



DEAN'S MESSAGE: What's On My Mind



What's on my mind this month is the genomic revolution and personalized medicine. Congress recently passed the Genetic Information Nondiscrimination Act (GINA), which prohibits health insurance companies and employers from using genetic information in determining insurance eligibility or in hiring, firing or promotion decisions. GINA will likely dramatically increase the public's willingness to undergo genetic testing, and, in the process, accelerate the unlocking of the promise of the Human Genome Project, which finished sequencing all three billion base pairs of all 23 human chromosomes in 2003.

The University of Maryland School of Medicine is poised to take full advantage of the fruits of the Human Genome Project. The University of Maryland Institute for Genome Sciences (UMIGS) is dedicated to applying genomic information to the advancement of human health. This institute,

“My vision is to have the School of Medicine become one of the leading centers in the country for genomic medicine.”

headed by preeminent genome scientist and microbiologist Claire M. Fraser-Liggett, PhD, will have an eventual staff of about 150 and a research budget in excess of \$50 million.

Closely allied with UMIGS are several existing genetics and genomics programs in the School of Medicine. One is our Program in Genetics and Genomic Medicine, led by Alan R. Shuldiner, MD, an endocrinologist

nationally known for his work in the molecular basis and genetics of type 2 diabetes, obesity and insulin resistance. Dr. Shuldiner directs a large multidisciplinary team of investigators working to translate advances in the understanding of human genetics and genomics into practical approaches for preventing and treating a range of diseases.

The other program with strong ties to UMIGS is our cardiopulmonary genomics program, led by Stephen Liggett, MD, an internationally-recognized researcher who studies how naturally occurring genetic variations affect susceptibility to heart disease and asthma and response to drugs. Researchers in Dr. Liggett's program will benefit from the tools and methodologies being developed by UMIGS researchers to better tailor drug treatment regimens.

Our global medicine research projects also will benefit greatly from these outstanding genomics resources and experts. For example, our Institute of Human Virology (IHV), headed by internationally-renowned AIDS researcher Robert C. Gallo, MD, is aggressively pursuing the mechanisms by which viruses attack human cells and spread. Understanding a person's genomic makeup may help the IHV researchers better predict how patients will respond to viral infections and treatments.

Similarly, researchers at our Center for Vaccine Development (CVD), headed by world-famous infectious disease and tropical medicine expert Myron M. Levine, MD, DTPH, will benefit by better understanding how a person's genetic makeup affects his/her immune response to a particular vaccine. CVD investigators develop and test vaccines for a wide range of infectious diseases that affect millions of people throughout the world.

Supporting the work of genetics and genomic researchers throughout the campus are the Division of Biostatistics and the Program in Bioinformatics in the School of Medicine's Department of Epidemiology & Preventive Medicine. In addition, genomic researchers campus-wide have access to the school's state-of-the-art Biopolymer/Genomics Core Facility, which provides advanced DNA sequencing and sophisticated gene analysis support.

We will soon be able to examine a person's entire genome, or at least a large portion of it, and make individualized diagnoses and treatment decisions based on their unique genetic profile.

My vision is to have the School of Medicine become one of the leading centers in the country for genomic medicine. We boast unsurpassed expertise and technology not only in genome sciences but also in our ability to translate genomic information into better diagnostic tests and targeted therapies for conditions that affect patients worldwide. Thanks to GINA, we can now accelerate that process and look forward with great anticipation to this type of personalized medicine becoming a reality in the not-too-distant 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
Dean, University of Maryland School of Medicine

Researcher Wins Critical Role in NIH's Human Microbiome Project

The human body is teeming with trillions of tiny microorganisms living in every surface and cavity of the body. The genetic composition of these organisms is considered to be a critical new frontier in the field of genomics, and researchers at the University of Maryland School of Medicine's Institute for Genome Sciences (UMIGS) have been selected by the National Institutes of Health (NIH) to play a central role.

The NIH has chosen Owen White, PhD, professor, Department of Epidemiology & Preventive Medicine, and a researcher at UMIGS, to lead a \$9.9 million project that forms the core of the Human Microbiome Project. That project is an initiative of the NIH's National Human Genome Research Institute. The Human Microbiome Project will engage scientists throughout the U.S. to sequence the genomes of 600 microbes that have been identified on the human body. It also funds work in refining the tools and technology used in this sequencing.

