Cardiovascular Disease & Diabetes

Burton Sobel, M.D. and the groundbreaking BARI 2D study

Also Featured:

- Freeman Scholars Fill Needs Across Vermont
- Fighting Addiction in a Rural State

Summer 2009
Medical research is the beginning of hope. And today its promise has never been greater. But despite the considerable progress that’s been made in new treatments and therapies, too many Americans still suffer from heart disease, asthma, depression, Parkinson’s and other incurable diseases. We can change this – through significant, annual increases in federal funding for medical research. It’s one of the best investments we can make in our future.

Tell your members of Congress that you support significant, annual increases in medical research funding. Go to ResearchMeansHope.org to send your message today.

MORE FUNDING TODAY. MORE MIRACLES TOMORROW.
A message from patients and the physicians and researchers of America’s medical schools, teaching hospitals, universities, research companies and organizations.
ResearchMeansHope.org
From the Dean

College News
Two new senior associate deans, a new name for the main lecture hall, Match Day, Commencement, and more.

Hall A

President’s Corner

Class Notes

Development News

Obituaries

Filling the Need
Across Vermont, alumni of the College of Medicine who participated in the Freeman Medical Scholars program are returning to provide the Green Mountain State with the physicians it needs.

By Edward Neuert

Too Close for Comfort
Physicians at the University of Vermont are at the leading edge of international research that seeks to understand the link between heart disease and diabetes — with the goal of developing new treatments to reduce the risk of death. The newly-published BARI 2D study fuels these efforts.

By Sona Iyengar

Right in Our Back Yard
The work of UVM’s addiction researchers demonstrates how a small state can have an impact in helping to combat substance abuse.

By Jennifer Nachbur

AT LEFT: The UVM College of Medicine has pledged support for the Research Means Hope campaign of the Association of American Medical Colleges. Front cover photo of Burton Sobel, M.D., by Raj Chawla.
I have just had the pleasure of participating in commencement ceremonies for the newest physicians and scientists who call the College of Medicine their alma mater. This year, the largest group of physicians the College has ever graduated — 103 in all — made their way up the aisle at Ira Allen Chapel, and then out to residency programs here in Vermont and across our nation.

The graduation of a new class of physicians and scientists demonstrates the interconnected missions of the College — the weaving of our educational, research, patient care, and community efforts — as these new medical professionals go on to train in primary care, specialty care, public health, and research. Society has never had a greater need for new physicians than it does now. The Association of American Medical Colleges, of which the College of Medicine has been a longtime member, has made increasing the number of the nation’s new physicians a priority in the face of widespread physician shortages today, and even greater needs anticipated in the future of our rapidly-aging population. For the last several years, the College, with the generous support of the Freeman Foundation of Stowe, has been addressing this need in the State of Vermont by actively providing scholarship assistance to medical students to make it possible for them to practice in the Green Mountain State after their graduation and residency. You can read about this effort, and the experiences of several of these recent graduates, in this issue of Vermont Medicine.

In a similar vein our research efforts are cooperative ventures with the community. There are two such programs showcased in this magazine — the work of cardiologists and endocrinologists that is bringing more effective treatments to cardiovascular and diabetes patients, and research on substance abuse treatments that help break the cycle of addiction for some of the most vulnerable members of our community. In these studies, as with all the hundreds of research projects in action right now, the willingness of community members to participate helps speed the way to new therapies and treatments, and the existence of a vibrant academic medical center in our state opens the door to leading-edge care for all Vermonters. It is an invaluable link that we work every day to strengthen.

Frederick C. Morin III, M.D.
Dean, University of Vermont College of Medicine
Main Lecture Hall Named for Dr. Sullivan

On March 23, the University of Vermont College of Medicine’s 120-seat Case Method Classroom, the main lecture hall for medical students since 2005, was officially renamed the Sullivan Classroom in recognition of the generosity of Class of 1966 alumnus Thomas Sullivan, M.D. A retired radiologist from Etna, N.H., Sullivan practiced at Mt. Ascutney Hospital in Windsor, Vt., and Dartmouth-Hitchcock Medical Center in Lebanon, N.H., and served as a professor of radiology at Dartmouth Medical School. A 1962 UVM undergraduate alumnus, Sullivan completed residency at the former Medical Center Hospital of Vermont.

“I did my undergraduate work at UVM, then entered the medical school and even came back and did some postdoctoral work,” he says. “It didn’t cost me a penny to go there, what with scholarships and all, so I thought it would be a nice thing to give something back.”

All of Sullivan’s major giving has been directed to advance the College of Medicine’s top priorities through the Dean’s Fund.

Bernstein Named Research Dean

After a national search, Ira Bernstein, M.D.’83, has been named senior associate dean for research. Bernstein will succeed Russell Tracy, Ph.D., professor of pathology and biochemistry and director of the Laboratory for Clinical Biochemistry Research, and will begin his new position on July 1.

Bernstein is a professor of obstetrics, gynecology and reproductive sciences and serves as vice-chair for obstetrics and director of maternal fetal medicine at UVM and Fletcher Allen Health Care. In addition to his primary responsibilities as senior associate dean, he will continue to practice medicine and remain actively engaged in research.

In addition to his departmental leadership roles, he served as the first research subject advocate for UVM’s General Clinical Research Center and served for ten years on the UVM Institutional Review Board for human subjects research, including four years as associate chair and five years as chair of the committee. Bernstein’s earlier service also included terms as board president and board chair on the former University Health Center Board of Trustees. He is currently a member of the University Research Scholarship and Graduate Education Committee, which is helping UVM develop a roadmap to achieve its goal to be among the nation’s premier small research universities.

A native of New York, N.Y., Bernstein graduated magna cum laude with a B.S. degree from Union College in Schenectady, N.Y., and earned his medical degree from the UVM College of Medicine in 1983. He joined UVM/Fletcher Allen in 1987.
Lucey Receives Howland Medal

Jerold Lucey, M.D., Professor of Pediatrics and Wallace Professor of Neonatology at the University of Vermont College of Medicine, received the 2009 American Pediatric Society’s Howland Medal at the Pediatric Academic Societies Annual Meeting in Baltimore and was honored at a special APS Members’ Dinner on May 4.

The John Howland Medal is the society’s highest award. It has been given since 1952 to honor those who, by their contribution to pediatrics, have aided in its advancement.

Lucey joined the faculty of the UVM College of Medicine in 1956. He established Vermont’s first neonatal intensive care unit in 1972 and pioneered several innovations in premature infant care, including phototherapy to treat newborn jaundice and the introduction of artificial surfactant therapy to treat respiratory distress of the premature infant.

In 1974, Lucey was named Editor-in-Chief of Pediatrics, the journal of the American Academy of Pediatrics, a distinction he held through December 2008 when he stepped down to become editor emeritus. Lucey is founder and president of the Vermont Oxford Network, a cooperative international health services outcomes network that links over 760 neonatal intensive care units around the world. A consummate educator, Lucey is the organizer of the “Hot Topics in Neonatology” conference, the largest neonatology conference in the world. In 2000, he was elected a senior member of the Institute of Medicine and in 2004, he received the Vermont Medical Society’s Distinguished Service Award. Named a UVM University Scholar in 1989 and the Harry Wallace Professor of Neonatology in 1995, Lucey was further honored in 2007 when UVM announced the endowed Jerold F. Lucey Chair in Neonatal Medicine.

Health Care Debated at White House-Sponsored Forum

Vermont has been identified as a key state by the Obama administration for some of the state’s innovative health care initiatives, such as the Blueprint for Health, and the Catamount Health program. Nancy-Ann DeParle, director of the White House Office of Health Reform, and the more than 400 attendees of the Regional White House Forum on Health Reform that was held on March 17 at UVM’s Davis Center heard about these efforts, and the many complexities trying to fix a health care system that everyone agreed is in need of an overhaul.

Massachusetts Gov. Deval Patrick, who co-hosted the forum with Vermont Gov. Jim Douglas, said reforms in his state that have resulted in a 97-percent coverage rate never would have happened without key stakeholders from the private and public sectors coming to the table to form a broad coalition committed to covering everyone. He said there’s been a mindset that there are only two choices: “the perfection solution and no solution at all. Is there one way?” he asked.

A large portion of the forum focused on the successes of the health care plans in Vermont and Massachusetts.

One speaker, the Rev. Hurman E. Hamilton, Jr., noted the importance of the topic on hand. “We’re talking about saving people’s lives,” he reminded the group.
Jeffries Named Education Dean

Following a national search, William B. Jeffries, Ph.D., has accepted the position of senior associate dean for education. Dr. Jeffries will assume this role on August 1, 2009, and will relocate to Vermont from Omaha, Nebraska, where he is the Associate Dean for Medical Education and Director of Academic Computing at Creighton University School of Medicine.

An accomplished teacher, scholar and administrator, Jeffries has extensive experience in strategic institutional planning, curriculum design and technological innovation. Since 2001, he has been the chief academic officer in charge of the medical curriculum at Creighton University, overseeing ongoing revision of the curriculum and LCME accreditation, establishing new institutional policies and administrative structures, driving educational research and advancing technology in teaching and learning. He has played a leadership role in the planning of a new interprofessional clinical simulation center at Creighton.

Jeffries will replace Professor Emeritus of Molecular Physiology and Biophysics Robert Low, Ph.D., who has served in the position in an interim capacity since December 2008, when Chair of Pediatrics Lewis R. First, M.D., left the senior associate deanship to become editor of the journal Pediatrics. Jeffries will have oversight for the Vermont Integrated Curriculum, including the expansion of clinical clerkship programs with academic medical center partner Fletcher Allen and with potential new affiliations outside Vermont. He will also have responsibility for Admissions and Student Affairs.

Jeffries has written and presented widely on medical education, and was invited to become one of two editors of the 5th edition of the Handbook for Medical Teachers, the classic guide for medical education.

Jeffries has had a productive career as a scientist, with research interests in the role of the kidneys and the autonomic nervous system in the regulation of blood pressure. A native of Philadelphia, he graduated cum laude with a Bachelor of Science degree from the University of Scranton (Pa.), and earned his master’s and doctoral degrees in pharmacology from the Philadelphia College of Pharmacy and Science.

Notables

Professor and Chair of Pharmacology Mark Nelson, Ph.D., has been named a University Distinguished Professor at UVM, and one of five 2009 fellows of the Biophysical Society, which honors the Society’s distinguished members who have demonstrated excellence in science and to the expansion of the field of biophysics.

Vermont Cancer Center physician scientist Barry Finette, M.D., Ph.D., professor of pediatrics and microbiology and molecular genetics and attending physician at Fletcher Allen Health Care, has been awarded the 2009 VCC/LCCRO Clinical & Translational Science (CTS) Award for his study “The Associations Between Exposure to Infectious Agents, V(D)J Mediated Mutagenic Rearrangements and Risk of Lymphoid Malignancies.” The $150,000 CTS award is funded by the VCC’s long-time partner, the Lake Champlain Cancer Research Organization, to support cancer research that interfaces clinical and basic science laboratory investigations. Collaborating on the study with Finette are colleagues William Raszka, M.D., associate professor of pediatrics at UVM and chief of the Pediatric Infectious Diseases Service at Fletcher Allen, Shane Reeves, M.D., clinical instructor in obstetrics, gynecology and reproductive sciences at UVM and obstetrician/gynecologist at Fletcher Allen, and Terri Messier, VCC senior researcher. Together they will investigate the potential genetic consequences associated with exposure to infectious agents that may be responsible for the increased risk of lymphoid malignancies, such as leukemias and lymphomas, in children and adults.

