according to a study by researchers at the University of Maryland School of Medicine and the University of Maryland Marlene and Stewart Greenebaum Cancer Center. The results of the retrospective study were presented on September 6 at the 2012 Chicago Multidisciplinary Symposium in Thoracic Oncology.

University of Maryland researchers studied 168 patients with Stage-III, non-small cell lung cancer, the most common type of lung cancer, who were treated with chemotherapy and radiation over a 10-year period, from January 2000 to December 2010. They found that 33 percent of married patients were still alive after three years compared to 10 percent of the single patients, with women faring better than men. Married women had the best three-year survival rate (46 percent), and single men had the worst rate (3 percent). Single women and married men had the same 25 percent survival rate at three years. White married patients had a better survival rate than married African Americans.

"Marital status appears to be an important independent predictor of survival in patients with locally advanced non-small cell lung cancer," says the study's lead author, Elizabeth Nichols, MD, a radiation oncology resident at the Greenebaum Cancer Center. "The reason for this is unclear, but our findings suggest the importance of social support in managing and treating our lung cancer patients. Patients may need help with day-to-day activities, getting to treatment, and making sure they receive proper follow-up care."

"We believe that better supportive care and support mechanisms for cancer patients can have a greater impact on increasing survival than many new cancer therapy techniques. Not only do we need to continue to focus on finding new drugs and cancer therapies, but also on ways to better support our cancer patients," says Dr. Nichols, who collaborated on the study with senior faculty at the University of Maryland School of Medicine.

The study's senior author, Steven J. Feigenberg, MD, an associate professor of radiation oncology at the School of Medicine, says additional research is planned. "We need to better understand why marriage is a factor in our patients' survival," says Dr. Feigenberg, who is also a radiation oncologist at the University of Maryland Greenebaum Cancer Center. "We're also trying to determine if these findings can be corroborated in the multi-institutional setting."

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, "Lung cancer is the No. 1 cause of cancer death in both men and women, and this study by researchers at the University of Maryland School of Medicine suggests that having a spouse who can act as a caregiver may improve survival for patients with this type of cancer. We must figure out ways to help all of our cancer patients live longer, with a better quality of life, regardless of their marital status."

The patients in the study were evaluated by a multidisciplinary team of radiation oncologists, surgeons and medical oncologists at the Greenebaum Cancer Center and were treated with a standard combination of radiation and chemotherapy, typically followed by additional rounds of chemotherapy. With a mean follow-up of a year and four months, the mean survival was 13 months. Researchers used an analysis tool to estimate overall survival, with 21 percent of the patients alive at three years and 12 percent at five years.

► BY LINDA KESSERLING

Emergency Medicine Staff Grand Prix Medical Tents

How can a host city anticipate and meet the medical needs of 100,000 people watching race cars careen through city streets at 150 miles per hour? Rely on the experts.

During the 2012 Grand Prix, held in Baltimore over the Labor Day weekend, three medical tents were positioned along Pratt Street, ready to meet the medical needs that typically arise among spectators and drivers. The tents were staffed by 10 emergency physicians, 10 emergency medicine residents, six ED nurses, five nurse practitioners, and two medical students from the University of Maryland, who stepped up to stand ready in the center of it all, equipped with ear protection headgear and the right cache of supplies.

UM medical team (left to right): Leah Nelson, RN, ED nurse; Kyle Jenson, RN, ED nurse; Benjamin Lawner, DO, EMT-P; medical student Soo Jung; Ammar Ismail, MD; resident Kami Hu, MD; and J.V. Nable, MD, EMT-P, clinical instructor, Department of Emergency Medicine. *(Photo by Daniel Lemkin, MD, MS, assistant professor, Department of Emergency Medicine)*

The medical teams were organized by Benjamin Lawner, DO, EMT-P, assistant professor in the Department of Emergency Medicine and deputy medical director for the Baltimore City Fire Department (BCFD). With one foot in academic emergency medicine and the other in pre-hospital care, Dr. Lawner is in the perfect position to anticipate the medical needs of mass gatherings. He worked in close partnership with the BCFD during the planning phase and during the event itself. Logistics, including the construction and stocking of the medical tents, were handled by the BCFD, which Dr. Lawner calls "the backbone" of emergency preparedness for this event. In addition to the local medical corps on site, medical care coverage was also provided by two IndyCar Series physicians assigned to the track.