Dr. White, a bioinformatics expert, will spearhead the Human Microbiome Project Data Analysis and Coordination Center, a database system that will analyze, organize and disseminate the genomic information gathered at vari-

ous sites as part of the Human Microbiome Project. All information in the Human Microbiome Project will be made available for free to U.S. investigators.

“Ease of access to the information gathered as part of the Human Microbiome Project is critical to accelerating the pace of scientific discovery,” said Dean Reece, MD, PhD, MBA. “We are honored the NIH has entrusted such a crucial task to UMIGS. For the institute to have received such a prestigious grant so early in its history recognizes the program's strength and the skill of its researchers.”

“The Human Microbiome Project is the next generation of the human genome,” said Dr. White. “It is about studying the ecology of the organisms that are growing in association with the human body. Even healthy individuals have collections of bacteria in their mouths or on their skin that play a role in our health. There is already some research underway analyzing species of bacteria in healthy people versus unhealthy people. Studying the microbiome will enhance our overall understanding of human health.”



Owen White, PhD

Dr. White and his colleagues will create a pipeline to funnel the information into their database from the Human Microbiome Project partner sites as well as a data analysis system to organize the data accordingly. They will establish a Web portal through which scientists can access the information, and a helpdesk that will make experts available to answer questions about the system. The project also will include training sessions and workshops to familiarize scientists with the bioinformatics system.

“The technology to sequence DNA has existed for a long time,” said Dr. White. “But we are still learning how to make use of the genetic information it generates. The volume of data is so large, a streamlined system is needed to perform processes such as finding all the genes and figuring out what they do. You can't do that on your desktop; you need a huge computer infrastructure. That's what we will create for the Human Microbiome Project,” he added.

On October 7, 2008, the NIH announced its first awards under the Human Microbiome Project. The \$21.2 million in grants includes Dr. White's \$9.9 million grant and 10 others. The

projects enter new territory in genomics known as metagenomics. Genomics typically focuses on the sequencing of the DNA of one microorganism at a time. But the advanced field of metagenomics allows scientists to analyze all the DNA in all the microbes in a sample. Many of the studies funded in this first round of the project are intended to improve the techniques and technology used to identify microbes and the location and significance of their genes.

“The Human Microbiome Project is an exciting part of the genomics field that is beginning to address very interesting health questions. Genomics is becoming more applied and having more of an impact on human disease. Being a part of this is genuinely very exciting,” added Dr. White.

Claire Fraser-Liggett, PhD, professor, Department of Medicine, and director of UMIGS, said, “The Data Analysis and Coordination Center will be a critical component of the Human Microbiome Project,” she said. “This award to Dr. White is a testament to his stature in the field of comparative genomics and bioinformatics, and will significantly add to the metagenomics research effort already underway within UMIGS.”

Calia, Fahnestock and Simard Win Founders Week Awards

Three of this year's four UMB Founders Week Award winners are School of Medicine employees.

Teacher of the Year

Frank M. Calia, MD, MACP

The awards section of Frank Calia's curriculum vitae is a little like Cal Ripken's trophy case—overstuffed. The current chair of the Department of Medicine, and professor emeritus of the Departments Medicine and Microbiology & Immunology and former vice dean of the School of Medicine, has been chosen Teacher of the Year by students at the School of Medicine 18 times since he joined the faculty in 1969.

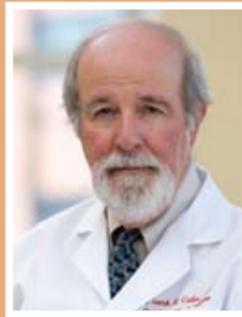
Still, when University of Maryland, Baltimore (UMB) President David J. Ramsay, DM, DPhil, called to tell him he was this year's Teacher of the Year, Calia was stunned.

"I was incredulous," said Dr. Calia. "Don't forget I retired in 2004 before being called back. I'm kind of over the hill."

His students and colleagues would disagree. They rave about his clinical acumen, his ability to draw them into discussions, and his compassion. An instructor in internal medicine and infectious diseases, he also surprises students by knowing their names on the first day of class. "Boy, does that get their attention," he said.

