



## DEAN'S MESSAGE: What's On My Mind

What's on my mind this month is the continuing economic climate and its effect on School of Medicine faculty, staff and students. I would like to reinforce my thoughts as a follow-up to recent email messages from President Ramsay and Chancellor Kirwan.

Last year was indeed very challenging. We experienced furloughs, salary freezes and deferred expenditures as a result of state budget cuts to the university and the School of Medicine. Our leadership team introduced a number of creative and prudent budget adjustments in response to these cuts. These mitigated the impact on our faculty, staff and programs. I wish to thank you for your resilience and the significant accommodations you all have undoubtedly made in order for us to have had a very successful year of academic and clinical accomplishments despite these challenges.

Recently, Governor O'Malley announced further budget reductions for FY 2010. This year's budget for the University System of Maryland (USM), which was approved only last April, has already been subjected to \$94 million in cuts, \$26.1 million of which must come from furloughs or temporary salary reductions. The Board of Regents recently adopted a resolution that will provide for temporary salary reductions

coupled with paid administrative leave. The plan is based upon the principle that those who earn more must take larger temporary salary reductions.

We are pleased that the UMB plan provides flexibility in recognition of varying sources of revenue support and the importance of maintaining essential services, including class schedules, student services and patient care activities. Keep in mind that the plan is not a furlough plan, and thus will allow for flexibility in how administrative leave is carried out, and will ensure that patient care services are not adversely impacted. The full UMB plan and a set of frequently asked questions can be found at [www.umaryland.edu/president/2010\\_temporary\\_salary\\_reduction\\_plan.html](http://www.umaryland.edu/president/2010_temporary_salary_reduction_plan.html).

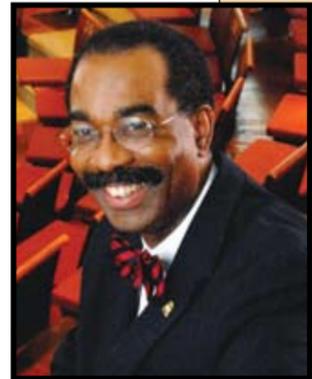
Please be aware that USM and UMB leadership fully recognize the significance of our research programs and the large extramural funding, as well as our outstanding clinical practices and programs, which constitute the majority of our financial support. In light of this, you have my assurance that we will exercise our best judgment, within the flexibility extended to us, to maintain the huge gains that we have made. The hard work, dedication and extraordinary academic and clinical accomplishments that you have demonstrated attest to the great institutional spirit of our outstanding academic community.

We will continue to try to achieve savings and economies of scale without depleting our resources for scholarly investment and collegial interactions. We must consider ourselves fortunate to be able to continue growth in our mission areas under the current economic circumstances. As you know, many of our sister institutions across the country are in dire distress from even more severe financial constraints.

Please accept my most sincere and heartfelt thanks for your continued excellent clinical and scholarly work and accomplishments in the face of the financial challenges confronting us. I am confident that with careful planning and prudent fiscal management, we will remain strong and emerge from this budget crisis stronger and more competitive.

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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## Stephen Davis Appointed New Chair of Department of Medicine

Stephen N. Davis, MBBS, an internationally recognized endocrinologist and research scientist, has joined the University of Maryland School of Medicine as the Theodore E. Woodward Endowed Chair and as professor and chair of the Department of Medicine. In his new role, Dr. Davis will also be chief of medicine and physician-in-chief at the University of Maryland Medical Center.

Dr. Davis was recruited from Vanderbilt University School of Medicine in Tennessee. As the Department of Medicine's 13th chair, he will lead the School of Medicine's largest department, with over 300 full-time faculty. He has devoted his career to research and patient care, focusing on treating adults with diabetes and metabolic disorders, as well as studying the biological basis of certain diabetes-related complications.

“As a renowned physician-scientist, Dr. Davis will be most suited to provide excellent clinical and scientific leadership of the Department of Medicine,” said Dean E. Albert Reece, MD, PhD, MBA. “During his 30-year career, Dr. Davis has balanced his award-winning diabetes research program with providing excellent patient care, while excelling at various leadership roles within his institution and in the international medical community at large.”