The ED physicians and nurses worked in 6- and 12-hour shifts, assessing people who came to the tents under their own power and those who were assisted by paramedics patrolling the grounds on bicycles. Eighty-eight people were evaluated and treated during the three-day event. Most people who came to the medical tents received treatment for conditions such as sprains and sun exposure and then left to resume their day at the races. But 17 of them were transported to nearby hospitals: one driver was taken to the Shock Trauma Center after his vehicle collided with a wall, 15 spectators were transported to UMMC, and one was taken to Mercy Medical Center. The patient-tracking system designed and operated by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) was used to document patient transports.

Dr. Lawner and Dr. Wade Gaasch (assistant professor in the Department of Emergency Medicine, medical director for the BCFD, and the medical director for the Grand Prix) were stationed at the Emergency Medical Services (EMS) Command Tent, the medical decision-making headquarters for the event. According to Dr. Lawner, "the presence of physicians with experience in pre-hospital care at large public gatherings is a tremendous asset in terms of communications with EMS personnel and coordination of resources. Events such as the Grand Prix demonstrate the full scope of practice for EMS physicians, ranging from assessment of patients in the field to delivery of definitive care in the appropriate hospital."

Grand Prix medical tent

IndyCar announced on September 30 that they would be back in Baltimore for a third race in September 2013, so look for our doctors to once again be a part of the high-speed action next year.

► BY KAREN ROBINSON

New Surgery Division Chiefs

University of Maryland School of Medicine Dean E. Albert Reece, MD, PhD, MBA, and Stephen T. Bartlett, MD, The Peter Angelos Distinguished Professor and Chair of the Department of Surgery, have announced the appointment of two new division chiefs in the Department of Surgery. James S. Gammie, MD, professor, has been appointed as the new Chief of the Division of Cardiac Surgery, and Sheri Slezak, MD, professor, has been appointed as the new Chief of the Division of Plastic and Reconstructive Surgery.

As division chief, Dr. Gammie will oversee an extensive range of cardiac surgical services, from repairing congenital heart defects in infants and children to heart transplantations and other complex procedures for high-risk adult patients. Dr. Gammie is an expert in surgery of the mitral valve and a nationally-known cardiac surgery outcomes investigator. He currently performs more than 200 mitral valve operations per year. He has developed a specialized practice focusing on mitral valve repair, minimally invasive mitral valve surgery, and the surgical treatment of infective endocarditis. He has organized a clinical research unit within the Division of Cardiac Surgery and serves as a principal investigator for the NHLBI-sponsored multi-center Cardiothoracic Surgery Trials Network.

Dr. Gammie will guide the Division of Cardiac Surgery in five areas of sub-specialization including: heart and lung transplantation and mechanical circulatory support, heart valve disease, coronary disease, pediatric and adult congenital disease, and arrhythmias. He will also oversee one of the only integrated cardiothoracic training programs in the country, which provides a focused training experience in cardiothoracic surgery.


James S. Gammie, MD

"Dr. Gammie will continue to build upon the reputation the Division has established of recruiting and training top surgeons who sub-specialize in key areas where we know we can overcome cardiac challenges, such as mechanical circulatory support and heart valve disease," says Dr. Bartlett, who is also Senior Vice President and Surgeon-in-Chief at the University of Maryland Medical System.

Dr. Gammie is currently the principal investigator on two (2) NIH research grants in mitral valve surgery. He has been a member of the School of Medicine faculty since 2002 and has served as director of the Program in Heart Valve Disease within the Division of Cardiac Surgery since 2006.