A clinical vignette submitted by medical student Richard A. Zinke ’10 is among five abstracts selected as winners in the 2009 National Medical Students Competition of the American College of Physicians. As a winner, Zinke gave a podium presentation during the Internal Medicine 2009 conference in Philadelphia, Pa., in April. Zinke’s vignette is titled “Humate P for Treatment of Persistent Life-Threatening Epistaxis in a Patient with Glanzmann’s Thrombasthenia: a Case Report.”
Looking Back: Places to Learn

Today’s students learn the science and art of medicine through an integrated curriculum, in the newly-renamed Sullivan Classroom (see story on page 3), in the Given Building’s Student Assessment Center and anatomy labs, and at the bedside in many clinical settings.

In the 19th century, though, medical learning took place by purchasing tickets that gave one the right to perch on the hard wooden benches of steep amphitheatres, first in the College’s original home, Pomeroy Hall, and then, after 1884, in the College’s second home on the site of the present Dewey Hall. At right, the entire student body of the College gathers precariously on every available surface of Pomeroy Hall for a group stereograph, sometime in the 1870s. Above right, an all-male class of students are shown in the only known photograph from the inside of the school’s second home, taken March of 1900.

Symposium Draws National Neuroblastoma Physicians & Researchers

On May 21, the Vermont Cancer Center (VCC) hosted a gathering of national experts at the College of Medicine for a symposium titled “Developments in Neuroblastoma Research,” that focused on this often-fatal cancer that affects very young children. The event brought together more than 125 attendees, including neuroblastoma researchers, families, parent advocate foundations and UVM faculty and medical students. In addition to investigators from UVM/VCC, featured presenters included keynote speaker Nai-Kong Cheung, M.D., Ph.D., from Memorial Sloan-Kettering Cancer Center, and members of a national research consortium (spearheaded by UVM Assistant Professor of Pediatrics Giselle Sholler, M.D., who is known for her innovative neuroblastoma research using the drug nifurtimox) from the University of Texas M.D. Anderson Cancer Center, University of Hawaii, Rady Children’s Hospital in San Diego, Cardinal Glennon Children’s Medical Center in St. Louis and Van Andel Research Institute at Michigan State University. The consortium is making innovative Phase I and II treatments available not only in Vermont, but at these cancer research institutions as well.
Ira Bernstein, M.D.’83, professor of obstetrics, gynecology and reproductive sciences and vice-chair for obstetrics and director of maternal fetal medicine at UVM and Fletcher Allen Health Care, will become senior associate dean for research at the College of Medicine, effective July 1, 2009. Bernstein is an experienced clinician and clinical/translational investigator. In addition to his departmental leadership roles, he served as the first research subject advocate for UVM’s General Clinical Research Center and served for ten years on the UVM Institutional Review Board for human subjects research.

Q: What most attracted you to the senior associate dean for research position?
A: My interest in the position grew from my experience with the research agenda, both at the College of Medicine and across the University. There are so many levels at which it’s exciting. We have a university president who’s interested in promoting the research agenda. We have a dean who’s focused on building research programs at the College of Medicine with the extraordinary strengths we already have, and working to make them even stronger. That’s the kind of managerial environment I’m entering, which is really promising. I’ve been a part of this College of Medicine for a long time, starting when I was a student, and I have a pretty good feeling for the expertise that’s here. I have a deep respect for the work my predecessor Russ Tracy has done, and for the incredible group of productive and creative scientists we have here. For me, the idea of working with those people on a day-to-day basis is exciting.

Q: What are some of the initiatives on your list of priorities?
A: There’s just no question that the Clinical and Translational Science Award (CTSA) is among the highest priorities. I’ve been involved since the first application, and understand that it demands a lot of support from both the College of Medicine and the University. I do believe that it’s an important part of the future for the University, and we’ll certainly be submitting again. We’re committed to making it happen, and we still have time to be successful. In addition, there’s a tremendous amount of money that’s just gone into the NIH from the stimulus package, over $10 billion, targeted for expenditure in the next couple of years. Our faculty are rapidly putting together applications for challenge grants right now, and there are all kinds of supplements that will be supported. With more money in the system, it’s highly likely more grants that wouldn’t have met funding thresholds in the past will meet thresholds now. Our scientists are entrepreneurial, going aggressively after those opportunities, and I suspect we will be successful in many areas.

Q: As you mentioned, you’ve been a part of UVM research efforts for years, but do you still feel the need to ‘introduce’ yourself to the scientific community?
A: I’m looking forward to getting to know even better the different research centers around the campus, understanding the core facilities, and learning what the people in those places need to make their work happen. That process will be a priority for me. I’d also like to enhance communication and facilitate collaboration. It is my plan to more fully engage all biomedical scientists in the dialogue — clinical researchers, outcomes researchers, translational scientists, epidemiologists — in order to ensure a strong continuum of outstanding research. This is an exciting time, and I’m looking forward to getting started.

“It is my plan to more fully engage all biomedical scientists in the dialogue... in order to ensure a strong continuum of outstanding research at the College.”
—Ira Bernstein, M.D.’83
Hoping for the Perfect Pairing:
Match Day 2009

For senior medical students, mid-March means one thing — Match Day, when months of anxiety, traveling and interviewing come to a head and graduating medical students find out where they will receive their clinical training for at least the next three years from a computerized system run by the National Resident Match Program (NRMP).

NRMP matches applicants’ ranked preferences for residency positions with clinical training site program directors’ ranked preferences for applicants. At the College of Medicine, the result was contained in a white envelope that was delivered to student mailboxes in the Given Building at exactly 12:00 noon on March 19. A total of 103 UVM medical students — the largest class in the school’s history — graduated in the class of 2009.
## Residency Matches for the College of Medicine Class of 2009

### Anesthesiology
- Alison Fitzgerald (UVM/Fletcher Allen, University of Michigan Hospital, Rochester Medical Center)
- Mark Horton
- Cody Mickelsen
- Jared Pearson
- Rajesh Reddy
- Jason Yu

### Dermatology
- Laura McGevna (UVM/Fletcher Allen, Hospital of the University of Penn.)
- Campbell Stewart

### Diagnostic Radiology
- Scott Davis (SUNY Upstate Medical Center, UVM/Fletcher Allen, Bridgeport Hospital)
- Russell Meyer
- Hagop Sarkissian
- Andrew Boyer

### Emergency Medicine
- Jared Blum (Brown/Rhode Island Hospital, Maine Medical Center)
- Ariel Clark
- John Elias
- Brian Hagan
- Elisabeth Jannicky
- John Martel
- John Nicolet
- Elisabeth Person
- Justin Pitman
- Jordan Sax
- Ryan Sexton
- Sean Toussaint
- Leah Willard
- Arthur Yousefian

### Family Medicine
- Nathaniel Atkin (Mid Michigan Medical Center, Valley Medical Center, Providence St. Peter Hospital)
- Travis Bellville
- Samuel Blake
- Katherine Costello
- Karen Fromhold
- Masaru Furukawa
- Sarah Grimm
- James Huang
- Robert Kien
- Gilda Ngo
- Michelle Paavola
- Jodi Quiglen Roque
- Lauren Roth
- Matthew Sullivan
- Virginia Van Duyme
- Curtis Witchen

### General Surgery
- Jessica Cioffi-Pretti (Univ. of North Carolina Hospitals, Loyola Univ. Medical Center, St. Vincent’s Hospital & Medical Center)
- Sarah Lomas
- Anupama Mehta
- Bledi Zaku

### Internal Medicine
- Anna Bramley Catino (Dartmouth-Hitchcock Medical Center, Brown/Rhode Island Hospital, UVM/Fletcher Allen)
- Katie Fillon
- Emily Glick
- Megan Greenleaf
- Molly Heublin
- Mark Lee
- Ian McCormick
- Elizabeth Sievert
- Melinda Yushak

### Neurology
- Drew Kern (Univ of Colorado HSC, LAC & USC Medical Center)
- Laurice Yang

### Obstetrics & Gynecology
- Anne Dougherty (UVM/Fletcher Allen, Univ. of Minnesota Medical School, North Carolina Hospitals)
- Anna Euser
- Linnea Goodman
- Karen Hannaford
- Ananda Keefer-Norris
- Erica Bove Mahany
- Julie Nicole

### Ophthalmology
- Lorna Grant (University of Arizona)

### Orthopaedic Surgery
- Blake Clifton (Texas Tech Univ HSC Lubbock, SUNY Upstate Medical Center, Naval Medical Center)
- Anton Kurtz
- Kenneth Needham

### Otolaryngology
- Mark Hunter (Albany Medical Center)
- Sara Brownshchilde

### Pathology
- Ian McCormick (Beth Israel Deaconess Med. Ctr. (Boston), Yale New Haven Hospital, Brown/Rhode Island Hospital)

### Pediatrics
- Rebecca Brakeley (Maine Medical Center, Maine Medical Center)
- Anna Carlson
- Grace Chi
- Yamara Coutinho-Sledge
- Jonathan Donson
- Elizabeth Duncan
- Natasha Frederick
- Lystra Hayden
- Heather Lesage
- Jamie Librizzi
- June Liu
- Kathleen Murray
- JoAnn Nguyen
- Monica Patton
- Laura Sasur
- Stacy Strouse

### Physical Med & Rehabilitation
- Ornella Rehova (NYU Medical Center, Schwab Rehab Hospital (Chicago), University of Washington Medical Center)
- Larry Najera
- Nathan Rosenberg

### Psychiatry
- Monica Alborg (UVM/Fletcher Allen, Cambridge Hospital — Cambridge Health, Harvard South Shore)
- Katherine Clark
- Bradley Cutler
- Sophia Kuo
- Dylan Mckenney
- Cynthia Swartz

### Surgery — Pre-Liminary
- Patricia Lenehan (Brown/Rhode Island Hospital, UVM/Fletcher Allen, UVM/Fletcher Allen)
- Charles Parsons
- Abhilasha Tangada

### Transitional Year
- Jeffrey Worthley (Naval Medical Center (San Diego))

### Urology
- Andrew Wright (University of Arizona)
Matt Meyer ’11 Focuses on Change

“I’m interested in action that can bring about change,” says second-year medical student Matt Meyer. And the key word in that statement, as anyone who’s met Meyer can attest, is “action.” Since starting at the College of Medicine in the late summer of 2007, he’s been a driving force in keeping the student body and the whole medical community more in touch with the world around them.

A native of Shelburne, Vt., the 26-year-old Meyer grew up with two psychologists as parents. After graduating from Champlain Valley Union High School in Hinesburg, he received his bachelor’s degree from Middlebury College in 2006. He then spent the next two years in dramatically different surroundings, as a Peace Corps volunteer in Tanzania, in East Africa. “I worked on a whole range of projects there,” he says. “Many of them were health-focused community development efforts.”

During his second year in Tanzania, he began applying to medical schools in the U.S. “Thanks to the Web, that’s not nearly as difficult as it sounds,” he says. During one whirlwind break, he flew back briefly from Africa to interview at schools. “The curriculum at UVM, particularly the way clinical experience was worked in early, was what really sold me on coming back to Vermont.”

In med school, Meyer has been instrumental, along with his classmate David Diller, in putting together the College of Medicine Marathon Team to raise funds to support Neuroblastoma Research at the Vermont Cancer Center, an effort that won the pair a Wellness Committee Peer Recognition Award in January, and an award of excellence from the Association of American Medical Colleges Group on Institutional Advancement this March.

Since then, Meyer has organized a series of forums on health care policy with Vermont gubernatorial candidates, and has taken part in the White House Forum on Health Care that took place at UVM in March (see page 4). While training for another run in this year’s KeyBank Vermont City Marathon, he is now fully engaged in the kind of action he’s been looking forward to for years — full-time immersion in clinical clerkship.