A native of the United Kingdom, Dr. Davis earned his medical degree from the University of London's Royal Free Hospital

School of Medicine and did his specialty training at the Royal College of Physicians. Dr. Davis joined Vanderbilt University School of Medicine in 1988. He was promoted to director of the Division of Diabetes, Endocrinology and Metabolism, and professor of medicine, molecular physiology and biophysics. Most recently, he also served as associate director of the General Clinical Research Center at Vanderbilt, and for five years, ending in 2002, he was director of the Nashville Veterans Affairs/Juvenile Diabetes Foundation International Research and Training Center.

He has been recognized with many distinguished awards throughout his career, including the Novartis Award for Diabetes Research in 2000—considered to be the highest honor in that field of research. He was named a Fellow of the American College of Physicians in 2009, a Fellow of the American College of Endocrinologists in 2008 and a Fellow of the Royal College of Physicians in 2001.

Dr. Davis currently leads research projects with extramural funding totaling \$10 million.



Stephen N. Davis, MBBS

“I look forward to leading the Department of Medicine into a new, dynamic era of research and patient care.”

His research focuses on the mechanisms that defend against a falling blood glucose level, a condition known as hypoglycemia. “Hypoglycemia is the complication of diabetes that patients fear most,” explained Dr. Davis. “Complications that can be associated with diabetes include blindness, kidney failure and even coma or death.” Some diabetics suffer from frequent episodes of hypoglycemia, even as often as several times each week. Dr. Davis's laboratory has found areas in the brain that act to blunt the body's ability to protect itself against hypoglycemia. Each episode of hypoglycemia triggers these areas of the brain to send out signals that make it more difficult for the body to defend itself against subsequent episodes of low

glucose levels in the blood. Dr. Davis also has identified promising new treatments and interventions that counteract these mechanisms and stimulate the body's ability to defend itself against hypoglycemia.

Dr. Davis also explores the mechanisms that cause increased heart attacks and strokes in diabetic patients, most of whom die from such events. Dr. Davis is the author of more than 110 peer-reviewed articles and 50 textbook chapters and review articles.

“I am honored to take on this leadership role at the University of Maryland School of Medicine,” said Dr. Davis. “I want to thank Dean Reece for this great honor. I am also very pleased to be succeeding Dr. Frank Calia who has been an outstanding leader of this department, which has flourished on his watch. I hope to continue that momentum. I look forward to leading the Department of Medicine into a new, dynamic era of research and patient care defined by cutting-edge discoveries in emerging areas of science including genomics, stem cell biology and metabolic disorders.”

“During his 30-year career, Dr. Davis has balanced his award-winning diabetes research program with providing excellent patient care, while excelling at various leadership roles within his institution and in the international medical community at large.”

# Institute for Genome Sciences to Study Intersection of Human Genome and Microbial DNA

Researchers at the Institute for Genome Sciences (IGS) have earned three new grants potentially worth more than \$24.6 million to study the microbes that live in and on the human body and how they affect human health. The grants are part of an expansion of the Human Microbiome Project (HMP), a \$140 million, five-year effort by the National Institutes of Health (NIH). The human microbiome refers to all of the genomes, or DNA, of the trillions of microorganisms that live on and in the human body.

“Now that the human genome has been sequenced, the human microbiome is the next great frontier for genomics. We’ve become a center of excellence for this new frontier, the study of the human microbiome,” said Claire Fraser-Liggett, PhD, professor, Departments of Medicine and Microbiology & Immunology, and director, Institute for Genome Sciences. “Now we have the tools to study these complex microbial communities that colonize every cavity and surface in the body. They are not just hitchhikers. They play a very important role in improving health by providing capabilities humans don’t have. There also is a growing association between important chronic diseases and potential shifts or changes in these microbial communities. This new field of study gives us an innovative approach to looking at complex diseases we know can’t be easily explained with a single mechanism.”

One of the grants is fully funded, but the other two will cover the beginning of projects that could each last as long as four years. After one year, the National Human Genome Research Institute (NHGRI), the part of the NIH that will fund the Human Microbiome Project, will review the projects and decide whether to award the additional years. The new grants will fund pilot demonstration projects to sample the microbiomes of healthy volunteers and volunteers with specific diseases over the next year. The data will allow the researcher to study changes in the microbiome at particular body sites in both health and diseased states. Dr. Fraser-Liggett received two grants to study the microbes found in the digestive tract.