Calia has handled many roles for many departments at the School. While vice dean, he helped to implement a new school-wide curriculum that focuses on self-based learning.

He has published widely in the area of infectious diseases and has served as a visiting lecturer on that topic and others throughout the country. Who invites him? Often his former students, of course.



Frank M. Calia, MD, MACP

Public Servant of the Year

Kenneth E. Fahnestock, MA



Kenneth E. Fahnestock, MA

Being a four-term chair of the Staff Senate at the University of Maryland, Baltimore and an administrator in the School of Medicine's Department of Physiology would be enough responsibility for many people. But for Kenneth Fahnestock, it's barely a start.

A four-year U.S. Navy veteran, he's been part of the Naval Reserves so long (since 1980) he is no longer eligible to receive regular base pay. His long-standing relationship with the Maryland chapter of the Muscular Dystrophy Association started two years before that.

And then there was Big Brothers and Big Sisters, Bel Air Youth Center, March of Dimes, Boy Scouts of America, Kidney Foundation, Komen Breast Cancer Foundation, American Heart Association, American Cancer Society, and New Pathways. Not to mention refereeing youth soccer for years.

"I am thankful for everything I have, my health and my family," says Fahnestock, who has a "very patient and understanding" wife and two grown children. "I have always felt that if I can do something to make someone else's life better, I should do what I can."

He brought that helpful attitude to UMB in 1999. His work with the Staff Senate, the Maryland Charity Campaign, his involvement with many on-campus committees, his public service commitments, in addition to his departmental duties, earned him Employee of the Year honors in 2007.

Entrepreneur of the Year

J. Marc Simard, MD, PhD

J. Marc Simard, MD, PhD, is the first repeat winner in the 13-year history of the Founders Week awards. Research Lecturer of the Year in 2007 for his seminal work on the regulation of ion channels in vascular cells of the brain and spinal cord, Simard was named 2008 Entrepreneur of the Year for moving his research closer to patients' bedsides.

Dr. Simard is a professor in the Departments of Neurosurgery, Pathology and Physiology, and is one of UMB's most prolific inventors, with 30 issued and pending patents, both in the U.S. and abroad.

As director of the Department of Neurosurgery's Cerebrovascular Research Laboratory, Dr. Simard studies cellular mechanisms regulating cerebral flow. A primary focus of his research involves patch clamp study of ion channel function in cerebral smooth muscle. His significant contribution is the discovery of a novel ion channel in the central nervous system that is newly expressed following acute central nervous system injury such as stroke, spinal cord injury and traumatic brain injury. This ion channel appears to play a role in cell swelling. He has developed a potential new treatment which may reduce the death of brain cells and the hemorrhaging and inflammation associated with strokes.

Over the past seven years, Dr. Simard's research has been published in several papers in the *Journal of Neuroscience* and in *Nature Medicine*, the latter of which describes how his treatment illustrates a significant decrease in stroke mortality.

But Dr. Simard, isn't resting on his much-deserved laurels. He's more concerned with the 700,000 new stroke victims in the U.S. each year. And the 97 percent of them who receive no drug-based treatment. Stroke is the third leading cause of death in the United States, and the leading cause of serious long-term disability, affecting over five million people. Currently, only one FDA-approved drug for the treatment of acute stroke exists, and that drug must be administered within a three-hour window from the onset of a stroke. This drug is only used in three percent of new stroke victims.

Remedy Pharmaceuticals was co-founded by Dr. Simard in 2004 to develop the ground-breaking discoveries he has made at the University of Maryland School of Medicine and bring them to the commercial market. Currently, Remedy is working on a product called R-001, using the diabetes drug glyburide, to be used for patients who are suffering from stroke, spinal cord and traumatic brain injury. Thanks to robust efforts by Dr. Simard, Remedy is finalizing a \$22 million Series A round of financing to fund a Phase II clinical trial, which is the next step in the regulatory approval process.

"There's not much that can be done with injuries of that sort right now," Dr. Simard said. "We think our discovery will open new therapeutic pathways and give victims of these debilitating and often fatal injuries options for a better quality of life." 



J. Marc Simard, MD, PhD

What Do We Do?

