UCONN
health center

Volume 4
No. 2
Summer 2008

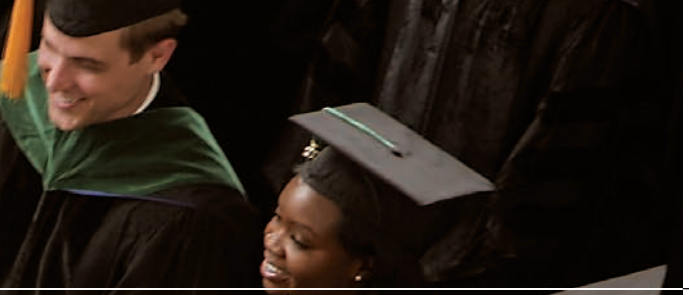
MASTERING THE SKILLS OF ORTHOPAEDIC SURGERY

Slowing the Rise in Skin Cancer • Prizes Can Modify Behavior

contents

Great Reason to Smile

The Health Center's 37th commencement in May added 82 physicians and 40 dentists to the roster of those with M.D. and D.M.D. degrees earned at UConn.



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on the cover

Joseph DeAngelis, M.D., a fifth-year resident in orthopaedics, in the Bioskills Laboratory.

UCONN health center

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Cato Laurencin Named Dean, Vice President for Health Affairs

Cato T. Laurencin, M.D., Ph.D., a nationally prominent orthopaedic surgeon, professor and administrator from the University of Virginia, will become the seventh dean of the UConn School of Medicine. He also will be the Health Center's vice president for health affairs, will hold the Van Dusen Chair in Academic Medicine and will be a professor in the Department of Orthopaedic Surgery.

Laurencin's selection follows a comprehensive national search to find a successor to Peter J. Deckers, M.D., who is leaving his position this summer after 13 years as dean, eight years as executive vice president for health affairs and more than 20 years of service to the UConn Health Center. (See page 6.)

"I couldn't be more thrilled," says UConn President Michael J. Hogan who announced the appointment. "Dr. Laurencin is an exceptionally accomplished scientist, doctor, and community leader with outstanding administrative skills."

Laurencin is an expert in knee and shoulder surgery and an international leader in tissue engineering research. Last year he was named to the Scientific American 50, a list that honors outstanding individuals or teams for their achievements and leadership in shaping established and emerging technologies. He is a fellow of the American College of Surgeons and the American College of Orthopaedic Surgeons, is widely published in scholarly journals, and holds more than 20 U.S. patents.

Laurencin will join the Health Center Aug. 11. Currently, he is professor and chair of the Department of Orthopaedic Surgery at the University of Virginia, as well as the orthopaedic surgeon-in-chief at the University of Virginia Health System. He holds professorships in biomedical engineering and chemical engineering; and he was designated a university professor, one of the University of Virginia's most prestigious titles.

Raised in North Philadelphia, Laurencin earned his undergraduate degree in chemical engineering from Princeton University and his medical degree from Harvard Medical School, where he was a magna cum laude graduate and the recipient of the Robinson Award for Excellence in Surgery. During medical school, he also earned his Ph.D. in biochemical engineering/biotechnology from the Massachusetts Institute of Technology, where he was a Hugh Hampton Young Scholar.

Upon completing both of his doctoral degrees, Laurencin joined the Harvard University orthopaedic surgery program, where he became the chief orthopaedic resident at Beth Israel Hospital in Boston. He completed a fellowship in sports medicine and shoulder surgery at Cornell University Medical Center and the prestigious Hospital for Special Surgery in New York City, where he worked with team physicians for the New York Mets and St. John's University.

Laurencin is a member of the Institute of Medicine of the National Academy of Sciences. He is married to Cynthia Laurencin. They have three children, ages 13, 11, and 9.

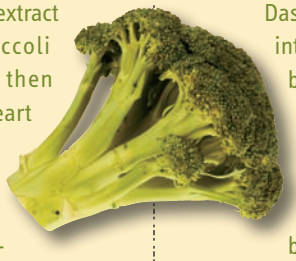
"I couldn't be more thrilled.... Dr. Laurencin is an exceptionally accomplished scientist, doctor, and community leader with outstanding administrative skills."
—Michael J. Hogan

efs

Broccoli is Good for Your Heart

Eating broccoli, long believed to reduce cancer risk, can protect the heart, according to Health Center researchers.

Graduate student Subhendu Mukherjee, working with Dipak K. Das, Ph.D., professor of surgery, in the Cardiovascular Research Center, fed rats an extract of steamed broccoli for one month, then measured their heart muscles. Compared to rats fed a regular diet, the hearts of broccoli-fed rats functioned better.



"There was abundant epidemiological evidence that eating broccoli helped reduce cancer risk," says Das. Broccoli contains selenium and sulfur-containing compounds known as glucosinolates that can produce a cardio-protective protein, thioredoxin, adds Das.