Sheri Slezak, MD

Dr. Gammie replaces Dr. Bartley Griffith, who led the Division of Cardiac Surgery since 2001. "Drs. Gammie and Griffith are outstanding physician scientists with decades of clinical care and research experience," says Dean Reece, who also is vice president for medical affairs at the University of Maryland and the John Z. and Akiko K. Bowers Distinguished Professor at the School of Medicine. "They personify our mission—to provide world-class patient care in addition to conducting groundbreaking research and providing outstanding education. Dr. Gammie will continue the exceptional leadership displayed by Dr. Griffith to advance our research expertise in surgical therapies using minimally invasive techniques and mechanical and circulatory assist devices."

Dr. Gammie will guide the Division of Cardiac Surgery in five areas of sub-specialization including: heart and lung transplantation and mechanical circulatory support, heart valve disease, coronary disease, pediatric and adult congenital disease, and arrhythmias.

"Dr. Griffith has had a profound impact on the care of our heart and lung patients over the years, and we are all grateful for his leadership contributions to the Division and the entire field of cardiothoracic surgery," says Dr. Bartlett.

Dr. Sheri Slezak has been a member of the Division of Plastic and Reconstructive Surgery since 1989. She is renowned for her work in breast reconstruction and is one of only a handful of women who have risen to be plastic surgery division chiefs in the country. Dr. Slezak is a passionate teacher

[please turn to back page]

New Director of Clinical Affairs Programs


David Schwartz, MD, FACOG

University of Maryland School of Medicine Dean E. Albert Reece, MD, PhD, MBA, has appointed David Schwartz, MD, FACOG, as director of Clinical Affairs Programs. Dr. Schwartz will have multiple critical roles intended to strengthen and expand the clinical services provided by faculty physicians at faculty practice locations throughout the state and at the 12 hospitals in the University of Maryland Medical System. He will work directly with Anthony F. Lehman, MD, MSPH, the senior associate dean for clinical affairs. A specialist in maternal-fetal medicine, Dr. Schwartz will also have teaching responsibilities as a clinical professor in the Department of Obstetrics, Gynecology & Reproductive Sciences.

Dr. Schwartz will work collaboratively with clinical department chairs and with the leadership of Faculty Physicians Inc. (FPI) to implement a more patient-centered and seamless delivery model for patients visiting University of Maryland faculty practice locations around the state. In addition, Dr. Schwartz will develop and evaluate new opportunities for providing specialized care in the community. Dr. Schwartz will also assist with the timely and effective implementation of the EPIC electronic medical record system, which will come online at all University of Maryland faculty practice locations over the next 18 months. Enhancing patient safety and developing risk management programs are also on the agenda.

"Dr. Schwartz brings a wide range of healthcare management experience that will enable the School of Medicine to enhance its clinical programs so that faculty physicians may continue to provide the best possible patient care," says Dean Reece, who also is Vice President for Medical Affairs at the University of Maryland and the John Z. and Akiko K. Bowers Distinguished Professor at the School of Medicine. "Dr. Schwartz will work to forge strong relationships with community physicians and expand and improve clinical care programs at practice plan locations throughout the state."

Dr. Schwartz comes to the University of Maryland most recently from Sinai Hospital in Baltimore, where he was Chairman and Chief of Service of the Department of Obstetrics and Gynecology, and Director of residency education. At Sinai, he oversaw the construction of a new labor and delivery suite and the Blaustein Women's Center, and was also engaged in a variety of clinical practice management initiatives.

► BY LARRY ROBERTS

CHRIS HARDWICK Appointed New Assistant Dean for Public Affairs and Communications

UNIVERSITY OF MARYLAND School of Medicine Dean E. Albert Reece, MD, PhD, MBA, has appointed Chris Hardwick, MA, as assistant dean and director of the Office of Public Affairs and Communications. In his new role, Mr. Hardwick and his team will work to promote all of the School of Medicine's groundbreaking and incredible research discoveries, clinical accomplishments and academic advancements.

An experienced public relations professional, Mr. Hardwick will develop new strategies to increase the visibility of the School of Medicine and its faculty in the national and international media. Working collaboratively with the University as well as our clinical partner—the University of Maryland Medical Center (UMMC)—Mr. Hardwick will lead the development and distribution of newsworthy information for the print, broadcast, internet and social media.