General Clinical Research Center

The General Clinical Research Center, better known as the GCRC, was created in 2002 to provide infrastructure and support services to clinical researchers on campus.

The center is funded by the National Institutes of Health (NIH) through a grant from the National Center for Research Resources (NCRR). NCRR supports a national network of clinical and translational research centers located at major U.S. academic medical centers. It is important to note that the grant money has been subsequently renewed and continues to fund the program today. The GCRC serves investigators who are funded by any type of organization, including the NIH, other federal sources or private foundations as well as new investigators without external funding. The center welcomes pilot studies that may lead to future peer-reviewed clinical research. The GCRC is an important partnership between the University of Maryland, Baltimore (UMB), the University of Maryland School of Medicine and the University of Maryland Medical Center (UMMC), and it works to fulfill the research goals of all three institutions.

Carol Tacket, MD, professor, Department of Medicine, is the director of the GCRC, and oversees the day-to-day operations of GCRC resources and its core facilities. She facilitates communication between the GCRC's advisory committee and staff and the investigators for whom it can be a resource.

Aside from providing clinical research services to scientists, the GCRC has a Biostatistics

Core that provides scientific consultation to UMB investigators planning or conducting clinical research. The Biostatistics Core is responsible for evaluating protocol, study design, sample size and statistical analysis plans. Its director, Laurence (Larry) Magder, PhD, and statistician, Hegang Chen, PhD, are available to consult with investigators who are developing protocols. They can help investigators describe statistical methods in their grant proposals. Drs. Magder and Chen also are professor and associate professor, respectively, in the Department of Epidemiology & Preventive Medicine.

The Genomics Core is led by Colin Stine, PhD, associate professor, Department of Epidemiology & Preventive Medicine. The facility is well equipped with the state-of-the-art equipment necessary to perform current molecular biology procedures, including microarrays, DNA sequencing and SNP detection. "Dr. Stine is an expert at helping investigators formulate genomic questions that will enhance their research projects," explained Dr. Tacket.

Samuel Dongmo, PhD, is director of the GCRC's Bioinformatics Core, which provides technical resources to assist GCRC investigators in the storage, management, analysis and integration of research data.

For investigators with limited research budgets, the GCRC is a means to extend their staff. "GCRC research nurses and patient care technicians collaborate with the investigators and often the investigator's nurse or study coordinator," explained Dr. Tacket.

Because of the variety of clinical work they are called upon to do, members of the GCRC staff must be well-rounded. "We cover a lot of disciplines," said Nurse Director Nancy Englar, MHL, BSN, RN. "For example, we currently support diabetes, oncology, arthritis, endocrine, renal disease and vaccines studies."



Dawn Fox, RN, reviews instructions with patient Sharon Gutkoska.

The GCRC staff conducts clinical studies in compliance with the IRB-approved protocol. "The safety and comfort of our research participants is our highest priority," said Research Subject Advocate Kathy Palmer, RN, BSN, CCRC. "Research participants and investigators value the quality care they receive in the spacious GCRC environment."



Nurse Director Nancy Englar, MHL, RN, BSN, goes over research with Myrtis Pope, RN, BSN (sitting).

The GCRC staff has the capability of providing care for both outpatient and inpatient research subjects. The staff is trained to perform research-related procedures for protocols involving adults or children. To learn more about GCRC services visit their Web site at <http://medschool.umaryland.edu/gcrc/>. 

Saving Babies with Complex Conditions: University of Maryland Center for Advanced Fetal Care Debuts Expanded Facilities

The University of Maryland Center for Advanced Fetal Care provides state-of-the-art care for the smallest of patients—unborn babies with complex conditions, such as heart defects, fetal growth problems and chromosomal abnormalities. The center celebrated the opening of its expanded facilities, which double the size of the center and include upgraded equipment to provide cutting-edge diagnostic and treatment options for these babies and families, at a ribbon-cutting ceremony on Thursday, October 16.

“The families and children we care for are at the heart of what we do at the Center for Advanced Fetal Care. Whether we are performing a routine ultrasound or a life-saving fetal transfusion, our team of physicians, sonographers, nurses and counselors is dedicated to doing all we can to help. We want to give these families the knowledge to make informed medical decisions about their child’s future,” said Christopher Harman, MD, professor and vice chair, Department of Obstetrics, Gynecology & Reproductive Sciences. Dr. Harman also is director of the Center for Advanced Fetal Care at the University of Maryland Medical Center.