"Our study indicates consumption of broccoli activates several survival proteins," says Mukherjee. "If the broccoli is overcooked, however, it loses a lot of its protective effect."

Das, who has long been interested in the health benefits of food, last year published a study that showed white wine has the same heart-healthy benefits as red. He also recently established the Institute of Medicinal Food and Applied Nutrition at Jadavapur University in his native India to promote research in the subject.

The study appeared in the January 2008 issue of the *Journal of Agricultural and Food Chemistry*.

THOMAS CASSO, FAR RIGHT, DISCUSSES THE BRAIN AND THE SPINAL CORD WITH HIGH SCHOOL STUDENTS AT A CLINICAL CAREER DAY IN MARCH. HUNDREDS OF STUDENTS CAME TO THE HEALTH CENTER FOR THE EVENT, WHICH WAS SPONSORED BY THE HUMAN RESOURCES DEPARTMENT, THE AREA HEALTH EDUCATION CENTER AND THE CELEBRATE GIRLS PROGRAM TO ENCOURAGE INTEREST IN HEALTH CARE CAREERS.

in memoriam

Robert U. Massey 1922-2008

Robert U. Massey, M.D., the third dean of the School of Medicine who held the position from 1971 to 1985, died Feb. 5 at his home in Avon, Conn. He was 85.

During Massey's 14-year tenure as dean, the medical school student body more than doubled, the basic and clinical sciences faculty grew and differentiated, the curriculum matured, and the school received its first accreditation. Before accepting the position as dean, he served the Health Center as professor of medicine, professor of community medicine and health care, associate medical dean, and chief of staff of the affiliated U.S. Veterans Administration Hospital in Newington.

Massey came to Connecticut in 1968 from New Mexico, where he had been chairman of Lovelace Clinic's Department of Medicine and had helped establish the University of New Mexico School of Medicine.

An internist and endocrinologist, Massey was long interested in the broader issues of health care, and he was an articulate spokesman who also wrote prolifically and most capably on the science and practice of medicine and its implications for society. In 1985, the medical school created an Endowment in the History of Medicine in his name to support an annual lecture and related activities.

achievements

University Medal for Claire Leonardi

Claire Leonardi, founding chair of the Health Center's Board of Directors, was awarded the university medal, one of the highest honors given by the university.

During her 15 years of voluntary service to the Health Center, Leonardi led the governance change that established the 17-member Board of Directors and gave the Health Center greater input and counsel from a diverse group of professionals.

She also played a critical role in gaining approval for UConn 2000, the university's infrastrucure rebuilding program with an allocation of $300 million for the Health Center campus.

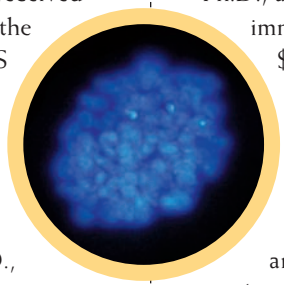
Round Two for Stem Cell Funds

Health Center researchers received more than $2.4 million in grants in the second round of Connecticut's 10-year, $100 million program for state-based human embryonic stem (ES) cell research.

Researchers and the projects that received grants include:

Bruce Mayer, Ph.D., professor of genetics and developmental biology, received $450,000 to study protein modifications associated with self-renewal and differentiation of ES cells.

Kent Morest, M.D., professor of neuroscience, received $450,000 to study the differentiation of ES cells into cochlear precursor cells for transplant as treatment of deafness.



Xuejun Li, Ph.D., assistant professor of neuroscience, received $450,000 to study ES cells and motor neuron degeneration related to spinal muscular atrophy.

Hector Leonardo Aguila, Ph.D., assistant professor of immunology, received $250,000 to study ES cells using flow cytometry, a technique that allows the identification, characterization and isolation of individual cells based on their physical characteristics and the expression of exclusive proteins in their surface.

Researchers on the Storrs campus also received grants. Theodore Rasmusssen, Ph.D., assistant professor of animal science, received a group grant of $634,000 for the Center for Regenerative Biology to study reprogramming human skin cells into cells functionally similar to ES cells. The reprogrammed cells should be immuno-compatible, matched to the patient who donates them.

Mark Carter, Ph.D., assistant professor in the Center for Regenerative Biology, received $200,000 to study early differentiation markers in ES cells.

"The second round of grants brings the university's total state stem cell funding to $14.4 million, placing it in an ideal position to advance this cutting-edge research," says Marc Lalande, Ph.D., professor and chair of the Department of Genetics and Development Biology and director of the university's Stem Cell Institute.

Approval for Stem Cell Building

The university's Board of Trustees has approved a $50.8 million budget to renovate the building on 400 Farmington Avenue near the Health Center campus to house interdisciplinary cell sciences research programs, including stem cell research.