Heart-Healthy Living Recipe Recognized

Philip Ades, M.D., is professor of medicine, director of cardiac rehabilitation and preventive cardiology at UVM and Fletcher Allen Health Care. His research interests include exercise testing, cardiac rehabilitation, treatment of obesity, hypertension, and management of high cholesterol. The recipient of numerous awards and honors for his research, work with patients, and teaching of medical students, Ades serves on the editorial boards of several clinical journals. His position as medical advisor to the magazine EatingWell has earned him a nomination of a different sort. Ades is the author of the EatingWell for a Healthy Heart Cookbook (Countryman Press, 2008), which has been nominated for a 2009 James Beard Award, one of the most prestigious honors in the world of cuisine.
Research Milestones

Geller Survivor Study First of Its Kind in U.S.

Vermont Cancer Center member Berta Geller, Ed.D., research professor of family medicine in the Office of Health Promotion Research, is piloting a unique cancer survivorship community study, the first of its kind in the U.S. The steadily increasing number of cancer survivors presents an opportunity for cancer researchers, whose studies have often focused on issues of prevention, early detection and improved treatments. Geller is using hospital cancer registries to identify and contact survivors by mail in order to offer them several different opportunities. All cancer survivors will have a chance to share their thoughts about what they think is most important to study further. Those who are amenable to being included in a list of survivors willing to participate in future studies may be invited to participate in a study that will help identify what needs are being met and what have not. Finally, cancer survivors in Franklin, Lamoille, and Washington counties will be invited to become involved in a peer social support program. They can receive social support as well as be trained to serve as volunteer peer support providers. Geller’s work is funded by the National Cancer Institute.

Genetic Test to Predict Risk of Scoliosis Progression in Girls

Effective mid-December 2008, the department of orthopaedics and rehabilitation at UVM/Fletcher Allen Health Care became one of 23 centers nationwide field-testing a genetic test that has been developed to predict the degree to which idiopathic scoliosis will progress in girls aged 9 to 13 years who have been diagnosed with the disease. This painless saliva test allows early intervention for those at risk of spinal curve progression and eliminates the need for repeated x-rays for girls identified as unlikely to develop a severe spinal curve. Associate Professor and orthopaedic surgeon John T. Braun, M.D., is the principal developer of the genetic test and is overseeing the field test.

M.D.-Ph.D. Student Publishes Promising Melanoma Research

Recognized as the deadliest form of skin cancer, melanoma is the most rapidly increasing cancer in the United States, according to the National Cancer Institute. In 2008, more than 62,000 people were diagnosed with the disease and of this group, an estimated 8,000 will die due to metastasis of the disease in the next three to four years. “There are currently no drugs for advanced metastatic melanoma that have any effect on long-term survival,” says David Curley, an M.D.-Ph.D. student who recently co-authored a study in the journal Nature Genetics with scientific colleagues at the University of California, San Francisco (UCSF). Part of Curley’s Ph.D. dissertation project was the development of novel mouse models of melanoma. “It is our hope that these models will be widely used to develop new treatments for this deadly cancer as well as to study the mechanisms by which melanoma is formed and spreads to other organs,” says Curley.

Cushman Studies Geographic and Racial Differences in Stroke Risk

Living in the cold Northeast may have some health benefits where stroke — the third leading cause of death in the United States — is concerned. However, according to a new study published recently in the Annals of Neurology and authored by Professor of Medicine Mary Cushman, M.D.’89, the reasons may go beyond geography in the southeastern region know as the “stroke belt.” Cushman and colleagues at the University of Alabama at Birmingham conducted a large-scale study on geographic and racial differences in established stroke risk factors across the United States, using data from participants recruited for the Reasons for Geographic and Racial Differences in Stroke (REGARDS) study. The study included a total of 23,940 white and African American men and women from across the U.S. aged 45-plus who had not had a stroke or transient ischemic attack. Using the Framingham Stroke Risk Score (FSRS), an index that predicts the 10-year probability of stroke based on common risk factors, Cushman and her team found that geographic differences in the average FSRS across regions were small. Based on this finding, Cushman and her coauthors concluded that it is unlikely that the increased stroke mortality in the stroke belt can only be attributed to differences in traditional risk factors and noted that factors not addressed in the study, such as poverty and access to care, might play a role and need to be considered when assessing stroke risk in the future.
Johnson Honored with UVM's Highest Teaching Award

Taking time with students, developing a curriculum that ensures they learn, encouraging them to challenge themselves and serving as a mentor are some of the many traits that earned Professor of Microbiology and Molecular Genetics Douglas Johnson, Ph.D., the honor of a 2008-09 Kroepsch-Maurice Excellence in Teaching Award. Johnson has been a member of the College's faculty since 1988. According to one of his nominators for the award, “Dr. Johnson is a teacher/lecturer extraordinaire. Since he first stepped foot in the classroom, his evaluations have always been in the excellent range.” His new BCOR 103 students are just about to learn how much he has to offer.

His performance in a recent class on cell signaling is an example of his special approach. “You’re going to notice some pretty consistent themes over the next weeks,” Johnson said, as he proceeded to launch a group exercise with a class one day in April. He instructed each student to turn to the person next to him/her and start talking. A crescendo of voices, some highly animated, filled the hall. “OK,” Johnson said several minutes later, and the group stopped, the room growing immediately quiet. “Just imagine the cell signaling going on right there,” he added, prodding random students to divulge what they were talking about and whether or not they know what the person 10 rows back was saying.

This is Johnson’s teachable moment — those cells, like people, can understand signals close to them, but there are also signals being transmitted regionally, like the students two rows back, and at a distance, like the students 20 rows back. “Millions and millions of signals are being transmitted throughout your body all the time,” explains Johnson, adding that in the body, “it’s not you as an organism responding, it’s individual cells.”

Third-year UVM medical student Anna Liberatore was one of Johnson’s undergraduate students. She describes Johnson, who has served as her mentor for seven years, as “a sincere ally that I could rely on” and credits him as her main motivation for attending medical school. “Dr. Johnson constantly inspired me to challenge myself in school,” shares Liberatore. “Even now, I still go over to Stafford Hall to sit down with him to get a reminder of how far I’ve come and why I’m here.”

A colleague who nominated Johnson for the award, says, “I also have heard Dr. Johnson lecture many times, and he is truly gifted. His expertise extends to his interaction with students on a one-on-one level. The students not only love and respect him as an outstanding teacher, but as a thoughtful, considerate advisor and mentor.”

M.D.-Ph.D. Students Shine at Research Conference

UVM’s M.D.-Ph.D. program was well represented at the second annual Student Research Conference, held April 16 at the Dudley H. Davis Center. Six students from different levels of the program delivered oral and poster presentations focused on a variety of biomedical science topics in the day-long event.

Using a multidisciplinary approach that intertwines science and technology with clinical training, UVM’s M.D.-Ph.D. program trains future physician-scientists for careers in academic medicine and research. M.D.-Ph.D. students spend the first two years studying the College of Medicine’s Vermont Integrated Curriculum with M.D. students, then devote their third through sixth years to conducting the research for their Ph.D. theses, followed by completion of their medical education. The students’ current research was highlighted at the conference.

M.D.-Ph.D. students (back row, L to R) John DeWitt, Leah Novinger, Wendy Neveu; (front row, L to R) Jessica Cassavaugh, Michelle Norton.
Commencement 2009

“Today you become a doctor in the eyes of the world,” said William Hopkins, M.D., in his address to the College of Medicine’s Class of 2009 during the College’s Commencement ceremony on May 17 in Ira Allen Chapel. “And along with this comes great responsibility, to always use your skills solely in the service of your patients.”

Hopkins, a UVM associate professor of medicine and director of the Adult Congenital and Pulmonary Hypertension Program at Fletcher Allen Health Care, has been recognized by students with multiple teaching awards. He has directed the second-year Cardiovascular, Respiratory, and Renal Systems course in the College’s Vermont Integrated Curriculum since 2006. He joined the College’s faculty in 1995 and served as associate chair for clinical affairs in the Department of Medicine from 1996 to 2005.

Hopkins noted in his address that his position as the course director came about after the illness and death of his friend and colleague Joseph Patlak, Ph.D. He paid tribute to Patlak, and to the students he first met in that 2006 class, who now sat before him in caps and gowns.

After the post-ceremony celebrations, Medical students set off to begin residencies in a wide range of specialties across the country in mid-June. One of the College’s 103 medical students completed UVM’s M.D.-Ph.D. program. An additional group of more than 15 students earned doctoral degrees.
Across Vermont, Freeman Medical Scholars are returning to provide the Green Mountain State with the physicians it needs.

by Edward Neuert
It began to rain in the early evening of July 13, 2008, and the crowd of hundreds of people who’d been gathering on the green at Bandstand Park in Lyndonville, Vt., moved to a local school auditorium instead. They’d come from throughout the Northeast Kingdom town of about 1,200 inhabitants, from the surrounding towns of rural Caledonia County, and from points across the map of Vermont and New Hampshire, to gather for a service to honor the memory of a man whose loss had touched everyone in the community. Less than a week before, John Elliott, M.D.’72, had died in an accident. For more than 30 years Elliott had provided the full range of family medicine needs from a practice he and Tim Thompson, M.D., had started together, a practice that for most of those years had been known as Corner Medical — named for its original corner location in a renovated 19th Century Lyndonville school. “It was really more like a professional marriage,” says Thompson. “We worked together constantly, day in, day out, and we taught each other a lot over the years. His loss was just huge.”

Losing a doctor suddenly creates an obvious immediate need for a small community. But all across Vermont, shortages of primary care and other specialties are endemic. This pressing need was the driving force behind the Freeman Foundation’s establishment in 2000 of the Freeman Medical Scholars program at the College of Medicine. The Stowe and New York-based foundation, with the involvement of Doreen and Houghton “Buck” Freeman and their son, Graeme, has gifted the College approximately $2 million a year since 2000 to provide substantial scholarship aid to UVM medical students committed to practicing in Vermont. The program also supports student projects in community health improvement throughout the state, and has provided educational loan repayment awards for physicians of all specialties in Vermont. By cutting students’ post-medical school debt by as much as $40,000 each, the program was designed to increase their ability to practice in the economic environment of the Green Mountain State, where physician reimbursement tends to lag behind those in other states.

“By significantly reducing the debt burden of the recipients, the Freeman program makes practicing in rural and underserved areas more financially feasible,” says Mildred Reardon, M.D.’67, emerita clinical professor of medicine and the Freeman program director from its inception, at which time she also served as associate dean for primary care. “This program links physicians-in-training with areas in Vermont that have specific needs.”

It was from the outset a long-range program that would follow students through their years of education and three to six years of post-graduate residency training, all the while maintaining a close link between their practice interests and the recruitment needs of hospitals and practices across the state. That work has now borne fruit throughout Vermont, as recent graduates who participated in the Freeman program have filled needs in primary care and a range of other important specialties, including the spot left by Dr. Elliott’s untimely death.
Mary Ready, M.D.’02 was among the first recipients of the Freeman program’s scholarships. Born in Vermont, she spent much of her childhood in Ohio and Massachusetts, but returned to her grandmother’s house for many long summer vacations. While at boarding school in New Hampshire, she regularly volunteered at the pediatrics ward of a local hospital, and at a nearby nursing home. “I can still tell you things patients at the home said to me,” she recalls. “They were really my earliest teachers of medicine.” Ready earned an undergraduate degree in English from Yale, and taught in Hong Kong for a year. She began taking post-bac pre-med classes with the plan of going directly to med school. Life intervened and, after marrying and having three children, she finally entered the College of Medicine in the fall of 1998. She soon found herself in the clinic at Fletcher Allen. “And I immediately felt — now I’m with my real teachers again,” she recalls.

Ready went off to central Maine for her residency, and right away felt the positive effect of her Freeman scholarship. “We had three young kids and very little money,” she says. “It really helped to have our debt as low as possible.” Decreased debt made it easier for her to come back to Vermont to practice two years ago. She first worked in the Essex County town of Concord and then, last October, joined Corner Medical in Lyndonville. “I think I’m really made to be a doctor in this setting,” she says. “I love seeing my patients both at the office and at the grocery store, too!”