The center offers an array of screening tools, including advanced imaging using 3D ultrasound, fetal MRI, fetal echocardiography and fetal biopsies. The center was the first in Maryland to offer fetoscopy, a procedure using a tiny fiberoptic camera to allow doctors to see the baby inside the uterus. This technology is used during fetal laser surgery for conditions such as twin-to-twin transfusion syndrome, a life-threatening imbalance of blood flow in some cases of identical twins. The center also provides prenatal screening for all pregnant women, offering a unique, comprehensive risk assessment in the first trimester, using ultrasound, fetal blood flow monitoring and special blood tests to rule out potential pregnancy problems with a high degree of accuracy.

“Through our first trimester screening, we are able to get a very detailed look at the fetus and we can sort out many possible complications,” explained Ahmet Baschat, MD, associate professor, Department of Obstetrics, Gynecology & Repro-



(L-R) Ahmet Baschat, MD, Hugh Mighty, MD, and Christopher Harman, MD, assist a former patient during the Center for Advanced Fetal Care’s ribbon-cutting ceremony.

ductive Sciences. “The majority of women do not get this important triage of risks in the first trimester of their pregnancies. In those cases where we do detect a possible problem with the baby, identifying those abnormalities early offers us the best opportunity for treatment.”

Staffed by world-renowned physicians and researchers, the Center for Advanced Fetal Care is also advancing the understanding of fetal growth and development through its research, such as investigating maternal blood serum markers to identify early signs of pre-eclampsia, a dangerous development of high blood pressure during pregnancy. Another research initia-

tive involves testing a new non-invasive fetal monitor that may provide valuable information about changes in an unborn baby’s heartbeat and movement over an extended period of time. The team also helps to manage maternal health conditions that may affect the pregnancy, such as diabetes or heart disease. The center’s staff has many years of expertise with multiple births for families expecting twins, triplets or more.

“The University of Maryland has been a leader in advancing the field of maternal/fetal medicine. The expansion of the Center for Advanced Fetal Care exemplifies our commitment to providing the best care possible for mothers, babies and families,” said Hugh Mighty, MD, associate professor and chair, Department of Obstetrics, Gynecology & Reproductive Sciences.

While the staff for the Center for Advanced Fetal Care has already moved into the new facilities, the expansion will continue over the next few months. A Feng Shui artist designed the new space with subdued lighting, calming colors and soft fabrics in order to provide a relaxing atmosphere for patients. 🏠

University of Maryland Surgeons Evaluate Treatment Options for Traumatic Aortic Injury

A blunt traumatic injury to the aorta, the body’s main artery, is one of the leading causes of death following a vehicle crash. If it is not treated rapidly, the patient is at serious risk for artery rupture, which is nearly always fatal. University of Maryland surgeons have evaluated various treatments for this type of traumatic aortic injury, including a newer, less invasive procedure that enables them to fix the artery without making an incision. Their review appears in the October 16, 2008, edition of the *New England Journal of Medicine*.

“This type of injury to the aorta primarily affects young, healthy people and it has a very high mortality rate. For those who get to medical care quickly, our review found that treatment for blunt aortic injury has evolved and improved considerably,” said David G. Neschis, MD, associate professor, Department of Surgery, and the review’s lead author. “The next step in this evolution will be more widespread use of the minimally-invasive treatment that allows us to place a small, tube-like device called an endograft inside of the aorta without making a large incision. It offers tremendous promise as a way to save lives, make recovery easier and limit complications,” he added.

“Trauma patients with this type of aortic injury often have other serious injuries that make traditional surgery risky because it requires opening their chests to repair the problem. A minimally-invasive approach in these types of cases can be a valuable life-saving option for these patients,” said Thomas M. Scalea, MD, professor, Department of Surgery, and director, Program in Trauma. Dr. Scalea also is physician-in-chief at the R Adams Cowley Shock Trauma Center.

With the traditional method to repair this type of traumatic aortic injury, surgeons would make a large incision to open the chest and then insert a fabric tube, or graft, to make the repair.