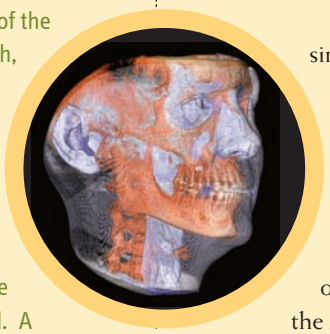
The building is approximately 117,700 square feet of space, and it is expected to meet the requirements of the LEED silver rating for environmentally friendly design. It also will have sufficient internal transparency and flexibility to promote interdisciplinary research.

The architect for the project is Goody Clancy of Boston, Mass. Demolition and renovation is scheduled to begin in the fall.

New Imaging System Online

The Health Center's Implant and Reconstructive Dentistry Center has introduced ConeBeam Imaging, an X-ray imaging system that provides high-resolution images of the jaws and teeth.

The technology, which can create limitless views of the face, neck and teeth, is fast, simple and completely painless. The patient sits as the scanner, mounted on a rotating arm, makes a complete circle around their head. A single 10-second scan provides computer-generated views of the bones of the face, the teeth and other details from any angle, in three dimensions and in color. The technology requires less exposure to radiation than similar images obtained with medical CAT scanners.



"ConeBeam imaging provides us with high-quality three dimensional images," says Sanjay Mallya, Ph.D., assistant professor of oral and maxillofacial radiology. "It has a wide variety of applications such as planning for dental implants, evaluating cysts and tumors of the jaw, analyzing patients with facial deformities, and much more. It's a valuable tool for our patients and the physicians and dentists in the community."

Credit: Dr. James Mah
Advanced Dental Imaging; Las Vegas, Nev.
www.advanceddentalimaging.com

research

Protein May Indicate Heart Failure

Cardiologists at UConn Health Center have identified a protein fragment that may be an indicator of congestive heart failure.

Evidence from an ongoing clinical research study suggests a failing human heart releases the protein fragment, or peptide, into the bloodstream where it can be detected by a blood test.

"The beauty of a blood test is it's simple, quick, and it's noninvasive," says Bruce T. Liang, M.D., director of the Calhoun Cardiology Center. "It's a lab test that could give us a window on the viability of the heart."

Liang is the lead investigator of the study, which he presented at the March 30 annual scientific session of the American College of Cardiology in Chicago. "This test appears to be helpful in detecting all degrees and all forms of heart failure, which gives it broad potential clinical utility."

Bruce Liang

A marker for acute heart failure would be both a diagnostic and prognostic tool for physicians, and it could be potentially helpful to patients as a source of additional information about the health of their hearts.

Research collaborators included David Hager, M.D.; Kim Dodge, Ph.D.; Jayne Schumacher, R.N., and Mary Beth Barry, A.P.R.N.

CHARTING OUR COURSE

Gender Breakdown By Graduating Class

	School of Dental Medicine					School of Medicine				
	2003	2004	2005	2006	2007	2003	2004	2005	2006	2007
MALE	93	88	83	78	82	132	130	120	122	128
FEMALE	68	79	83	81	82	180	188	199	206	195

achievements

Center Wins Commendation

The Neag Comprehensive Cancer Center has received three-year approval with commendation by the American College of Surgeons.

The approval follows an on-site evaluation by a physician surveyor of the center's compliance with standards that include cancer committee leadership, cancer data management, clinical services, research, community outreach, and quality improvement.

"The approval recognizes the Health Center's oncology program as offering high-quality cancer care," says John Taylor, M.D., cancer committee chairman. Only one in four cancer programs at hospitals across the United States receives this special approval, according to Taylor.

The Commission on Cancer is a consortium of professional organizations dedicated to improving survival rates and quality of life for cancer patients through standard setting, prevention, research, education, and the monitoring of comprehensive, quality care.

Peter Deckers

Reflections on Transition

Under the leadership of Peter Deckers, the Health Center witnessed a transformation of its educational curriculum, a dramatic increase in patient care by its hospital and medical group, and strong growth in research awards to its scientists and clinicians.

Deckers helped guide the Health Center during unprecedented financial turbulence affecting health care and academic health centers.

He shares some reflections on his years here and the ones ahead, as he prepares to step down from his leadership roles during the summer.

My friends:

My personal and professional career has been characterized by being in the right place at the right time with the right people. The years at the Health Center are no exception. Indeed, they have been the very best of times, personally and professionally!

Now, it is time for me to move on, to thank everyone for their exceptional efforts and contributions, and to welcome a change for you and for me that, I hope, is transformational.

We should be very proud of our educational, research, clinical and administrative growth over the past decades. We train wonderful, very skilled students; we discover important new knowledge; we deliver effective, safe and efficient care. I personally am living testimony to the clinical effectiveness of all three of our Signature Programs – and I am most grateful.