Gregory McCormick, M.D.’01, has to take a certain amount of care in planning his vacation time. As one of only two cornea specialists in Vermont, he needs to be sure potential patient needs are ready to be met, even on his days off. “And the fact is, I’m usually reachable no matter what — that’s just the way it is if you’re an ophthalmologist in Vermont.” A native of East Burke, McCormick always wanted to return to Vermont to practice after his residency at the University of Rochester. The Freeman program was particularly helpful to him as, in addition to medical school loans, he faced the sizeable cost of establishing a practice that demands rooms full of costly diagnostic equipment.

“None of this is cheap,” he says, gesturing toward a machine in his South Burlington practice that measures retinal thickness. “But all of it is necessary if you want to provide the best level of care.”

Like McCormick, Teresa Fama, M.D.’02 fills an especially large gap in the healthcare of her region. Before this former Freeman scholar came to Central Vermont Regional Hospital in 2007, after residency and a fellowship at Fletcher Allen Health Care, there had been no full-time rheumatologist in the region for nearly 25 years. Fama came to the College of Medicine from a career in health policy. “I’d always wanted to live in Vermont, and I definitely wanted to stay and practice here.” With Vermont’s population rapidly aging, Fama has no shortage of patients with arthritis and other related illnesses. “I see people from all over central Vermont, and from as far away as Rutland, and up into the Northeast Kingdom.”

Andrew Goodwin, M.D.’02, knows all about driving long distances to reach a hospital. For the past two years, he has been a “traveling pathologist,” bringing his diagnostic skills to smaller hospitals throughout the northern
Andrew Goodwin, M.D.’02 (at top) often travels 200 miles or more to rural hospitals; Laurel Plante, M.D.’03 (above) in the Rutland Emergency Department.

half of Vermont and the Connecticut Valley. Each week, on the days that he’s not consulting by phone with other doctors, he rises early and is on the road in his car to start an up to 200 mile round trip commute to Northeastern Vermont Regional Hospital in St. Johnsbury, Middlebury’s Porter Medical Center, or northern New Hampshire’s Littleton and Cottage Hospitals. “I love working in these clinical situations,” he says, from the Fletcher Allen office he occupies when not on the road. “And the doctors I work with know that they can talk with me at any time.” On the value of the Freeman scholarship he is very clear — “I always wanted to stay in Vermont, and this help gave me a certain degree of obligation that was good to have.”

As an emergency medicine physician, Steven Lefebvre, M.D.’04 deals with the unexpected every day in the Emergency Department of Southwestern Vermont Medical Center in Bennington. So he appreciates the assistance the Freeman program gave him in overcoming an expected problem — answering the “how will I afford to practice in Vermont?” question. “I was among the first class to receive four years of assistance,” he says. “And the effect was really significant for me.” With three children ages 11 to 17, Lefebvre, who first got his Ph.D. from the College’s Department of Biochemistry, faced significant debt that he feels could have sent him off to another state were it not for the Freeman scholarship. “I had offers from Texas and Alabama, but there was no question, ultimately, that I was coming back here.”

Laurel Plante, M.D.’03 also provides emergency care in her position as medical director for emergency services at Rutland Regional Medical Center. “I always pictured a physician as someone who knew what to do in any situation, and emergency medicine trains you for this — you never know what’s going to come through the door next,” she says.” Plante characterizes her Freeman scholarship as “an amazingly generous and important help to me.” While she did her residency at Bay State in Springfield, Mass., Laurel and her husband, Robert, a Vermont firefighter, commuted back-and-forth, which added even more expense to their tight budget. “The Freeman assistance helped us immensely,” she says.

The financial help Laurel and all the other Freeman Scholars received was enhanced by the continuing assistance provided by the program staff members, who kept them in constant touch with potential openings in Vermont as their residency years came to a close. “They were very helpful in my job search, really fantastic in every way — I felt like I always knew every possibility out there,” says Plante.

For Mary Ready, that connection to her current practice was a particularly personal one. “I was privileged to know John Elliott while I practiced in Concord, and some of my patients now were John’s. I feel a responsibility and a connection there. If I can make birth and death less scary, and all the parts in between, then I’ve done what I feel I’ve been put here to do.”

---

The Freeman Legacy Lives On

The Freeman program will continue with the upcoming launch of the Freeman Foundation Legacy Medical Scholarship Program, a chance for all alumni and friends of the College to contribute to scholarship assistance for future physicians. For more information, contact the Medical Development & Alumni Relations office at (802) 656-4014 or medicalgiving@uvm.edu.

---
Too Close FOR COMFORT: HEART DISEASE & DIABETES

by Sona Iyengar | photography by Raj Chawla

(Above) BARI 2D study participant Pete Schoch meets with his cardiologist, David Schneider, M.D., one of the researchers working on the study. (Right) BARI 2D researcher and diabetologist Richard Pratley, M.D.
Physician-researchers at the University of Vermont are on the leading-edge of international research that seeks to understand the link between heart disease and diabetes — with the goal of developing new treatments to reduce the risk of death. A newly published, ground-breaking study fuels these efforts.

It was a beautiful fall day when Pat Schoch got in the car with her husband Pete to drive to the health center in Ticonderoga, New York. Three days before, Pete, a volunteer fireman and a diabetic, had returned from an accident scene feeling exhausted, and he’d felt rotten ever since.

“I had a feeling that something wasn’t right,” Pat says. “I remember him saying ‘Don’t drive too fast.’”

At the health center, the physician assistant took an EKG and found out Pete, 63, had had a heart attack. He was transported to Fletcher Allen Health Care in Burlington and ultimately recovered from the attack.

Four years later, Pete returned to Fletcher Allen for triple bypass surgery. It was then that his physician, David Schneider, M.D., UVM professor of medicine and director of cardiology at Fletcher Allen, asked if he wanted to participate in a research study called Bypass Angioplasty Revascularization Investigation 2 Diabetes — or BARI 2D. The study looked at ways to treat patients with type 2 diabetes and stable coronary artery disease.

“I thought it would be a good idea,” Pete says. And it was. Over the next six years, doctors, nurses and dieticians closely monitored his condition, helping him manage his diabetes and treating his coronary symptoms effectively. Schoch was fortunate to come to UVM/Fletcher Allen for his treatment, since Vermont’s academic medical center is one of 49 sites around North America participating in the monumental BARI project, and is the home of Burton Sobel, M.D., principal investigator of the fibrinolysis and coagulation core laboratory component of the study and one of the key figures behind its conception. The BARI 2D results, published in the *New England Journal of Medicine* in June, indicated that type 2 diabetes patients with clinically stable coronary disease benefitted equally from medical therapy alone, as opposed to medical therapy plus intervention. It also pointed to increased benefit of insulin sensitizing medication for diabetics stratified as suitable candidates for coronary bypass grafting. In addition, a group of higher-risk patients had more favorable outcomes with coronary artery surgery compared with medical management alone. “So we need to do a better job of identifying those kinds of patients going forward,” says Sobel. In addition to BARI 2D, UVM is participating in several additional clinical trials focused on understanding and controlling cardiovascular risk in people with diabetes. (See page 23.)
"All these studies we’ve participated in help guide us in the development of new studies of diabetes and cardiovascular disease,’ says Richard Pratley, M.D., professor of medicine and a UVM/Fletcher Allen endocrinologist and principal investigator on the BARI 2D trial. “There are going to be a lot more diabetes and cardiovascular disease trials and I think diabetes specialists and cardiologists are going to be working together more and more.”

**Preventing the risk of cardiovascular disease**

Today in the United States, 23.6 million people — approximately 8 percent of the population — have diabetes. Patients with this chronic disease, which is characterized by high blood sugar levels and linked to obesity — are more likely to develop high blood pressure, plaque in their arteries and have at least twice the risk of heart failure. An additional 57 million people have pre-diabetes, in which blood glucose levels are above normal and likely to pass the threshold for diabetes. At least two-thirds of all deaths in people with diabetes are caused by cardiovascular disease. In addition, heart attacks occur at an earlier age in people with diabetes and often result in premature death. BARI 2D was designed to compare the effectiveness of various therapeutic regimens in reducing the number of deaths from coronary artery disease among people with type 2 diabetes.

Coordinated by the University of Pittsburgh’s Graduate School of Public Health, with funding from the National Heart, Lung and Blood Institute, the National Institute of Diabetes and Digestive & Kidney Disease and GlaxoSmithKline, the BARI 2D study enrolled 2,368 patients between 2001 and 2005 at 49 clinical sites in North America, South America and Europe.

The trial sought to determine in patients with type 2 diabetes whether initial treatment with angioplasty or bypass surgery is better than initial treatment with medical therapy. At the same time, it compared two approaches to controlling blood sugar: providing insulin-stimulating medication, or providing medication that sensitizes the body to the available insulin. UVM played a major role in

"It's done a world of good for me," says Pete Schoch (at right) of the BARI 2D study, which studies people like him who have both cardiovascular disease and type 2 diabetes.
the study, enrolling patients from Vermont and Northern New York in the trial, and playing a key role overall as one of the core laboratories for the effort. As a participant in BARI 2D, Schoch, a former college administrator who developed diabetes at the age of 60, had to keep close watch of his blood sugar levels. Every day for six years, he kept a careful record of his finger sticks and checked his blood pressure on a daily basis. He traveled to Burlington every few months to visit the diabetes clinic, where he met with Linda Tilton, dietician and research coordinator, and Ann Gotham, N.P., diabetes nurse practitioner. He also met with Dr. Schneider every six months. “It kept me straight, kept my weight down,” he says. “I learned a lot. It gave me the information I needed to better control my situation.”

The science behind the link
Schoch wasn’t the only one learning from BARI 2D. The scientists behind the study made many preliminary discoveries along the way, as they focused on specific systems at the root of the diabetes–heart disease link.

Dr. Sobel, who is a professor of medicine, director of the Cardiovascular Research Institute and a primary driver of the BARI 2D study, became interested in the connection between heart disease and diabetes in the mid-1990s. He was the director of cardiology at Washington University and Barnes Jewish Hospital in St. Louis at the time, and had been studying the fibrinolytic system — the system in the blood that works to dissolve potentially destructive blood clots.

Sobel and his colleagues decided to test the hypothesis that the breakdown of the fibrinolytic system might be a contributing factor to the link between diabetes and heart disease.

His work focused on a heart protein called plasminogen activator inhibitor type-1 (PAI-1). It had previously been shown that an excess of this protein in the fibrinolytic system could predispose people to accelerated coronary disease. When this happened, tiny blood clots in the vessels were not dissolved and instead propagated and caused coronary events. Previous studies had looked at this in coronary artery disease in general; Sobel asked the question specifically about diabetes.

A dangerous connection
Sobel and his colleagues found that there was an excess of the PAI-1 protein in people with type 2 diabetes. They also showed that in people with type 2 diabetes — the form of the disease that is caused not by too little insulin production, but by a person’s developed insulin resistance — high levels of insulin can trigger the increased synthesis of PAI-1. This in turn leads to inhibition of the fibrinolytic system, and a greater risk of coronary events.

The next thing the researchers did was to look at the blood vessel walls. There they found a greater level of PAI-1 in cases of insulin resistance. They also discovered that PAI-1 in the vessel walls led to the production of unstable plaque that was prone to rupture and block the vessel. Ultimately, Sobel and his colleagues discovered that increased PAI-1 in the blood can cause thrombosis — while increased...
PAI-1 in the vessel walls can produce vulnerable plaque in diabetes patients. Both of those circumstances can lead to harmful and life-threatening cardiac events.

In 1998, four years into his twelve-year tenure as chair of medicine and physician leader at the academic medical center, Sobel had the opportunity to work with a group of researchers who had also focused on heart disease and diabetes. Together they teamed up to create the BARI 2D trial. The fibrinolytic system became one of the central components of the trial, with Sobel running a core laboratory at UVM coordinated by research nurse Michaelanne Rowen, R.N. UVM researcher Dagnija Neimane conducted testing and analysis in the lab, which processed approximately 23,300 samples.