“Through our previous experience with traumatic injury patients, we know that the surgical repair could stabilize the injured artery. In this newer technique, we have a different way to deliver the graft, in this case, through the bloodstream,” explained Bartley P. Griffith, MD, professor, Department of Surgery, and head, Division of Cardiac Surgery. He added, “It’s extremely gratifying to know that we can now offer a life-saving procedure to patients who would not be good candidates for the open operation.”

In the less invasive endograft procedure, doctors insert a catheter into an artery in the leg. Using X-ray guidance, physicians steer the catheter through the blood vessels into the aorta. At the site of the injury, doctors release the endograft, the self-expanding, tube-like device that creates a new lining in the artery.

“The minimally invasive endograft technique provides a way to fix this devastating injury with less blood loss, less operating time and faster recovery time, which can be very important for patients recovering from multiple traumatic injuries,” said William Flinn, MD, professor, Department of Surgery.

In their review of blunt aortic injury, the University of Maryland physicians also examined the mechanisms of action that cause this type of injury, which can occur with vehicle crashes, collisions, falls and crush injuries. These aortic injuries most likely involve a combination of forces, such as stretching and shearing, which damages the vital artery. For example, in a car crash, a person traveling at a high rate of speed suddenly stops. Part of the aorta is fixed and stays put, while the mobile part of the artery continues to move. That stress tears the artery. In many cases, the aorta ruptures, killing the person. For those who initially survive, the aorta has been damaged and, almost always, needs to be repaired.

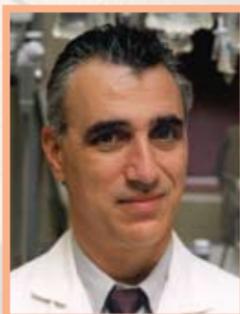
“In trauma care, we are always searching for better ways to help our patients who have complex and immediate medical needs,” said Dr. Scalea. “For a trauma patient involved in a crash, the aortic injury will, most likely, not be the only immediate medical problem. There can also be brain swelling, broken bones, spinal cord damage and lung injuries. The option of a less invasive procedure to stabilize the aorta means these patients will not have to undergo the additional trauma of the open operation.”

Dr. Neschis added, “Our experience with the endograft and our expertise in trauma, cardiac surgery and vascular surgery put the University of Maryland in a unique position to use this minimally invasive approach. We have performed 39 of these less invasive aorta repairs in our

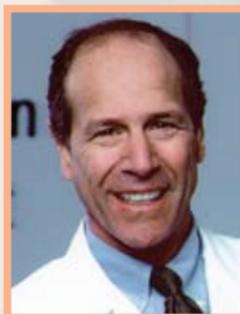
trauma patients since 2005 with good results. In fact, at our hospital, endovascular repair has supplanted open surgery as the primary treatment option in these cases. We believe this procedure represents the next logical progression in treatment for blunt aortic injury.” 🏠



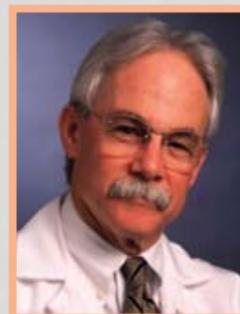
David G. Neschis, MD



Thomas M. Scalea, MD



Bartley P. Griffith, MD



William Flinn, MD

School of Medicine Graduates 300 Mini-Med School Participants—Its Largest Class Ever



During her Mini-Med School presentation, Pamela Peeke, MD, challenged students to become more “Fit to Live” by eating better and exercising.