Together, we have faced the onslaught of managed care and cost and heightened bureaucracy. It has not been easy; but we have more than survived, realizing new efficiencies, and better quality, safety and compliance in all domains. We have enlightened our legislators to the special nature of our work; and they, most generously, have responded with increased support, funding when necessary, bond funds for capital improvements and expansion, and a better recognition of the need to modify or eliminate our labor and fringe benefit cost inequities, compared to other hospitals. We have witnessed generous philanthropic contributions by many wonderful individuals and families to our schools and faculty.

All of this was a team effort, most certainly not an individual effort. I thank each and every one of you most sincerely. You are very special. Be proud of your accomplishments – very proud!

I'm confident of the future for the Health Center, its hospital and schools. This is a time of great change throughout our university and our Health Center. Change is opportunity; change is good; change is necessary. Participate in it constructively. Bring your exceptional individual and collective talents to the table. Be a well-informed participant. I believe the transformation that will occur here in the next 10 years will be revolutionary and will enable the Health Center to move from good to great among academic health centers. The foundation we have built together is strong, healthy and increasingly respected. It was my pleasure and privilege to be part of it for so long. Thank you!

Be well, be peaceful.

saving our skin and our life

Some simple steps, such as limiting sun exposure, could slow the growth of skin cancer.

By Cynthia Wolfe Boynton

She calls herself a "skin cancer factory" and accepts she may not live to see her 10- and 12-year-olds graduate from high school. If anyone can change that, it's the dermatology and cancer experts at the UConn Health Center, says 46-year-old Laura Rudolph.

"Life's too short for me to be a worrier," says the Glastonbury resident. "Instead, I try to be a cautious realist. My doctors are the same way, and I believe that's why I'm alive today. We test every skin spot – which isn't easy considering the number I have on my body. The best way to describe it: My skin looks like the starry night sky you can only see from a mountaintop."

Diagnosed with more than 36 cancerous skin lesions and tumors since 1995, Rudolph realizes she's not the typical skin cancer patient.

Having undergone almost as many surgeries as she's had tumors, she sees cancer as an unfortunate, unavoidable and unusual aspect of her life. And she hopes sharing her story will help others.

"Most people aren't going to experience skin cancer to the degree I have," Rudolph adds, "but it's still more common than it has to be, because people just don't seem to understand the dangers."

Jane Grant-Kels, M.D., chair of the Department of Dermatology at the Health Center, shares Rudolph's frustrations over the lax concern many seem to have for the disease, which affects more people in the United States than any other form of cancer.

"Like any cancer, skin cancer can grow, destroy normal tissue and ultimately cause death if not treated appropriately," says Grant-Kels.

On the Rise

More than 1.3 million new cases of skin cancer were diagnosed in the U.S. in 2007, according to the American Cancer Society. Approximately 60,000 of those cases were melanoma, the most serious form, which also accounted for 80 percent of the approximately 10,000 skin cancer deaths last year.

The most common skin cancers are basal- and squamous-cell carcinomas: generally small, slow growing and easily treated lesions, which, when properly treated, rarely lead to death.

Less common but more dangerous is melanoma, which usually appears as a single, dark, irregularly shaped spot on the skin. If left undiagnosed and untreated, it can spread throughout the body and be fatal. "Gram for gram and millimeter for millimeter, melanoma is the most virulent malignancy in humans," Grant-Kels says.

ABCDEs of Melanoma

A melanoma most commonly develops on the back, chest and legs. Most of the time it develops on healthy-looking skin. In about 20-25 percent of the cases, it grows out of an existing mole. The ABCDEs of melanoma that cancer experts urge people to watch for include:

- **A** **Asymmetry.** Half of the mole or mark does not match the other.
- **B** **Border irregularity.** Edges are ragged, notched or blurred.
- **C** **Colors are different within the same mole.** Shades of brown or black may be seen, sometimes with patches of red, white or blue.
- **D** **Diameter greater than 6 millimeters.** That's roughly the size of a pencil eraser.
- **E** **Evolving.** You've noticed it's grown or changed over time.

Incidents of melanoma have risen drastically over the past decade; and medical experts suspect increased, unprotected sun exposure as one of the primary causes. Combine the statistics with the fact that some fairly simple steps can help prevent the disease, and it's clear why Health Center physicians and researchers are working on treatments and strategies to prevent it.

Immunologist Bijay Mukherji, Ph.D., has devoted most of his career to studying ways to activate the body's immune system to fight melanoma.

His lab was the first to show that melanoma patients tend to carry within their bodies "killer cells" that, if stimulated, can recognize and destroy cancerous ones. He and his colleagues conducted the first clinical trial of a vaccine to stimulate this immune response. More recently, Mukherji and medical experts from the California Institute of Technology, University of California Los Angeles and University of Southern California have been collaborating to engineer melanoma-attacking body cells. He and Grant-Kels also have been involved in studying the effectiveness of a topical drug for treating atypical moles (medically called dysplastic nevi), which are markers of patients at risk for melanoma.

Revving Up the Immune System

If the cream, called immiquimod, can prevent the moles from developing into melanoma, huge numbers of people could benefit. "We are trying to get the body to rev up its own immune system to fight cancer," Mukherji says. He and his colleagues are analyzing data from the multiyear study and hope to publish their results next year.