One grant, for \$833,000 for one year, is to study Crohn’s disease in collaboration with researchers at Lawrence Berkeley National Laboratory in Berkeley, California,



This illustration shows the body sites that will be sampled from volunteers for the Human Microbiome Project, part of the National Institutes of Health’s Roadmap for Medical Research. Courtesy, NIH Medical Arts and Printing

**“Now that the human genome has been sequenced, the human microbiome is the next great frontier for genomics.”**

and Oak Ridge National Laboratory in Oak Ridge, Tennessee. Another grant, for \$1.02 million for the first year, and \$12.3 million for the following three years, will fund Dr. Fraser-Liggett’s study of obesity and metabolic disorders in the Old Order Amish population in Lancaster, Pennsylvania. On that project she is collaborating with Alan R. Shuldiner, MD, professor, Department of Medicine.

A third grant goes to Jacques Ravel, PhD, associate professor, Department of Microbiology & Immunology and IGS, for the study of bacterial vaginosis. The grant is for \$987,000 for the first year of a four-year planned project; the total four-year budget is \$10.5 million.

About 25 to 30 percent of women have bacterial vaginosis at any point in time, and it is the most common vaginal infection that brings women of reproductive age to visit their primary care physician. In addition to causing discomfort, it has been associated with an increased risk of such problems as acquiring sexually transmitted infections and even pre-term delivery during pregnancy, according to Dr. Ravel. “It’s a big problem that is very poorly understood,” he said. “Bacterial vaginosis is the result of changes in the microbiome in the vagina. We hope to identify the causes of the disruption of the microbiome, and we anticipate that a better understanding of bacterial vaginosis will ultimately result in more effective and personalized treatments.”

The NHGRI announced the grants as part of its nationwide expansion of the Human Microbiome Project. The project began in 2007 as a part of the NIH’s Roadmap for Medical Research. The expansion of the microbiome program will include pilot demonstration projects to study seven areas of the body: the digestive tract, the mouth, the skin, the nose, the vagina, the blood and the male urethra. The HMP expansion also will fund the sequencing of at least 400 microbial genomes. The sequencing of 500 other

microbial genomes related to the human microbiome have already been completed or are in process.

More information about the HMP is available at [www.nihroadmap.nih.gov/hmp/](http://www.nihroadmap.nih.gov/hmp/) and [www.hmpdacc.org](http://www.hmpdacc.org). 

## Gene Variant Linked to Effectiveness of Popular Anti-Clotting Medication

*First study to use genome-wide scanning approach to locate gene that affects response to Plavix*

Researchers at the School of Medicine have identified a common gene variant carried by as many as a third of the general population that is believed to play a major role in determining why people do not respond to a popular anti-clotting medication, Plavix. If the medication doesn’t work, patients are at increased risk for subsequent heart attacks, strokes and other serious cardiovascular problems.

The results of the study, published in the August 26, 2009, issue of the *Journal of the American Medical Association (JAMA)*, confirm a previously reported link between people’s decreased response to Plavix, also known as clopidogrel, and common variations of the CYP2C19 gene. The study is the first to identify a common variant of this gene by using a sophisticated technique called a genome-wide association study to rapidly scan hundreds of thousands of genetic markers in the DNA of participants. More than 400 members of the Old Order Amish community in Pennsylvania took part in the study.

“By scanning the entire genome, we found compelling evidence that the CYP2C19 gene is a key determinant of how people respond to this medication,” said lead author,

Alan R. Shuldiner, MD, professor, Department of Medicine, head, Division of Endocrinology, Diabetes & Nutri-

tion, and director, Program in Genetics and Genomic Medicine. “We didn’t detect any other common gene variants that appear to be as significant as CYP2C19, but our research suggests that people’s response to clopidogrel is largely inherited and additional common and rare gene variants most likely are involved.”

Dr. Shuldiner says he will continue his research to search for these gene variants. “The more we know about how genes affect people’s response to medicines, the better able we are to develop effective new therapies and tailor treatment to an individual patient’s genetic make-up,” he said. About 30 percent of the general population in the United States has the CYP2C19 variant identified in the study. Dr. Shuldiner says that it can be detected by a simple genetic test using DNA from blood or saliva. “If people have the gene variant, they might need to take a higher dose of clopidogrel or a different medication altogether,” he says, adding that more research is needed before such testing becomes routine.