In March of this year, Sobel, Schneider, and their colleagues published results of their work in *Experimental Biology and Medicine*. “Our team’s work indicated that down-regulating PAI-1 expression in the heart may be protective in patients with type 2 diabetes who sustain heart attacks,” Sobel says. “It opens up a novel and potentially important pathway for potential development of improved therapies to help reduce heart failure associated with diabetes.”

A closer look at blood clots

Schneider, also a principal investigator on the BARI 2D trial, followed another path with the research and looked at platelets, the cellular components of blood clots — an area he has focused on for the past 12 years. His work looked specifically at platelet function in people with diabetes. It was known that people with diabetes had more active platelets — which can cause blockages in the vessels. He wanted to understand what factors caused this reactivity in platelets, and whether insulin may be a trigger. The patients enrolled in the medical arm of BARI 2D were a perfect group to test this hypothesis.

Schneider developed a separate NIH-sponsored project within the BARI 2D study that sought to answer whether insulin is one of the drivers of platelet reactivity in patients with diabetes. Through this work — a baseline study was recently published in *Diabetes Care* — Schneider and his colleagues hypothesized that insulin resistance and platelet reactivity appear to be tied together, and that improved glycemic control using as little insulin as possible may help reduce platelet reactivity. A related research study conducted by Dr. Sobel focused on identifying markers for thrombosis in patients with diabetes.

“This helps us expand our understanding of how the treatment of diabetes influences thrombosis,” Schneider says.
The end of the beginning

While the full implications of BARI 2D are not yet understood, it could change the whole approach to how we treat diabetes, Schneider said. It will likely influence the type of medicines we use and whether or not we use revascularization procedures, he said.

For example, if a patient with diabetes comes in with angina and has a stress test that shows a blockage, cardiologists may avoid doing a coronary intervention in the catheterization lab — often the current practice — but instead treat the patient with medical therapy, Schneider said.

“This trial could tell us that’s not an option, don’t go to the cath lab,” says Schneider. “It may turn out that by going in there and doing this procedure, you’re accelerating the process. It could be like giving a little match to the kindling.”

The trial may also have a significant impact from an economic standpoint, Schneider says.

“Over the next several years, much data will be analyzed,” Sobel says. “We are forming writing groups as we speak that will go over all this information and put it in a format that can be digested by the scientific and clinical communities.”

Quoting Winston Churchill, he says, “This isn’t the end. It’s not the beginning of the end. … It’s the end of the beginning.”

Researchers at the University of Vermont are participating in a number of international diabetes drug trials that seek to prevent and reduce cardiovascular risk in diabetes patients. The University plays a global leadership role in diabetes drug development due to its expertise in this area, with researchers often tapped to advise national efforts and design trials, said Richard Pratley, M.D., professor of medicine and director of the Diabetes & Metabolism Translational Medicine Unit.

The development of diabetes drugs took a turn recently following new regulations from the Food and Drug Administration, Pratley said. The FDA now requires that companies developing new drugs for type 2 diabetes must show that the drugs do not increase the risk of cardiovascular events.

“This is a sea change in how we develop drugs for diabetes,” says Pratley, a lead investigator of several national drug trials now underway. “It’s good because we’ll get a better assessment of safety for treatments of diabetes and how they impact cardiovascular disease.”

Major diabetes drug trials underway at UVM include:

- **NAVIGATOR study** is a multi-center, multi-national trial sponsored by the pharmaceutical company Novartis that was conducted over 30 countries and involved 7,500 participants and 700 investigative centers. This study, the largest diabetes prevention clinical trial to date, looks at whether two medications are effective at reducing progression to type 2 diabetes and cardiovascular disease in people with impaired glucose tolerance (IGT). Results of the trial, which will close in 2009, are expected to be published next year.

- **ORIGIN study** is a multi-center international trial studying the effects of insulin glargine — a medication produced by Sanofi-Aventis — versus standard care in reducing cardiovascular morbidity and mortality in high-risk people who have either impaired fasting glucose, impaired glucose tolerance or early type 2 diabetes. The trial is expected to enroll 12,500 participants and conclude in 2012.

**Other Studies**

Pratley is a lead investigator on several additional studies of diabetes drugs, including one developed by Japanese drug company Takeda Pharmaceuticals that belongs to a new class of diabetes drugs called DPP-4 inhibitors. DPP-4 is an enzyme that prevents the activation of hormones known to lower glucose levels in people with type 2 diabetes. Pratley is also involved in other drug studies sponsored by Novartis and Novo Nordisk looking at development of new drugs that boost those same hormones — known as incretins — and thus help regulate blood sugar.
Think Vermont’s too bucolic to have drug addiction problems? Think again. UVM’s addiction researchers show how a small state can have a big impact in helping to combat the problem.

Green pastures, cows, and… pill bottles? The conventional wisdom that addictive behavior and its resulting crime and social problems is strictly an urban problem has slowly eroded over the last decade, as national statistics show a rise of addiction in the nation’s rural counties. While Vermont has seemed to duck the national rural methamphetamine scourge, news of pharmacy and doctor’s office break-ins throughout the state, from the population centers of Chittenden and Rutland counties to the small towns of the Northeast Kingdom, attests to the proliferation of prescription drug abuse. Working to mitigate this problem, and a range of other addictive behaviors, is a group of UVM researchers whose work offers Vermonters step-by-step treatments to help pull themselves out of addiction.

In a 2004 federal report, more than 6.3 million Americans reported current use of prescription drugs for non-medical purposes in 2003. What’s even more concerning is the age of the consumers. The 2007 Youth Risk Behavior Survey by the Centers for Disease Control and Prevention (CDC) reports that 16 percent of 8th to 12th graders in Vermont have taken a prescription drug not prescribed for them sometime in their lifetime.
Lisa Thompson*, now 21 and nearly two years into treatment for opiate dependence, was one of those teenagers. Fresh from her daily visit to The Chittenden Center, Vermont’s only methadone clinic, one recent April morning, she apologizes for her lateness as she walks into the small office located down the corridor from the clinic in the University Health Center. Her 13-month-old son Max* sits on her lap as she talks, his bright blue eyes curiously surveying the room. Max spies his bottle peeking out of the diaper bag in the corner of the room and his eyes light up. His mother laughs as he looks up at her, then he climbs down and slowly toddles over to retrieve it. For Lisa, Max was the small but crucial reason she was able to break a four-year addiction and create a stable life.

Thompson’s introduction to illegal drugs began at home — she smoked marijuana for the first time with her mother at the age of 13. By age 16, she had progressed to popping an occasional prescription painkiller, a habit that rapidly escalated and eventually led to injecting heroin. She overdosed twice by the time she was 17. Soon after, she entered a rehab program and stayed clean for seven months, but reuniting with the ex-boyfriend who had introduced her to heroin pulled her off the wagon; she resumed taking pills and was quickly hooked.

At age 19, Thompson found out she was pregnant with Max. Despite steady employment, her daily drug use consumed all of her income, and she depended on her grandmother for housing and expenses. “There was no way I was going to live like that with my son,” she admits. “I realized that I had to do something, but I didn’t know what. I felt guilty; I didn’t want to do anything to him.”

A physician referral led her to the UVM’s Substance Abuse Treatment Center (SATC) and a clinical trial called Maternal Opioid Treatment: Human Experimental Research (MOTHER), one of a number of National Institute on Drug Abuse studies at UVM that provide free and much-needed treatment for Vermonters who struggle with dependence on opiates, cocaine, and nicotine.

The MOTHER clinical trial sought to determine whether there was any difference between treating opioid-dependent pregnant women with methadone versus another drug called buprenorphine in terms of the babies’ outcomes. Though FDA-approved for use in adults, neither methadone nor buprenorphine are approved for use in pregnant women. Methadone, established as the standard of care treatment for this population in 1999, has been used to treat pregnant women for years.

Sarah Heil, Ph.D., a research associate professor of psychiatry, is the UVM site lead investigator for the MOTHER trial. “This is a landmark study in many ways,” says Heil. “It’s the biggest sample of opiate-dependent pregnant women ever run through a rigorous study.” Of 30 women who enrolled, 25 pregnant opiate-dependent women, including Thompson, completed the study at UVM. Participants received what Heil describes as “the Cadillac of assessments and support.” In addition to providing free treatment and free counseling, researchers collected detailed records over the course of the pregnancy — regular urine samples, weekly and monthly assessments of each woman’s psychosocial functioning, which medication the mothers were taking — to assess exposure to their babies. Financial-based vouchers, small monetary rewards designed to reinforce abstinence and prenatal care, were offered to the mothers in return for clean urinalysis results and compliance with prenatal care visits. The study participants’ response to the use of this tool will also provide insight into why some pregnant women abuse opiates despite the potential harm that may do to the fetus. The financial incentive provided extra motivation for Thompson. “It was either $43 for clean urine or nothing,” she says. “I needed it at that point. I would bring in my electric bill and they would pay it for me online.”

Participants at UVM were seen daily for an average of 27 weeks, so the relationships and high level of support provided to this group was incredibly strong. Heil expects the study will achieve multiple levels of impact: “If we did

* Both Lisa and Max’s names have been changed for this article.
nothing else but provide treatment to these women, great! If we did something on a larger scale, somewhere in the middle level of understanding more about how to treat this population better, wonderful; if we go even further and find out that one of these medications is better than the other, we’ve met the study’s main objective.” Helping these women break the family drug abuse cycle is an equally important aim. “We want these women to not just try and behave in a way that is going to be good for them, for society, and good for their children — we want to try and ensure that the same thing that happened to them doesn’t happen to their children,” says Heil. A related study, now underway, focuses on following up with the babies born to the women in MOTHER. “We’re assessing cognitive and motor function so we really know how these babies are doing and the moms are getting tested as well,” says Heil. “We want to make sure that they’re still doing OK and, if not, making sure we provide referrals to get them what they need.”

A key moment for UVM’s addiction work began more than 20 years ago when Stephen Higgins, Ph.D., professor and vice chair of psychiatry and director of the SATC, began research to develop a non-pharmacological approach to treating cocaine dependence. He and his colleagues focused on a psychologically-based strategy that would attract people to treatment, as well as keep them in treatment. They found success with a program involving voucher-based incentives and counseling that encouraged the positive behavior change of abstinence from cocaine use. Professionally referred to as Contingency Management (CM), this system — a piece of which was incorporated into the MOTHER study — hinges on the belief that providing a reward for a specific behavior, even a relatively small one, reinforces the likelihood that the behavior will be repeated. Higgins and Heil have literally written the book on this approach: they are co-authors of Contingency Management in Substance Abuse Treatment, published in 2008.

Higgins’ work over two decades has produced broader and better overall results using CM. “We went from asking ‘how do we get them to show up for treatment?’ to ‘who does well longer term?’” he explains. Achieving long-term success was dependent on short-term success, so Higgins set out to determine the best strategy for assisting individuals who struggled during the earlier part of treatment. “Those financial incentives were very helpful for that, but lifestyle changes were a big merit too,” he says. As Higgins’ team’s incentive-based approach gained more positive results and appeared in more peer-reviewed publications, and become a nationally accepted standard of care, it has started to spread internationally.

“This incentive practice has always been a little awkward for the U.S. healthcare system, because we’re not used to money flowing in the direction of the patient,” says Higgins. One system, however, which Higgins and other U.S. researchers never anticipated, actually is equipped to support the concept — universal healthcare. Two years ago, a United Kingdom-based organization, similar to the U.S. Institute of Medicine, called the National Institute on Clinical Excellence, reviewed practices for outpatient management of drug abuse and recommended the adoption of the CM approach throughout the U.K.