Also working on advancing melanoma care is Pramod Srivastava, Ph.D., director of the Center for Immunotherapy of Cancer and Infectious Diseases. His studies examine whether certain body proteins exposed to extreme heat – called heat shock proteins – can slow melanoma's progression and increase survival. A new study will continue this research and look at whether heat shock proteins can benefit liver cancer patients, as well.

"Having all these specialists in one place is one of the things that makes

the UConn Health Center really work for skin cancer patients," says Adrienne Berke, M.D., assistant director of the center's Dermatopathology Lab. There, biopsied skin, hair and nail samples are examined as part of the cancer diagnosis or staging process.

"When everything you need to treat skin cancer is right here, you get the best treatments faster," Berke said. "For the medical professional, that means you can knock on a door down the hall to get a second opinion. For the patient, that means not having to travel for additional tests or an exam by another specialist. We're all in the same place, working to do whatever we can to best help each patient."

That "best help" includes using several technologies considered the gold standard in skin cancer diagnosis and treatment. Among them: a handheld device called a dermatoscope, which Health Center dermatologists use to scan, map, magnify and record detailed, high-quality images of skin spots and moles. The new technology uses a computer to help the physician interpret the images captured from the dermatoscope and to pick up irregularities and problems the naked eye might not be able to see. Unique software helps physicians analyze a lesion and rate its likelihood of being skin cancer. The Health Center has a dermatoscope in every dermatology exam room.

Also available to Health Center patients is Mohs surgery – a highly specialized technique that involves removing a cancerous lesion layer by layer and immediately examining the cells under a microscope. By mapping the tissue and identifying the precise location of malignant cells, the surgeon can remove another layer only where necessary. The process continues until the skin is cancer free.

Because the procedure, which is done on an outpatient basis, focuses on removing only malignant cells, scarring is minimal and nearby healthy skin preserved. This makes it ideal for highly visible areas where appearances matter, such as the face, ears, neck and hands, says Health Center dermatologic surgeon James Whalen, M.D. It's also effective in treating cancers that are large or not clearly defined, because its layer-by-layer approach ensures all diseased tissues are removed – even those not clinically visible.

"The high cure rate Mohs offers makes it a really rewarding service to perform," says Whalen. "The fact that it can be done safely under local anesthesia also makes it convenient for the patient – the majority of whom express gratitude and satisfaction with the results," he adds. "Knowing that their tumors have been removed means they're on the road to recovery."

Opposite page, Surgeons Lori Wilson and Rajiv Chandawarkar work closely to ensure the best surgical outcome for cancer patients. This page, Pramod Srivastava in his lab.

Restoring Form and Function

Also part of the Health Center's skin cancer team is plastic surgeon Rajiv Chandawarkar, who may be called upon to rebuild part of a nose, ear, lip or other body part after either Mohs or traditional surgery, or to remove an unsightly scar. "In many instances, we can restore form and function to a patient who has had significant tissue removed during cancer surgery," says Chandawarkar. Sutures thinner than a human hair are used to stitch together thread-thin vessels that maintain the blood supply to transplanted tissue. Often a patient's own tissue is used for reconstruction, because "it looks and feels more natural," says Chandawarkar.

Preventing skin cancer through healthy lifestyle choices can in some cases mean the difference between life and death.

"We can't control some cancer risk factors, such as age and family history. But especially with skin cancer, there are many things we can control," says Grant-Kels, who preaches to her patients about the importance of using sunscreens and limiting direct exposure to the sun.

Don Looney of Southington goes as far as buying special sun-protective clothing.

Diagnosed three times with melanoma, including a malignant mass that spread to his brain, the 71-year-old also has changed his exercise and eating habits to include three mornings a week at the Southington YMCA and daily meals of fruits, vegetables, high-fiber breads and pastas, and lots of legumes.

"I stopped eating meat and any animal products, except for one egg every other day for protein. That's about it. Even though I've been in remission since 1996, I don't consider myself to be in the clear," says Looney, who provides advice to other melanoma patients and runs periodic support groups at the Health Center for survivors of melanoma.

"Because of the lifestyle changes I've made, I feel better than ever before. But I never let my defenses down. Skin cancer is cancer, and that's not something to be taken lightly."

grants at a glance

Good News for Transport Program

The Health Center received $1.5 million from the state's Hospital Hardship Fund to upgrade the ambulances for the transport program serving its Newborn Intensive Care Nurseries.

The grant, which will be matched by $1.2 million from John Dempsey Hospital, also will help provide incubators, monitors, bassinets, cribs and other medical equipment for the nurseries.

The newborn transport program, established in 1975, provides a team of health care professionals and a specialized ambulance to transport sick and fragile newborns to John Dempsey Hospital or to other hospitals that can provide advanced care, says Wale Folaranmi, M.D., medical director of the neonatal transport program.