"In light of possible cuts to federal research funding, it is even more important for the public to understand the impact of the scientific advancements and discoveries made by our faculty," says Dean Reece, who also is Vice President for Medical Affairs at the University of Maryland and the John Z. and Akiko K. Bowers Distinguished Professor at the School of Medicine. "I am confident that Mr. Hardwick will aggressively seek placement for our groundbreaking stories to the widest possible audience. I extend my sincerest gratitude to Mr. Larry Roberts, who served effectively as interim director. Mr. Roberts will continue as a senior leader in the Office of Public Affairs."

Mr. Hardwick will leverage the power of the joint media relations team, which includes writers and editors from both the School of Medicine and UMMC. Together, team members cover the clinical and research news generated by our faculty in our more than 40 academic units: departments, programs, centers and institutes. Recently, the joint media relations team launched a new satellite broadcast studio at the School of Medicine. Through this medium, School of Medicine faculty physicians and scientists can be interviewed worldwide live on network news broadcasts at a moment's notice.

Mr. Hardwick has a wealth of experience in communications, media relations, marketing and public affairs. Most recently, he worked as Executive Vice President for Communications Strategy at Carnegie Communications in Westford, MA. From 2005 to 2008, he was Vice President of Marketing and Communications at Worcester Polytechnic Institute. He has worked for CIT Group, Aramark Corporation, and The Wharton School at the University of Pennsylvania. At the Wharton School, he served as Director of Communications and Public Affairs and Director of Media Relations. He began his career at Burson-Marsteller, a leading international public relations consulting firm. Mr. Hardwick holds a masters degree in journalism and communications from the University of Maryland, and a bachelors degree in journalism from the University of Wisconsin.

Med Students by Day, YouTube Sensations by Night

When studying gets to be too much, our second-year students sometimes break into song—and the YouTube videos capturing these musical interludes have created quite a bit of buzz lately. The videos put a med school spin on some of the most popular songs of the past year, such as Carly Rae Jepsen's "Call Me Maybe" ("Study Maybe"); Jay-Z and Kanye West's "In Paris" ("Med School's So Hard"); and The Wanted's "Glad You Came" (a boy-band send-up to welcome the Class of 2016).

"I brought the idea up to a few of our classmates towards the end of first year, and by then everyone was so exhausted that they just wanted to work on a project that did not involve holing up in the pods or the library," says Jeremy Bengson, who works with Andy Chen on producing, shooting and editing the videos. "Before we knew it, we had two videos ("Study Maybe" and "Med School So Hard") that we could show at our end-of-the-year class event, Freshman Follies."

The students film the videos and lay down the audio tracks themselves. "We usually shoot all of the scenes over a few days, and then sit down with all the clips (anywhere from 30-200 clips overall) and select which ones we will use," Jeremy explains. "The mixing and mastering process for the audio and the editing of the video takes the longest, reaching upwards of 24+ hours of work."

Recruiting performers has been surprisingly easy. "Of all the things I thought I would do in medical school, making a music video would not have been at the top of the list, but now I'm hooked," says Meaghan Moxley, one of the featured singers in "Study Maybe." Adds Tom Robertson: "There is such diverse talent here, so being creative, doing something new with good friends in a place we really enjoy—it was a no-brainer to get involved!" Matt Zeitler thinks "performing arts are a great outlet. It's hard sometimes in med school to remember to have fun and be creative. These videos are an awesome creative outlet and way to blow off steam."

> "It's hard sometimes in med school to remember to have fun and be creative. These videos are an awesome creative outlet and way to blow off steam."

It wasn't only our medical students who responded well to the videos. "Before we knew it, the videos went viral in the medical school social networks," explains Tim Costales. "To me, this not only was incentive to do more films. It also has allowed our class to garner inventive ideas for future films, such as the welcome video for the Class of 2016." The nationally broadcast *ABC World News* even took notice, featuring clips from "Study Maybe" in a profile they did on Jepsen.