Working with Ira Bernstein, M.D., professor of obstetrics, gynecology and reproductive science, and the College’s new senior associate dean for research, Higgins incorporated regular free ultrasound monitoring into his study. The technology showed the mothers, and proved scientifically, that getting a woman to quit smoking actually increased the size of her unborn child. “We didn’t used to have sufficiently effective interventions to show that quitting smoking increased fetal growth. This study broke that pattern by increasing quit rates during pregnancy four-fold,” says Higgins.
In January, Higgins’ participation in a conference convened by the National Institute on Drug Abuse and the Department of Defense introduced a new opportunity for expanding his group’s work. Higgins’ story of success using voucher-based incentives with pregnant women and drug-dependent individuals attracted the attention of an unexpected future partner — the U.S. Navy — which is struggling not only with managing substance abuse in its personnel, but also obesity, cigarette smoking and excessive drinking.

Substance-abuse treatment studies remain the core of the SATC’s efforts and a field ripe for further exploration in Vermont. Heil is currently working on a grant that aims to capture more information about how vouchers work with opioid-dependent mothers, while her colleague Stacey Sigmon, Ph.D., research associate professor of psychiatry, is researching the voucher tool’s effectiveness in substance abusers with co-addictions that further threaten their overall health risks.

Almost all — 98 percent — of the opioid-dependent population smokes cigarettes, while only 21 percent are smokers in the non-opioid-dependent population, according to a 2007 CDC report. Despite the prevalence of nicotine addiction in this challenging clinical population, little is known about how to address it. Sigmon, with support from the National Institute on Drug Abuse, aims to develop an effective smoking cessation treatment for individuals receiving methadone treatment.

The trial has two arms — an active arm that compares the effectiveness of a brief educational intervention coupled with voucher-based incentives received for evidence of smoking abstinence, and a placebo arm where educational intervention and dispensing of vouchers take place independent of proof of abstinence. Over the course of two weeks, biochemical measures, including breath carbon monoxide levels and urine tests that detect cotinine, a metabolite version of nicotine, are collected to determine the participants’ smoking status.

The aim of this two-week effort, explains Sigmon, is to develop an intervention that helps participants stop smoking. This, and another clinical trial focusing on sustained smoking abstinence, will help shape a formal program that, if proven successful, could be disseminated through methadone and buprenorphine clinics nationwide. Overall, the clinical trials at UVM’s SATC offer free, empirically-supported treatment that few Vermonters could otherwise receive.

In addition to her NIH-funded research to find effective treatment for prescription opioid abusers, Sigmon also directs the Chittenden Center, Vermont’s first and largest methadone clinic, where 220 patients currently receive maintenance treatment and another 120 are on the waiting list. The program opened in 2002, and is a joint collaboration of UVM, Fletcher Allen, and the Howard Center for Human Services. The Chittenden Center has benefited from its alliance with the SATC, and offers individual and group counseling, medical management, urinalysis, and medication administration to patients.

“We have remarkably high rates of drug abstinence for a methadone clinic in the U.S. — 93 percent of urine samples test negative for illicit opiates,” says Sigmon. “Our program is thoughtfully created and grounded in empirically-based protocols.”

Addiction’s cause, not a microbe or a virus, but the vagaries of human behavior, make it elusive to understand and perhaps harder to control. For Lisa Thompson and the hundreds of Vermonters who seek treatment every year, small steps add up to major gains, both for them and for their community. “A year and a half ago, I’d have never have thought that I’d have a job, be paying bills myself, be going to school and getting the help I need,” she says. “I want to stay on track and, hopefully, one day help people the way these people have helped me.”
In 1905, when the College of Medicine completed its third home at the corner of Prospect and Pearl streets in Burlington, the main lecture room was named Hall A. For the next 63 years, students such as the members of the Class of 1955 (shown above listening to the legendary Prof. Ellsworth Amidon, M.D.’32) spent much of their time in the hall. Today’s students take in lectures in the Sullivan Classroom across campus in the Medical Education Center, but the College’s educational mission of inspiring a lifetime of learning in the service of the patient remains the same. The Hall A magazine section is a meeting place in print for all former students of the College of Medicine.
This April, I visited the College of Medicine for our twice-yearly meeting of the Alumni Executive Committee (AEC). Once again the visit brought home for me that our alma mater is both enduring, and always changing, in a spirit of continuous improvement.

A case in point is all the construction activity going on within the Given Building. Back in 1962, when I graduated, Given was just a piece of a building — the north corridor wing, attached to the Soule Medical Alumni Building. Within a few years after that, thanks to a massive philanthropic effort, all four wings of Given were completed. Since then, the campus has continued to expand with the Health Science Research Facility, the Medical Education Center and a roof over the Given Courtyard.

Today, the center courtyard area of the Given Building is the site of an innovative structure that will add much-needed office and meeting space to the medical campus. The AEC toured this new building (within a building) during our April meeting. It was an intriguing sight. Under the courtyard’s transparent roof, the new “heart” of the medical complex is rising: two four-story wings that will house the College of Medicine’s operations for student services, medical education, alumni and development office, communications, and admissions — as well as the administrative offices for the Vermont Cancer Center and the Center for Clinical and Translational Science.

This project will help to reclaim much-needed laboratory space within the Given Building and facilitate expansion of the College’s research mission. Bridges connect the two wings of the building, and will allow passage to the Given Building from multiple points on every level. These bridges will keep students, faculty and staff connected, both literally and symbolically, as they work to carry out all of the College’s missions.

I couldn’t help thinking that alumni function a lot like bridges. We connect the past to the present, as we share our accumulated knowledge with the medical students that we encounter throughout our daily practice; and we connect with the future through our philanthropy, to ensure that the College of Medicine meets its future educational and research missions. I’d like to suggest that you speak to the staff of the Medical Development & Alumni Relations Office (802-656-4014) about how you too can support the College of Medicine Fund, named endowed scholarships, or the Dean’s Fund.

In these challenging economic times, I’m pleased that Dean Morin has worked effectively and kept the College’s finances on track. This May saw the largest graduating class ever! So I encourage my fellow alumni to rise to the challenge and continue the strong tradition of alumni support, particularly for scholarships to help the next generation of UVM physicians.

Ruth Andrea Seeler, M.D.'62
Medical Alumni Association President
“100% of the women in the Class of ’62”
M.D. Class Notes

If you have news to share, please contact your class agent or the Medical Development and Alumni Relations office at medalumni.relations@uvm.edu or (802) 656-4014. If your email address has changed, please send it to medalumni.relations@uvm.edu.

1943
Francis Arnold Caccavo  
(M.D. Dec. 1943)  
51 Thibault Parkway  
Burlington, VT 05401  
(802) 362-3843  
dracac@verizon.net  
Carleton R. Haines  
(M.D. Dec. 1943)  
88 Mountain View Road  
Williston, VT 05495  
(802) 878-3115  
Harry M. Rowe  
(M.D. March 1943)  
65 Main Street  
P.O. Box 755  
Wells River, VT 05081  
(802) 757-2325  
rowe3912@charter.net

1944
Wilton W. Covey  
357 Weybridge Street  
Middlebury, VT 05753  
(802) 388-1555

1945
Robert E. O’Brien  
414 Thayer Beach Road  
Colchester, VT 05446  
(802) 862-0394  
direobrien@aol.com  
H. Gordon Page  
9 East Terrace  
South Burlington, VT 05403  
(802) 864-7086

1947
George H. Bray  
110 Brookside Road  
New Britain, CT 06052

1948
S. James Baum  
1790 Fairfield Beach Road  
Fairfield, CT 06430  
(203) 255-1013  
baum@optonline.net

1949
James Arthur Bulen  
4198 North Longvalley Rd.  
Hernando, FL 34442  
(352) 746-4513  
gljab@aol.com  
Joseph C. Foley  
32 Fairmount Street  
Burlington, VT 05401  
(802) 862-0040  
jcfoley@adelphia.net  
Edward S. Sherwood  
24 Worthley Road  
Topsham, VT 05076  
(802) 439-5816  
lois@vermontel.net

1950
Simon Dorfman  
8256 Nice Way  
Sarasota, FL 34238  
(941) 926-8126

1951
Edward W. Jenkins  
7460 South Pittsburg Ave.  
Tulsa, OK 74136  
(918) 492-7960  
Ed Jenkins reports: “Greetings to all you survivors. Mary Jane and I have moved into a cottage at a community for active seniors. We’ve seen deer, coyote, and 22 species of birds. We are planting a vegetable garden. Going to the health spa and walking our Airedale terrier is keeping us fit. I think we should skip being 80 and 90. If you get to a hundred hardly anyone dies after that! From the Swedish capital, Dick Esser states he has retired from his practice of psychiatry in the land of the Vikings. He has written and published one book on his specialty and has another ready to go. Dick is a gifted musician, and has been playing with the Stockholm symphony orchestra. Dick wrote that distance and age regretfully prevented his joining our class at the 2006 reunion.

Upcoming Events

August 10–14, 2009  
Medical Student Orientation  
UVM Campus

October 10, 2009  
Medical Student Family Day  
UVM Campus

October 10, 2009  
Alumni Executive Committee Fall Meeting  
UVM Campus

October 11–15, 2009  
ACS Annual Clinical Congress of American Surgeons, Chicago, IL

October 17–20, 2009  
AAP American Academy of Pediatrics, Washington, DC

December 1, 2009  
RSNA Radiological Society of North America  
Chicago, IL

June 11–13, 2010  
UVM Medical Reunion 2010

If you have news to share, please contact your class agent or the Medical Development and Alumni Relations office at medalumni.relations@uvm.edu or (802) 656-4014. If your email address has changed, please send it to medalumni.relations@uvm.edu.

For updates on events see:  
www.med.uvm.edu/alumni
Tony Alberico sends his greetings to all from his residence at 11 MacArthur Blvd. E. 715 in Westmont, N.J., 08108. His letter stated he was unable to make the last reunion because of Parkinsonism. We all send our best regards and wishes to Tony. Frances Conklin sent a picture of her summer abode on Jamestown Island in Narragansett Bay just across from Newport, R.I., where there is lots of water activity. She states she received a Herpes Zoster shot at the urging of classmate Ed Kamens, who is still suffering from herpetic neuralgia. Fran had a memorable cruise on the Danube last fall visiting the historic European cities along the way. She plans an eastern Mediterranean cruise in September. Most would agree with her that cruising is a lot less rigorous than packing up for the bus every night and departing early a.m. for the next hotel. We are all saddened by the unexpected loss of Bill Sohn, a popular member of the class of 1951. We all extend our deepest sympathies to his family.

1953
Richard N. Fabricius
17 Fairview Road
Old Bennington, VT 05201
(802) 442-4224

1954
John E. Mazuzan Jr.
366 South Cove Road
Burlington, VT 05401
(802) 864-5039
mazuzan@together.net

1955
Marshall G. London
102 Summit Street
Burlington, VT 05401
(802) 864-4927
mlondon74@gmail.com

Duane Graveline came out of retirement to report on the potentially disabling side effects of statin drugs after experiencing transient amnesia twice while on Lipitor in 2000. He published Thief of Memory and then Statin Drug Side Effects and by the end of April 2009 his third book on this subject, Statin Damage Crisis will be available from Amazon. The latter book deals with DNA damage from statin drugs.

Duane was one of the first NASA scientist astronauts in 1965, was a USAF flight surgeon and then a family doctor. He lives in Merritt Island, FL. You can read his regular newsletter that covers not only the side effects of statins, but also the controversial area of how the statins work in cardiovascular disease by going to his web site: www.spacedoc.net.