"The state recognizes the importance of our Newborn Intensive Care Nurseries as a statewide resource for the youngest and most vulnerable," says James Thornton, director of John Dempsey Hospital. During the past fiscal year, the transport program provided service 350 times, including 199 trips to John Dempsey Hospital and 70 to the Connecticut Children's Medical Center.

Developing an Implantable Glucose Monitor


ULRIKE KLUEH

With a $413,000 grant from the American Diabetes Association, Ulrike Klueh, Ph.D., is studying the use of adult stem cells to develop a tiny wireless implantable glucose sensor.

"A long-term, implantable glucose sensor has remained elusive because of the rapid loss of sensor function after implantation," says Klueh, assistant professor in the Department of Surgery. "We believe the loss of sensor function is a result of sensor-induced tissue reactions, including inflammation and fibrosis, which ultimately causes the loss of blood vessels at the site of the sensor."

With the grant, Klueh is focusing on new ways to suppress inflammation and promote new blood vessel formation around the sensor using adult human blood-derived stem cells. If the principle stands up, blood-derived stem cells from patients with diabetes could be safely removed, remodeled into "gene carrier cells," and injected back into the same patient at the site of the sensor, to extend the lifespan of the glucose sensor.

If successful, the same approach could be used to develop implantable sensors that could detect and treat other diseases, such as cancer and heart disease.

a closer look

profile

Mina Receives Faculty Recognition Award

Mina Mina, D.M.D., Ph.D., professor and head of the Division of Pediatric Dentistry in the Department of Craniofacial Sciences is the recipient of the Faculty Recognition Award from the Health Center's Board of Directors.

An internationally renowned researcher in the field of craniofacial biology, Mina received her D.M.D. degree from the National University of Iran. After a brief stint in private practice in that country, Mina decided to focus on research and education. "My parents were educators, and I always wanted to teach."

Mina came to the United States for residency training in pediatric dentistry and a master's of dental science at Case Western Reserve University. After completing those programs, she joined the Ph.D. program in biomedical sciences at the Health Center. She graduated in 1989 and joined the faculty in pediatric dentistry.

MINA MINA

One afternoon a week, she serves as preceptor to third- and fourth-year students at the Burgdorf Community Clinic in Hartford. In addition, she has served as a mentor for summer research projects for more than 50 dental and medical students; and she has been the major research advisor or co-advisor for more than 20 pediatric dentistry residents, 15 master's of dental science students and 12 Ph.D. students, many of whom now hold academic positions at universities across the country and throughout the world.

Since 2002, Mina has served as head of the dental school's pediatric dentistry division. "The division's pediatric dentistry residency program is considered among the best in the country by peer institutions and prospective applicants," says Monty MacNeil, D.D.S., M. Dent. Sc. and dean of the dental school

In the laboratory, the focus of her research has been understanding the molecular mechanisms regulating the growth and differentiation of the skeletal tissues in the lower jaw and tooth formation, and identifying stem cells for tissue engineering a human tooth. In 2006, she was awarded the Distinguished Scientist Award for Craniofacial Biology Research from the International Association for Dental Research.

"We're delighted the board of directors recognized Mina with this award," says Richard Skinner, D.M.D., director of clinical operations for pediatric dentistry. "She is extremely demanding of herself and of others, but she also is very supportive of her faculty and students. She is very skilled at rallying members of our large, diverse division to work well together to accomplish our educational and clinical goals."

The award, which carries a $10,000 prize, was established in 2003 by the board of directors to recognize and celebrate excellence in faculty members. Mina's name and photo will be on permanent display at the Health Center. —*By Kristina Goodnough*

profile

Rasy Mar, Timothy Levine and Sarah Jane Borch, left to right, outside the academic entrance .

Students Reflect on Graduation

Medical student Sarah Jane Borch, dental student Timothy Levine and public health student Rasy Mar were selected by fellow students to speak on their behalf at commencement.

Borch graduated from Middlebury College in Vermont as an English major and spent the next few years as a teacher, at an architectural firm in New Mexico and an art gallery in New York City until she heard about UConn's two-year post-baccalaureate program for college graduates interested in medical school. While here, she mentored female prisoners, coaching them to use journal writing as therapy, worked at a summer camp for children with life-threatening illnesses, and selected an elective that focused on humanism in medicine and alternative therapies. She is going to a family medicine residency at Tufts University in Boston, Mass. "There are so many different ways to be a healer; medicine is vast, and there is a place for many things."

Levine considered both medical and dental school as potential next steps while an undergrad at the College of Holy Cross in Worcester, Mass. He finally decided on dental school because of the role art and aesthetics plays in all facets of dentistry. "People want their smile to look good," says Levine who graduated with a minor in art.

While in dental school, he was an active member of the American Student Dental Association, the national student-run organization that protects and advances the rights, interests, and welfare of students pursuing careers in dentistry. During his fourth year, he was elected Speaker of the House by delegates representing the 56 dental schools nationwide.