So don't be surprised if the class comes up with more videos. "It's become a unique way to convey the spirit of our class—fun-loving, multi-talented, and ambitious," says Meaghan. "We are definitely considering making more videos for our class' end-of-year events (e.g. Sophomore Sillies, Junior Jollies, etc.)," Jeremy says, "In the meantime, we have been contacted by the School of Nursing to help out with a video to establish a hand-washing initiative put forth by the hospital. Campus has also contacted us about wanting to do more campus-wide videos. Unfortunately, with our current second-year schedule, we may not be able to make good on all of the requests, but we will do our best."

Jeremy stresses that the videos will never demean the medical school experience. "Medical school is no joke," he declares. "But if you cannot find a way to joke around and have fun along the way, you are going to have a bad time. We wanted to show through these videos that medical students are not just study zombies. For a while now, students across the country have resorted to making parodies as a way of humorously depicting the plight of a med student, and we just wanted to contribute to the mix and show our fellow med school colleagues that they are not alone." Adds Greg Lessans, "I think Maryland is a great place to go to school because of the 'work hard, play hard' mentality that my classmates and I adopt, and the videos showcase this perfectly."

New Surgery Division Chiefs

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and mentor who considers professional cultivation an important part of her job as division chief. Dr. Slezak will continue to lead the division in basic and clinical research, including studying the role of stem cells from fat as soft tissue fillers.

"It gives me great pleasure to see Dr. Slezak achieve this new level of leadership," says Dr. Bartlett. "She is an outstanding teacher and mentor who is deeply invested in the future of reconstructive surgery and in helping her colleagues find new and better ways to improve the quality of life for our patients."

The Division of Plastic and Reconstructive Surgery at the School of Medicine includes a total of six faculty physicians, including two new faculty

DR. SLEZAK WILL CONTINUE TO LEAD THE DIVISION IN BASIC AND CLINICAL RESEARCH, INCLUDING STUDYING THE ROLE OF STEM CELLS FROM FAT AS SOFT TISSUE FILLERS.

physicians who joined this summer. Dr. Slezak will continue to lead this expanding team in performing plastic and reconstructive surgeries across a variety of specialties in patients who have had cancer treatment, burns, congenital defects, and trauma. "Dr. Slezak's appointment signifies our commitment to support and expand this important clinical service, which helps to provide physical and emotional restoration when it's needed most," says Dean Reece. "I am confident Dr. Slezak will lead the Division of Plastic Surgery into a bright future of top-tier research, education and patient care."

Dr. Slezak is presently the only female plastic surgeon on the leadership board of the American Board of Plastic Surgery and is author of the CoreQuest curriculum of plastic surgery, which has been adopted as the teaching text in many plastic surgery training programs throughout the country. In 2011, Dr. Slezak was named a "top doctor" by *U.S. News and World Report*, indicating that she is in the top one percent of her specialty field. In 2010, Dr. Slezak was selected by her peers to *Baltimore Magazine's* list of top doctors.

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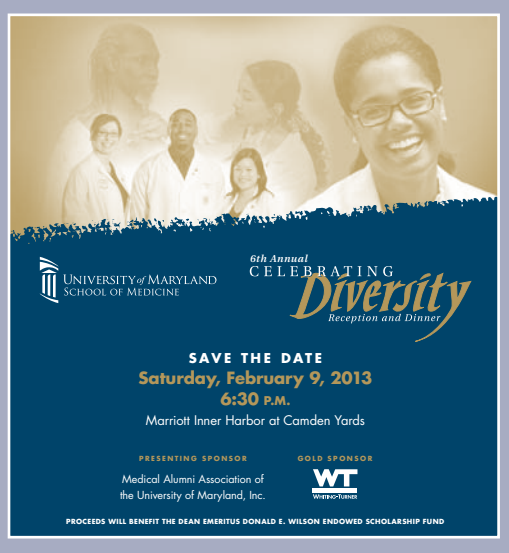
University of Maryland School of Medicine
655 West Baltimore Street
Baltimore, Maryland 21201-1559



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