1956
Ira H. Gessner
1306 Northwest 33rd Street
Gainesville, FL 32605
(352) 378-1820
gessnih@peds.ufl.edu

1957
Larry Coletti
34 Gulliver Circle
Norwich, CT 06360
(860) 887-1450
lcoletti@wwbh.org

1958
Peter Ames Goodhue
Stamford Gynecology, P.C.
70 Mill River Street
Stamford, CT 06902
(203) 359-3340

1959
Jay E. Selcow
27 Reservoir Road
Bloomfield, CT 06002
(860) 243-1359
jeselcow@comcast.net

1960
Marvin A. Nierenberg
15 West 81st Street
New York, NY 10024
(212) 874-6484
mnierenbergmgd1@verizon.net

Melvyn H. Wolk
Clinton Street
PO. Box 772
Waverly, PA 18471
(570) 563-2215
melliemar@aol.com

1961
Wilfrid L. Fortin
17 Chapman Street
Nashua, NH 03060
(603) 882-6202
willy410@aol.com

The Medical Alumni Association’s Alumni Executive Committee met for their Spring 2009 meeting at the College April 28, during which they toured the soon-to-be-completed Courtyard at Given at the center of the Given complex. In mid-July the new building will begin to be occupied by the Medical Development & Alumni Relations Office, as well as the College’s offices of admissions, student services, and medical education.

1962
Ruth Andrea Seeler
2431 North Orchard
Chicago, IL 60614
(773) 472-3432
seeler@uic.edu

1963
John J. Murray
P.O. Box 607
Colchester, VT 05446
(802) 865-9390
jackjmurray@aol.com

H. Alan Walker
229 Champlain Drive
Plattsburgh, NY 12901
(518) 561-8991

1964
Anthony P. Belmont
211 Youngs Point Road
Wiscasset, ME 04578
(207) 882-6228
apb8229@pol.net

1965
George A. Little
97 Quechee Road
Hartland, VT 05048
(802) 436-2138
greg.a.little@dartmouth.edu
Development News

Persing Honored in HSRF and Courtyard

John A. Persing, M.D.’74, has been a steadfast supporter of the College since his graduation. Now professor of surgery and chief of plastic and reconstructive surgery at the Yale School of Medicine, Dr. Persing’s generous support of the Dean’s Fund will be recognized with the naming of both the Persing Alcove on the second level of the Health Science Research Facility, and the Persing Bridge in the Courtyard at Given, the first such naming in the College’s newest structure.

Coast-to-Coast Support

The Vermont Cancer Center’s research and education fund will benefit from a philanthropic gift of $12,000 from New Jersey-based Coast to Coast for Hope, a charitable organization engaging young people through “active” philanthropy. The contribution was raised by Coast to Coast for Hope’s Kurt Alward, a former Burlington resident and graduate of Champlain College, who, with his brother Brian and a group of friends, fundraised while bicycling across the country in tribute to Alward’s father, a prostate cancer survivor, and in honor of others living with cancer.

“Whether through research funding, clinical studies or education programs, we feel that the VCC will use our donation to its fullest potential,” said Kurt. Brian Alward, the director of Coast to Coast for Hope, helped found the organization in 2003 with his own cross-country cycling trip.

Broughton Continues Dermatology Support

Burlington resident Lenore Broughton has maintained her steady support of the Dermatology Resident Education Fund at UVM. Broughton has made substantial contributions to the fund twice before. Her third and most recent gift brought her total support to $65,000. The fund provides dermatology residents at UVM/Fletcher Allen with continuing education resources, including conference fees and books.

Farewell to Harlow Carpenter

Since the 1960s, Carpenter Auditorium on the ground floor of the Given Building has been an integral part of the College of Medicine scene — a place for classes, Community Medical School lectures, even the medical student talent show every winter. So it was with sadness that the college community noted the death on March 13 of the person behind the hall’s name — 82-year-old Harlow Carpenter. Key founder of the Sugarbush Ski Resort and Golf Club in Warren, Vt., Carpenter was a noted modernist sculptor and architect. It is likely that he was drawn to support the Given Building project, along with his late wife Martha, by his love of the International-style architecture of Given — one of the few such structures in Vermont. In his remarks at the naming of the Sullivan Classroom on March 23, Dean Morin paid tribute to Carpenter’s generosity, and noted that the auditorium will undergo a major renovation this summer to upgrade its seating and technology.

Ready to Race

More than 80 members strong, the UVM Medical Marathon Team proves that future physicians are active participants in their community. The team members ran in the KeyBank Vermont City Marathon on May 24, and raised more than $33,000 to fund neuroblastoma research at the Vermont Cancer Center.

Top left and bottom right: Raj Chawla, UVM Med Photo; bottom left: Kurt Alward; top right: courtesy Sebastian Carpenter
Richard Gamelli, M.D.’74 Named Dean of Loyola Medical School

Richard Gamelli, M.D.’74, has been named dean of the Loyola University Chicago Stritch School of Medicine. Gamelli joined Loyola in 1990 as chief of the Burn Center and the founder and director of the Burn & Shock Trauma Institute. In 1995 he became the Robert J. Freeark Professor and Chair of the Department of Surgery. Gamelli is the editor-in-chief for The Journal of Burn Care and Research and is a past president of the American Burn Association, where he has been an active member since 1979. He recently was named a member of the Surgery, Anesthesiology and Trauma Study Section, Center for Scientific Review, of the National Institutes of Health. In addition, Dr. Gamelli has served as the associate editor of the Journal of Trauma and is a member of the editorial boards of Annals of Surgery, Shock, Burns, and the Journal of the American College of Surgeons.
1975
Ellen Andrews
195 Midland Road
Pinehurst, NC 28374
(910) 295-6464
elland@mindspring.com

1976
Don P. Chan
Cardiac Associates of New Hampshire
Suite 103
246 Pleasant Street
Concord, NH 03301
(603) 224-6070
dpcn@aol.com

Matt Zetumer writes: “I continue in private practice with my wonderful wife, Dr. Lynn Corrin. In August, Steve Lampert and I climbed Kilimanjaro and spread Bill Patterson’s ashes on the summit. We miss him and feel his loss.”

1977
Mark A. Popovsky
22 Nauset Road
Sharon, MA 02067
(781) 784-8824
mpopovsky@haemonetics.com

1978
Paul McLane Costello
Essex Pediatrics, Ltd.
89 Main Street
Essex Junction, VT 05452
(802) 879-6556

Michael Hermans sends: “Greetings from Texas. The Blue Bonnets are blooming. It was great to reconnect at Reunion #35, hope to see you all at Reunion #40.”

1979
Sarah Ann McCarty
1018 Big Bend Road
Barbourville, WV 25504
(304) 691-1094
mccarty@marshall.edu

1980
Richard Nicholas Hubbell
80 Summit Street
Burlington, VT 05401
(802) 862-5551
rich.hubbell@vtmednet.org

Continuing Medical Education
2009 Conference Schedule

Vermont Summer Pediatric Seminar
June 18–21, 2009
The Equinox
Manchester Village, VT.

Quality and the Electronic Health Record: Making the Connection
July 16, 2009
Hilton Hotel and Conference Center, Burlington, VT.

Primary Care Sports Medicine Conference
September 23–25, 2009
Sheraton Hotel and Conference Center Burlington, VT.

The 23rd Annual Imaging Seminar
September 25–27, 2009
Stoweflake Conference Center
Stowe, VT.

The 7th Annual Northern New England Critical Care Conference
October 21–24, 2009
Stoweflake Conference Center
Stowe, VT.

Primary Care Behavior Health Conference
November 16, 2009
Sheraton Hotel and Conference Center Burlington, VT.

College of Medicine alumni receive a special 10% discount on all UVM Continuing Medical Education conferences.

1981
Craig Wendell Gage
2415 Victoria Gardens
Tampa, FL 33609
craiggage@tampabay.rr.com

Ernest M. Bove writes: “Our daughter, Erica, graduated May 17, 2009, from the UVM College of Medicine. She will start as a PGY-1 (OB-GYN) at Columbia's New York-Presbyterian Hospital.”

Jacques Larochelle reports: “I am enjoying my practice and family life here in Bangor, Maine. We have visited UVM several times in the past year since our twin sons, Michael and Nicholas, are first year students at the College of Medicine. Our oldest son, Matthieu, who is completing his masters degree, will be joining them as a first year student this fall. We look forward to seeing classmates at the next reunion. Email Address: kidacres@aol.com.”

Andrew Weber reports: “In January I had the opportunity to bring my family with a large community group to Israel. We had the privilege to meet soldiers who are defending their nation. I reconnected with relatives living in the deserts in Israel and hoping for peace.”

1982
David and Sally Murdock
murdock@cyberport.net

1983
Diane M. Geogeson
2 Ravine Parkway
Oneonta, NY 13820
(607) 433-1620
dgeogeson@stny.rr.com
Joseph Kvedar writes: “Life’s speeding by! My first-born born, Derek, is finishing year two at the U.S. Air Force Academy. Middle child Julie is deciding where to go to college: Megan finding her way through year one of high school. Vicki is still happily seeing eye patients and my work in dermatology-connected health is well.”

Anne Massucco reports: “Still living in West Hartford, Conn., and in private practice in OB-GYN at St. Francis Hospital. My son is a sophomore in high school. Both of our fellow classmates, John Orloff and Gwen Bogacki, in Vermont on a ski weekend at Okemo Mountain. Both are doing well and living in New Jersey. Email Address: anniemass@comcast.net.”

Michael Narkewicz writes: “Both of our boys are off at college. We are adapting to an empty nest. I continue at the University of Colorado in Pediatric GI. I have transitioned to clinical translational research and lead a multicenter study of Cystic Fibrosis Liver Disease.”

Stephen Russell Payne writes: “We have lived on our farm in St. Albans, Vt., for over 20 years. In addition to a very busy surgical practice and serving as Chief of Staff at Northwestern Medical Center, I enjoy reviewing articles for the *Journal of Trauma*, teaching on the part time surgical faculty and working as a case manager for the Vermont Practitioners Health Program. With the help of some wonderful mentors, my writing “career” continues to grow. I have written for *Vermont Life* for many years now and hopefully have a short story collection and novel forthcoming in the not too distant future. (I thought getting into medical school was hard until I started trying to get a novel published!) Grateful to be associated with such a tremendous school and to be able to live in this amazing beautiful place. Email Address: srpaynemd@hotmail.com.”

Richard C. Shumway 34 Coventry Lane Avon, CT 06001 (860) 673-6629 rshumway@stfranciscare.org

Jeffrey Darrow reports: “Our oldest two kids are starting their senior years in high school. One other is starting freshman year in high school, and the last one is beginning second grade. We recently visited Brick Campbell’s Virginia Beach estate.”

Vito D. Imbasciani 1915 North Crescent Heights Blvd. Los Angeles, CA 90069 (323) 656-1316 vitoimd@champermail.com

Keiji Fukuda, M.D.’83 is the World Health Organization’s assistant director-general coordinating the global response to the H1N1 flu’s sudden appearance in Mexico and other countries around the world. He was profiled in *Vermont Medicine* in 2005, when he led the influenza branch of the epidemiology unit at the Centers for Disease Control and Prevention, and he cited the need to walk the fine line between keeping people informed of pandemic flu possibilities while keeping the panic level low. Today his balancing act is even more important and prominent. In an interview in the *Burlington Free Press* in April, Fukuda pointed to the combined qualities of independence and social-mindedness he encountered in Vermonters as he grew up in Barre, Vt., and noted the value keeping this combination in mind has had in his career in public health.

1986

Darrell Edward White 29123 Lincoln Road Bay Village, OH 44140 (440) 892-4681 darrellwhite@mac.com

1987

Please email medalumni.relations@uvm.edu if you’d like to serve as 1987 class agent.

Davidson Homer writes: “In collaboration with my colleagues at the Center for International Health and Development at Boston University, we are conducting several exciting, large community-based trials in rural Zambia that are reducing morbidity and mortality of children under 5 years old and neonates.”