Levine plans to specialize in orthodontics or oral pathology after he completes his general practice residency next year at St. Barnabas Hospital in the Bronx, New York. With his penchant for public policy, he is not ruling out more education in areas such as law or public health so he can work on and influence legislation one day.

Mar arrived in this country through a relocation program sponsored by an area church from a refugee camp in Thailand at the age of 13, wearing jeans, a shirt, and a pair of cloth shoes. She was placed in the fourth grade, unable to read or write in Khmer or English. Ten years after her arrival, she graduated with a bachelor's degree from Western Connecticut State University.

"I am living the American dream," says Mar, who completed the four-year M.P.H. program in three years, while working full time in the medical dean's office, and raising twin boys with her husband.

She remembers her sense of isolation and confusion upon arriving in this country, an experience she believes helped foster her interest in public health. She says many Cambodians in this country struggle with the aftermath of the chaos they experienced as refugees of the civil war and genocide unleashed by the Khmer Rouge in the late 1970s. She hopes to use skills obtained through the M.P.H. program to solve some of the health problems in Cambodian and other Southeast Asian communities locally as well as in the countries themselves. After a brief break, she hopes to continue her education.

—Carolyn Pennington

"There are so many different ways to be a healer; medicine is vast, and there is a place for many things."

—Sarah Jane Borch

donors

MOLLY BREWER HOPES TO INCREASE THE FOCUS ON PREVENTION AND EARLY DETECTION OF CANCER.

Anonymous $250,000 Gift Benefits Women's Cancer Program

To promote the early diagnosis of cancer, or, perhaps, prevent it altogether, an anonymous couple have made a $250,000 gift to the Women's Cancer Prevention and Treatment Program.

The couple have been deeply affected by cancer; losing several relatives and friends to the disease, and witnessing a neighbor's difficult path through diagnosis and treatment. The program at the Carole and Ray Neag Comprehensive Cancer Center, directed by Molly Brewer, M.D., matched their desire to help women fight cancer and provide a regional center of excellence for all Connecticut citizens.

They also were inspired by the story of a recent $250,000 gift to the program from UConn alumnus Gary S. Gladstein through the Marsha Lilien Gladstein Foundation in memory of his wife, Judi.

"I can't overemphasize the importance of philanthropic dollars to programs like ours," Brewer adds. "They can make a difference between a program that succeeds and one that doesn't. These days, talented young researchers are spending their lives writing grant proposals, which is a huge commitment of time and keeps them away from their research."

Brewer sees key trends developing in cancer treatment that focus on prevention, early detection and a more personalized approach based on an individual patient's genetic makeup.

"We're moving toward tailoring treatments to the individual, based on genotypes. Right now, we screen everyone, but tailoring screenings to a person's risk factors is where our field is heading," Brewer says.

"If I had another life to live, I would like to see a future where I would be doing far less surgery and far more prevention," Brewer says. "We're just at the tip of the iceberg in terms of our understanding. This is where private support can make all the difference."

To support the program or the Neag Comprehensive Cancer Center, contact Karen Tomasko at 860.679.2153 or ktomasko@foundation.uconn.edu.

– By John Sponauer

donors

Fund To Honor Deckers, His Legacy and His Vision for the Future

When Peter J. Deckers, M.D., steps down from his positions as executive vice president for health affairs and dean of the School of Medicine this summer, he will leave behind a legacy of significant success.

During more than 20 years in top leadership positions, Deckers has enabled the Health Center to become a leader in innovative and responsive undergraduate and graduate medical education; introduced and expanded regional clinical services, including an increasingly excellent reputation for cancer, cardiology and musculoskeletal care and research; and cemented the institution's dedication to its core missions of biomedical education, basic science research, health care delivery and public service.

Peter Deckers

In response to many requests for a fund in his honor, Deckers and his wife, Barbara, have requested that donors contribute to the academic enhancement fund they established in 2000.

The Peter J. and Barbara A. Deckers Student Academic Enhancement Endowment Fund is the ideal way to support Deckers' legacy by contributing to the future of medicine: specifically, the students at the UConn Health Center who will be the next generation of physicians, teachers and biomedical scientists.

Deckers is deeply committed to making medical school affordable and accessible to students who have the aptitude and desire but not the full financial means to thrive in medical school. After more than 40 years of experience teaching and working with students, Deckers sees a sharp contrast between his medical school days and the experience of students today, even at affordable institutions such as the Health Center.

"When I went to medical school, my summer employment enabled me to earn my tuition and fees for the following two semesters," Deckers says. "Today, students cannot manage to get through medical school like that, especially if they're doing it on their own."

The Deckers Fund can support the individual research and intellectual curiosity of students by encouraging and funding research projects during any of the four years of medical school.