Plavix is one of the world’s best-selling medications. It is used to prevent platelets from sticking together and causing blood clots in patients with cardiovascular disease who are at risk of having future heart attacks and strokes. (Platelets are fragments of bone marrow cells that help the blood to clot.) Despite its widespread use, up to 32 percent of people don’t respond to the therapy and as a result, experience serious cardiovascular events. Researchers don’t know the exact reason, but they believe that one important factor is the difference among individuals in their ability to metabolize the drug due to variation in the CYP2C19 gene. “People who have this gene variant are less able to convert clopidogrel into its active form. They also have poorer platelet response to the medication and

Alan Shuldiner, MD, chats with an Amish boy during one of his many visits to Lancaster County, Pennsylvania, to study the genetics of the Amish people.

are at a 2.4-fold-higher risk of dying or having a serious cardiac event resulting from a blocked artery than those who don’t have the variant,” Dr. Shuldiner said.

Dr. Shuldiner and his colleagues analyzed the DNA of 429 healthy members of the Amish community in Lancaster County, Pennsylvania. They gave the study participants Plavix for seven days and then looked at how their blood platelets responded. They also studied the participants’ DNA, searching for common gene variations. The researchers collaborated with investigators at the Sinai Center for Thrombosis Research in Baltimore, confirming their findings by studying a group of 227 people who received Plavix after having stents implanted to open blocked coronary arteries at Sinai Hospital.

Dr. Shuldiner says that about 30 percent of the Amish population has the CYP2C19 variant, which is similar to the general population. He notes that by studying the Amish—a genetically homogenous people, most of whom are related—researchers were able to estimate that 70 percent of the variation in clopidogrel response is due to genes and other shared factors among family members, such as their environment. In genetic research, 70 percent is considered extremely high “heritability,” he said.

The researchers estimate that the CYP2C19 variant accounts for 12 percent of the platelet response to the drug, and other factors, such as age, body mass index and cholesterol levels in the blood, account for another 10 percent. But, Dr. Shuldiner says most of the difference in response to the medicine remains unexplained. “Additional studies in larger populations will be necessary to find additional genes that influence response to clopidogrel.”

The research was funded in part by the National Institute of General Medical Sciences, which is part of the National Institutes of Health, and Sinai Hospital of Baltimore. 



# Cryotherapy Proves to be Effective in Treating Esophageal Cancer

Treatment with a freezing technique known as cryotherapy can eliminate esophageal cancer in a significant proportion of patients with localized disease, according to a new study led by Bruce D. Greenwald, MD, professor, Department of Medicine.

Dr. Greenwald, a gastroenterologist, said 79 patients with early-stage esophageal cancer who were treated with liquid nitrogen spray through an endoscope were enrolled in the study. Of 44 patients who have completed the treatment, 70.5 percent (31 patients) had a complete response to the therapy, showing no evidence of cancer after being treated. Doctors followed these patients for nearly 11 months.

"This study demonstrates that spray cryotherapy is effective in eliminating esophageal cancer in a substantial portion of cases. It is also an excellent alternative treatment for patients with localized disease who are not eligible for or choose not to have standard therapies," stated Dr. Greenwald, the lead author of the study, which was conducted at the University of Maryland and nine other institutions. He recently presented the initial results of the study at the 2009 Digestive Disease Week (DDW) conference in Chicago. "We see a number of patients, particularly older people, who are not able to have surgery or are too ill to tolerate chemotherapy and radiation. With this technology, we can offer them a treatment option where previously there was none," he said. The average age of patients in the study was 76 years old.

In this outpatient procedure, doctors spray liquid nitrogen on the cancerous tissue using specially designed equipment threaded into the esophagus through an endoscope, which is a thin, fiber-optic instrument inserted through the mouth to enable a doctor to see inside the digestive tract. The patient is under moderate sedation.

The liquid nitrogen freezes the cancerous tissue, which then thaws and ultimately sloughs off. This provides an opportunity for normal tissue to grow back in its place. Each area is frozen and thawed multiple times. Treatments are repeated every two to six weeks. Patients are monitored very closely to make sure the cancer does not return.

Of the 31 patients in the study who showed no evidence of cancer after treatment, 16 of them experienced a return of normal tissue in the esophagus. The remaining patients showed evidence of some abnormal cells, called intestinal metaplasia or dysplasia, but not cancer. Thirty-five patients were still receiving treatment. Dr. Greenwald notes that the goal of this treatment initially was to help relieve symptoms of the cancer. "However, the initial results of this study demonstrate the curative effects of cryotherapy on some localized esophageal cancers," he said.