1988

H. James Wallace III 416 Martel Lane St. George, VT 05495 (802) 872-8533 james.wallace@vtmednet.org

Lawrence I. Walk 5724 South Nome Street Greenwood Village, CO 80111 (303) 771-1289 larry@correctioncare.com

1989

Peter M. Nalin 13216 Griffin Run Carmel, IN 46033 (317) 962-6656 pnalin@mac.com

1990

Barbara Angelika Dill 120 Hazel Court Norwood, NJ 07648 (201) 767-7778 drdillobgyn@earthlink.com

Francis and Stephanie Nolan report: “We’re announcing the birth of our fifth child — Owen Paul Nolan, born October 2008. Continuing to renovate and expand our organic farm in Cooperstown, N.Y. Classmates please stop to say hello.”
1991
John Dewey
15 Eagle Street
Cooperstown, NY 13326
jdewey@stny.rr.com

1992
Mark Eliot Pasanen
1234 Spear Street
South Burlington, VT 05403
(802) 865-3281
mark.pasanen@vtmednet.org

1993
Joanne Taplin Romeyn
22 Patterson Lane
Durham, CT 06422
(860) 349-6941
Brad Watson
rbradwatson@yahoo.com

Veronica J. Meuller Rooks writes: “Skip and Erica Ross and Duncan Winters stayed with us for a wonderful week in February while Roni was in Thailand. Roni’s in the Army until 2014”

1994
REU NI ON ’09
Holliday Kane Rayfield
P.O. Box 819
Waitsfield, VT 05673
(802) 496-5667
rayfieldvt@yahoo.com

Wendy Whitcomb writes: “My husband, Peter Salazar, M.D. (Temple ’94), just relocated from Tampa to Winter Park, Fla. He is a pediatric radiologist at Walt Disney Children’s Hospital. I joined Winter Park OB/GYN. Our six-year-old daughter did amazingly well with the transition — loves her new school and has many friends already.”

1995
Allyson Miller Bolduc
252 Autumn Hill Road
South Burlington, VT 05403
(802) 863-4902
allyson.bolduc@vtmednet.org

Beth Taylor reports: “I am currently living in Gilford, N.H. I’ve joined a group of ER doctors and we cover three local hospitals. I love my job! I live near a small ski mountain and near Lake Winnipesaukee. The perfect area for my favorite outdoor activities. I hope to get back to Burlington for a visit this summer.”

1996
Anne Marie Valente
66 Winchester St., Apt. 503
Brookline, MA 02446
anne.valente@cardio.chboston.org

Patricia Ann King, M.D., Ph.D.
832 South Prospect Street
Burlington, VT 05401
(802) 862-7705
patricia.king@vtmednet.org

1997
Julie Smail
390 Bridge St.
South Hamilton, MA 01982
(978) 468-1943
chinook41@hotmail.com

1998
Halleh Akbarnia
2011 Prairie Street
Glenview, IL 60025
(847) 998-0507
hakbarnia@gmail.com

1999
REU NI ON ’09
Everett Jonathan Lamm
11 Autumn Lane
Stratham, NH 03885
(603) 929-7555
ejlamm6@comcast.net
Deanne Dixon Haag
4213 Pond Road
Sheldon, VT 05483
(802) 524-7528

Remembered Again
Almost as soon as the modern Medical Alumni Building was completed on the east end of the UVM campus in 1995, the plaques began to appear. Through the next five decades, important faculty members, alumni, and philanthropic donors were honored on the walls outside the research laboratories and teaching spaces of the building, which itself was dedicated to alumnus and longtime faculty member A. Bradley Soule, M.D. ’28.

Though the Medical Alumni Building was removed in 2001 to make way for the present Medical Education Center, the memorial plaques that graced its walls were carefully conserved; they now have second lives as part of the new Legacy Wall on the south end of the concourse outside the Dana Library.

Many of the plaques are plain rectangles of aluminum, as spare and simple as the International-style building that once contained them. They honor legendary professors such as Ernest Bottles, M.D. of the Class of 1908 and Lester Wallman, M.D., and William Brown, M.D., the College’s twelfth dean. Others of note are alumni Charles Schectman, M.D.’26, and Nathaniel Gould, M.D.’37, who passed away last November. One of the first alumni of the College is honored, Isaac N. Foster of the Class of 1822 (when it required only a few weeks’ work to earn an M.D.). Another small plaque is a remembrance of Vermonter Ralph Hill, placed by his son, the author and historian Ralph Nading Hill.”
The Class of 2009 was officially welcomed into the ranks of alumni at the Fourth-Year Dinner on March 18, the night before the class members learned of their residency matches. Here Anton Kurtz (left) and his wife Judith Kurtz (right) share a laugh with Anton’s classmate Katherine Clark (center) while the Kurtz’s infant son snoozes away. The next day Anton matched to a residency in orthopaedic surgery in Syracuse, and Clark matched to a residency in psychiatry in Cambridge, Mass. To read more about the Class of 2009’s residency match, see page 8.
Mark H. Beers, M.D.’82
Dr. Beers — a physician, researcher, teacher, author, editor, and opera critic, of Miami Beach and Fire Island Pines, N.Y., died February 28, 2009, in Miami Beach of complications from diabetes, following a short illness. He was 84. He graduated from Tufts before earning his UVM medical degree. He then trained at Harvard and Mount Sinai Hospital before being named an assistant professor of medicine at the University of California, Los Angeles, in 1987. He was a senior natural scientist at the RAND Corporation from 1989 to 1992. He was also professor of clinical medicine at the University of Miami and editor-in-chief, emeritus, of the Merck Manuals of Medicine.

Dr. Beers did extensive research on the negative effects of mood-altering drugs among elderly patients, work that resulted in the 1991 Beers Criteria, which is regularly consulted by those treating the elderly.

Dr. Beers had been a diabetic since childhood, and in the 1990s had parts of both legs amputated. He volunteered as a counselor for fellow amputees at Magee Rehabilitation Hospital in Philadelphia. He was “fanatically loyal” to the UVM College of Medicine, the only medical school that would admit him despite his diabetes, said his companion of 33 years, Stephen K. Urice. Dr. Beers retired on disability as editor-in-chief of the Merck Manuals in 2006.

Antonio Isais German, M.D.’60
Dr. German died Feb. 13, 2009, at Saint Vincent Health Center in Erie, Penna., following a long battle with pancreatic cancer. He was born on Feb. 5, 1929, in Santo Domingo, Dominican Republic. He first graduated from medical school at the University of Santo Domingo in 1952, and served as Chief of Laboratory Services at William A. Morgan Hospital in Santo Domingo.

Dr. German was active in the clandestine opposition (Juventud Democratica Clandestina) during the brutal Trujillo dictatorship. Realizing the futility of fighting his country’s oppressive political leadership, Anthe and his wife, Francisca, left the Dominican Republic and emigrated to the United States. He accepted a position as a Fellow at the University of Vermont, where he earned his second M.D. degree in 1960 and completed post-graduate pathology training. He later practiced in Ottawa, Canada, Tupper Lake, N.Y., and Barre and Berlin, Vt., before moving to Pennsylvania in 1974. He retired in 1999.

Harry C. Halsted, M.D.’41
Dr. Halsted died peacefully in Burlington, Vt., on March 13, 2009, He was 93. He graduated from New York Military Academy in 1933, Columbia University in 1937, and UVM College of Medicine in 1941.

He served in the Army Medical Corps in World War II and saw duty in North Africa. He was employed by the American Cyanamid Company as Medical Director until 1968. His summers spent on Malletts Bay and his love of sailing on Lake Champlain brought him to Vermont full time to become the plant physician at IBM in Essex Junction in 1968. He retired in 1981.

Paul Frederick Hoar, Ph.D.’70, M.D.’71
Dr. Hoar died December 31, 2008. Beginning in 1983, he was for many years an anesthesiologist with El Camino Hospital in California.

Faculty
Antonio Johnson Gomez, M.D.
Dr. Gomez died suddenly following a brief illness on Jan. 16, 2009, at his home in Burlington. Born in the Philippines on Dec. 31, 1932, Dr. Gomez received his medical degree from the University of Santo Tomas in Manila where he also did an externship in neurology. He completed his residency at the University of Kansas Medical Center in Kansas City, after which he became a staff neurologist at the Institute of Logopedics in Wichita and an assistant professor of logopedics (speech and hearing) at Wichita State University. Because of his expertise in behavioral and higher cortical functions of the human brain, Dr. Gomez was invited to join the Department of Neurology at the UVM College of Medicine in 1970, where he practiced and taught for 28 years. He became Professor Emeritus following his retirement in 1998. Dr. Gomez’ clinical talents in behavioral neurology resulted in a distinguished career serving children and adults with language, learning, memory and attention disorders. He was the first medical director at the Center for Disorders of Communication at the Medical Center Hospital of Vermont and then became its director in 1978. He was a member of the clinical team at the Memory Disorder Center of Vermont and served as neurology consultant to the Vermont State Hospital for over 25 years. He was a founding member of the Professional Advisory Board of the Stern Center for Language and Learning.

R.W. Paul Mellish, M.D.
Dr. Mellish died at home in Hanover, N.H. on December 10th, 2008. He was a faculty member and professor of surgery at the UVM College of Medicine from 1963 to 1982 and founded the Division of Pediatric Surgery at the Medical Center Hospital of Vermont, now Fletcher Allen Health Care. Following his training at St Mary’s Medical School at the University of London, he served for two years as a surgeon in the Royal Air Force, and emigrated to the U.S., where he was drafted into service for another two years as chief of surgery in the U.S. Air Force base at Swindon, England. His specialty training in pediatric surgery in the U.S. included Bellevue Hospital in New York and Children’s Hospital of the University of Pennsylvania, where he was Chief Resident under C. Everett Koop. Dr. Mellish followed his family in 1962 to Burlington, to establish a department of pediatric surgery at UVM/Mary Fletcher, and for much of his tenure was the only pediatric surgeon in the state. He left UVM after 19 years to join the Aramco Medical Center in Dhahran, Saudi Arabia, and retired in 1992 to Charleston, S.C., followed by a brief stay in London before moving to Hanover in 2008.
May 24, 2009
7:28 a.m.

Members of the UVM Medical Marathon Team give a last team cheer before the start of the race.

photograph by Raj Chawla
New Spaces, New Opportunities

The new Courtyard at Given opens late this summer, and with it comes unique opportunities to recognize the philanthropy of alumni, faculty, staff and friends of the UVM College of Medicine. The new building, at the heart of the medical school campus, will connect the many mission areas of the school — education, patient care, research and community, and will serve as a consolidated location of all student, alumni, and admissions services as well as create space for the Vermont Cancer Center and Center for Clinical and Translational Science. Recognition for major financial support of these combined mission areas through the Dean’s Fund is available through the naming of architectural bridges and conference rooms in the new building.

For more information about these and other naming opportunities, including naming scholarships, please contact Manon O’Connor (802) 656-4014 | manon.oconnor@uvm.edu

University of Vermont College of Medicine
Medical Development & Alumni Relations Office
(802) 656-4014 | medical.giving@uvm.edu
www.med.uvm.edu/giving
Every generation of physicians creates the seedbed for the next generation — through the direct mentoring and preceptoring of medical students, and through philanthropy that allows medical schools to evolve and improve to meet changing times.

The College of Medicine is fortunate to have alumni and friends who generously support the school — doctors such as the late Jane Wolf, M.D.’77, Louis Fishman, M.D.’50, and longtime faculty member Frank L. Babbott Jr., M.D.

Drs. Wolf, Fishman, and Babbott helped the College achieve its goals throughout their lives; through realized bequests, each continues to assist the school in meeting the needs of future physicians.

Create a Lasting Legacy

For more information about how you can support the College of Medicine please contact the Medical Development and Alumni Relations Office.

University of Vermont College of Medicine
Medical Development & Alumni Relations Office
(802) 656-4014 | medical.giving@uvm.edu
www.med.uvm.edu/giving