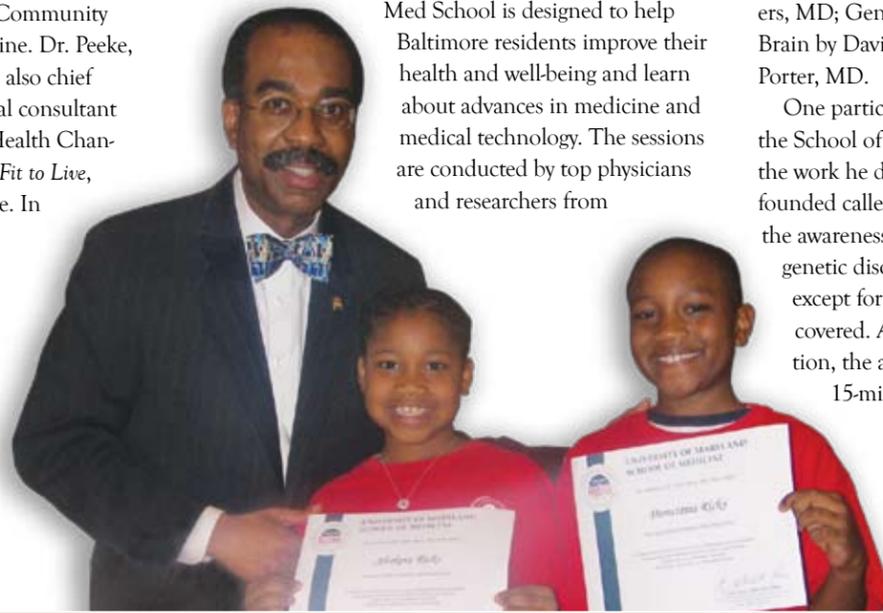
It was a bittersweet night on October 1, 2008, when participants graduated from the University of Maryland School of Medicine’s eighth annual Mini-Med School. While the students were thrilled to be presented with certificates for completing the program by Dean E. Albert Reece, MD, PhD, MBA, it was difficult to say goodbye. “I wish we had five more weeks,” said one enthusiastic participant.



Another proud Mini-Med School graduate poses with Dean Reece.

Also on the final evening, participants were treated to a nutrition and fitness presentation from best-selling author Pamela Peeke, MD, MPH, clinical assistant professor, Department of Family & Community Medicine. Dr. Peeke, who is also chief medical consultant for Nutrition and Fitness for the Discovery Health Channel, showed clips from her Discovery special *Fit to Live*, which is based on her book of the same name. In addition to giving tips for healthy eating, Dr. Peeke thoroughly entertained the Mini-Med School participants with her stories about the differences between how men and women approach exercise.

Among those receiving a graduation certificate from Dean Reece were brother and sister Shakeria and Demetrius Ricks, who attended all five Mini-Med School sessions.



Offered as a public service by the University of Maryland School of Medicine, Mini-Med School is a series of tuition-free classes designed to help Baltimore residents improve their health and well-being and learn about advances in medicine and medical technology.

This year’s Mini Med School was the most successful ever, with 300 students attending the five-week, tuition free program. Offered as a public service by the University of Maryland School of Medicine, Mini-Med School is designed to help Baltimore residents improve their health and well-being and learn about advances in medicine and medical technology. The sessions are conducted by top physicians and researchers from

the School of Medicine and designed to be casual, fun and informative. The majority of attendees come from West Baltimore neighborhoods near the School of Medicine campus, but some travel from as far away as Prince Georges, Harford and Cecil counties. They range in age from 8 to 80.

This year’s topics included Violence & the Violence Intervention Program by Carnell Cooper, MD; Irritable Bowel Syndrome & Celiac Disease by Alessio Fasano, MD; Colds vs. Allergies by David Stewart, MD; Autism by Kenneth Rogers, MD; Genetics by Mimi Blitzer, PhD; Understanding the Brain by David Mallott, MD; and Brain Disorders by Neil Porter, MD.

One participant this year, Rick Guidotti, was from outside the School of Medicine. Mr. Guidotti was invited to discuss the work he does through a non-profit organization he founded called Positive Exposure. Positive Exposure raises the awareness of the beauty of children who are living with genetic disorders. Two topics were discussed per evening, except for graduation night when only one topic was covered. At the end of each faculty member’s presentation, the audience was able to ask questions during a 15-minute Q&A session. 

SOMnews

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE NOVEMBER 2008 VOL.10 No.3

SOMnews is produced by the University of Maryland School of Medicine, Office of Public Affairs
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 ▶ Brushwood Graphics Design Group, Design ▶ Submitting information to SOMnews: Please email your submission six weeks prior to the month you wish to see your submission included to Heather Graham, Public Affairs Manager, at hgraham@som.umaryland.edu.
 ▶ Printed using environmentally-responsible low VOC inks.