Dean E. Albert Reece, MD, PhD, MBA, said, "Dr. Greenwald has played a key role in testing the safety and efficacy of this novel new approach to treating cancers and pre-cancerous conditions of the esophagus. Esophageal cancer is on the rise in this country, and we need to develop effective new ways to treat it. His findings appear to be very encouraging."

The US Food and Drug Administration has cleared the Cryospray Ablation system, manufactured by a Baltimore-based company, CSA Medical, Inc., for use in destroying unwanted tissue in the body. An earlier small study showed the therapy was safe and could reduce or eliminate localized esophageal cancer.

The University of Maryland was one of the first centers to use spray cryotherapy to treat early-stage esophageal cancers and a pre-cancerous condition known as Barrett's esophagus with high-grade dysplasia. Also presented at the DDW conference were the results of another multi-center study, co-authored by Dr. Greenwald, which showed that cryotherapy was safe and effective in treating Barrett's esophagus with high-grade dysplasia.

In addition, Dr. Greenwald reported in the journal *Diseases of the Esophagus* in June 2009 that the freezing therapy completely eliminated high-grade dysplasia in 94 percent of patients with Barrett's esopha-



Bruce D. Greenwald, MD

**"We see a number of patients, particularly older people, who are not able to have surgery or are too ill to tolerate chemotherapy and radiation. With this technology, we can offer them a treatment option where previously there was none."**

gus in a study at the University of Maryland and three other institutions. All seven patients with early-stage esophageal cancer and intramucosal carcinoma (cancer of the lining of the esophagus) in the study showed complete regression of cancer after the treatment.

The cryotherapy ablation system is now being used at 68 institutions. More than 1,000 patients have been treated nationwide, according to CSA Medical. For more information about cryotherapy ablation, visit [www.csamedical.com](http://www.csamedical.com).

## Researchers Test Immunotherapy Drug to Treat Newly-Diagnosed Type 1 Diabetes Patients

*Experimental therapy aims to prevent the body from destroying remaining insulin-producing cells*

**R**esearchers at the University of Maryland Joslin Diabetes Center are testing whether a novel immunotherapy drug called otelexizumab will help prevent the destruction of insulin-producing cells in people who are newly diagnosed with type 1 diabetes. The center is one of 100 sites in North America and Europe—and the only site in Maryland—to offer the therapy as part of a Phase III clinical trial. In type 1 diabetes, the body's immune system attacks the pancreas' beta cells, and people with the disease need insulin injections to help them process sugar. Patients have about 20 percent of their functioning beta cells left when they are first diagnosed with type 1 diabetes, according to Thomas W. Donner, MD, lead investigator of the University of Maryland study. "Preserving these remaining beta cells would be very beneficial to patients. Studies have shown that when type 1 diabetes patients are still making some of their own insulin, their blood sugar levels are much easier to

**"This study is an example of the innovative clinical research being conducted by our faculty members."**

control and they require less insulin," said Dr. Donner, associate professor, Department of Medicine, and medical director of the Joslin Diabetes Center. "If this therapy proves

to be effective, it could potentially lead to fewer low blood sugar reactions and complications from diabetes in the future."

The clinical trial, the Durable-Response Therapy Evaluation for Early or New-Onset Type 1 Diabetes, is called DEFEND-1. The study is sponsored by Tolerx, Inc., a Cambridge, Massachusetts, company that is producing the drug in conjunction with GlaxoSmithKline. The study is also being funded by the Juvenile Diabetes Research Foundation.

"The DEFEND-1 study is among the first clinical trials to try to prevent insulin-producing beta cells in the pancreas from being destroyed by the immune system," stated Dr. Donner. Investigators hope to enroll a total of 240 young adults, age 18 to 35, who have been newly diagnosed with type 1 diabetes. University of Maryland researchers aim to recruit 10 patients.

The participants will be selected at random to receive eight days of otelexizumab infusions within 90 days of being diagnosed with type 1 diabetes. Two out of three people will receive the investigational

drug, and the third person will receive a placebo. Neither the physicians nor the patients will know who is getting the drug. All of the participants will receive insulin injections and the usual standard of care for patients with type 1 diabetes. To evaluate the effectiveness of the treatment, researchers will measure C-peptide, a byproduct of the production of insulin in the blood which is a surrogate measure of beta cell function. Dr. Donner added, "All patients in the study will receive intensive diabetes management and free blood sugar testing supplies."

Dean E. Albert Reece, MD, PhD, MBA, said, "Diabetes is a major public health problem affecting more than 170 million people around the world, and researchers at the University of Maryland School of Medicine are committed to finding better treatment options for patients. This study is an example of the innovative clinical research being conducted by our faculty members."

Otelexizumab is a monoclonal antibody, which is being developed for the treatment of type 1 diabetes and other autoimmune diseases. It targets CD3, a T-lymphocyte receptor involved in normal cell signaling. Data suggest that the antibody works by blocking the function of effector T-cells, which mistakenly attack and destroy insulin-producing beta cells, while stimulating regulatory T-cells, which are believed to protect against effector T-cell damage.

Type 1 diabetes is one of the two major forms of diabetes. Previously known as juvenile diabetes or insulin-dependent diabetes, it accounts for five percent to 10 percent of the nearly 24 million people in the United States who have diabetes. Type 2 diabetes is by far the most common form. In type 2 diabetes, the body either doesn't produce enough insulin or fails to use the insulin that it makes properly.

People who are interested in participating in the study should call 8-6470. Additional information about the DEFEND-1 clinical trial is available at <http://www.DefendAgainstDiabetes.com>.



Thomas W. Donner, MD



# UMB's Campus Center Celebrates its Official Opening



Walls of windows allow natural light into the new campus center building, which was built to fit perfectly between the Health Sciences/Human Services Library and the School of Nursing.



The pool on the fifth floor of the campus center may be used by fitness facility members. For more information, visit [www.umaryland.edu/smccampuscenter/urecfit](http://www.umaryland.edu/smccampuscenter/urecfit).



*Bon Appétit to Go*, just off the main lobby, offers fast service for healthy snack options and coffee. On the second floor of the campus center, *Bon Appétit Café* offers fresh and locally grown food including deli items, salads, pizza and entrée selections that change daily and with the season.

On September 16, 2009, University of Maryland, Baltimore President David Ramsay, DM, DPhil, invited the builders, architects and sponsors of the new Southern Management Campus Center, as well as UMB faculty, staff and students, to an opening ceremony, where the campus center's logo was unveiled and the building was officially declared ready for business.

"This building is really transformational for the campus," declared President Ramsay. "One of the problems with an institution like this is that students tend to affiliate only with their schools—they go to classes in the law school or medical school and then they go home. They rarely interact, but the marvelous thing about this center is that already you can see an effect. This is a place where the students and the faculty are gathering and mixing, and I think it's going to make a huge difference in the identity of the campus."

David Hillman, CEO of the Southern Management Corporation and a member of the UMB Board of Trustees, gave a five million dollar gift that transformed the quality of services the center is able to offer. "Your gift allowed us to make a good building excellent," President Ramsay told Mr. Hillman. Amenities in the building include a state-of-the-art fitness facility, complete with a swimming pool, saunas and a running track, as well as an array of attractive conference/meeting spaces and healthy dining options.

Mr. Hillman commented, "It is so gratifying to see something that has been talked about and wished for, for such a long time, actually come into existence. Southern Management is very proud to be a part of this campus center and what it is going to bring to the faculty and students at the University of Maryland."

The campus center was built by the Whiting-Turner Contracting Company. 

## Calling All Crafters! Holiday Craft Fair

**NEW DATE: Friday, December 11**

The Office of University Events is excited to announce its second annual **University of Maryland, Baltimore Holiday Craft Fair**. We are in search of artisans who would like to exhibit their handmade holiday gifts and treats!

The craft fair will be held at the University's new Southern Management Corporation Campus Center on **Friday, Dec. 11, from 11 a.m. to 2 p.m.**

We are in search of items such as homemade gifts for children, knitted and crocheted pieces, ceramics, handcrafted wood, blown glass, and holiday-themed merchandise.

Tables are available to rent for \$25 and exhibit space is granted on a first-come, first-served product-capacity basis.

Please contact University Events at 6-8035 or [events@umaryland.edu](mailto:events@umaryland.edu) for a registration form or more information.



UNIVERSITY OF MARYLAND  
BALTIMORE

# SOMnews

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE OCTOBER 2009 VOL.11 NO.2

SOMnews is produced by the University of Maryland School of Medicine, Office of Public Affairs  
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 ▲ Printed using environmentally-responsible low VOC inks.