"Becoming involved in research turns students on to the potential and promise of academic medicine, and combines top-flight clinical care with a continuous interest in discovery," says Deckers. "It allows them to basically do what I've done throughout my career – integrate education, research and clinical care into one professional path. The higher the level of intellectual curiosity you can create in a medical system, the better the care will be."

Since its establishment, the Deckers Fund has provided countless benefits to medical students, from advanced technology in the classroom to the opportunity for students to showcase their research on a national level.

From his vantage point on the leading edge of science and medicine, Deckers has witnessed a sea change both in the practical world and the theoretical possibilities of medicine. Prevention, electronic education and learning, and technology loom large in his view of the future. The Deckers Fund is the ideal way to support the Health Center and honor this outstanding leader.

To contribute, or for more information, please contact Wendy Lux at 860.679.6032 or wlux@foundation.uconn.edu.

Upcoming Events to Support the UConn Health Center

31st Annual UConn Cancer Research Golf Tournament
To benefit cancer research at the Carole and Ray Neag Comprehensive Cancer Center
Monday, Aug. 4
Golf Club of Avon; Avon, Conn.
To become a sponsor or for more information, please call 860.679.4673

Mohegan Sun / Jim Calhoun Celebrity Classic
Jim Calhoun Charity All-Star Basketball Game
Saturday, Aug. 9, 7:30 PM
Mohegan Sun Arena

Jim Calhoun Celebrity Golf Outing
Sunday, Aug. 10, 11 AM – 6 PM
Pautipaug Country Club; Baltic, Conn.

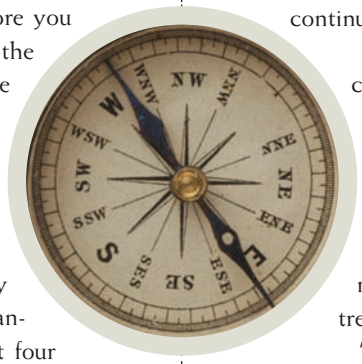
Mohegan Sun / Jim Calhoun Classic Celebrity Golf Classic
Monday, Aug 11;
9:30 AM – 7:30 PM
Golf Club of Avon
Avon, Conn.

2nd Annual Imagine Ball
To benefit the development of a Cancer Survivorship Program and for the Lea's Foundation Center for Hematologic Disorders at the UConn Health Center
Saturday, Oct. 18
The Bushnell Center for the Performing Arts
Hartford, Conn.
Join us for an evening of world-class entertainment and camaraderie as we honor the accomplishments of Dr. Peter J. Deckers, Michael Economos and Donald "Dee" Rowe. For more information, please call 860.679.4569.

Raveis Gift Expands Navigator Program for Cancer Patients

The diagnosis of cancer brings strong emotions to the forefront, often in overwhelming and unforeseen ways. Carolyn Deal, president and COO of William Raveis Real Estate, Mortgage & Insurance knows the feeling firsthand from her own ten-year fight with the disease.

"When you're first diagnosed, you only halfway hear the things people are telling you. You don't even know what questions to ask," she says. "And you quickly find that the more you ask other people, or the more you look online, the more overwhelmed you get, because everyone's cancer is different."



That experience, and Raveis' strong support of the Carole and Ray Neag Comprehensive Cancer Center over the past four years, has led to a groundbreaking $750,000 pledge from the William Raveis Charitable Fund, Inc. to expand the center's existing Navigator Care Program.

The program pairs newly diagnosed patients with trained volunteers who assist them through the treatment process. Among other things, the Raveis support, in collaboration with the American Cancer Society, will allow for full-time navigator staff on site.

"We've seen how cancer affects our company," says Lorraine Megenis, vice president of operations at Raveis. "A very high percentage of our 1,900 sales associates are female. If they haven't gone through cancer themselves, their sisters, mothers or friends have. We feel the support given to patients through the navigator program is a necessity."

"We've always supported research and education, but this is helping people right here and now," adds William Raveis, chairman and CEO. "The collective dedication of our sales associates, employees, vendors and clients has been nothing short of outstanding, as we witness such positive outcomes to our fund-raising efforts. Knowing this is only the beginning, we're excited to see where the navigator program will go in the years to come as it continues to expand and grow."

Nancy Baccaro, A.P.R.N., coordinates the Health Center's navigator program and says the service can make all the difference for patients at any stage of their journey through diagnosis, treatment and care.

"When patients enter the health care system with a complicated condition such as cancer, it can be overwhelming. But through the navigator program, we have an opportunity to decrease that anxiety; guide and direct a patient; and, most important, give the patient knowledge," says Baccaro.

"Raveis' support is so important because it allows us to expand the scope of our program and help more of our patients," says Carolyn D. Runowicz, M.D., director of the Neag Comprehensive Cancer Center. "This program is a real resource for our patients and helps to empower them to become more active partners in their treatment and recovery."

To support the navigator program, contact Karen Tomasko at 860.679.2153 or ktomasko@foundation.uconn.edu.

– By John Sponauer

HANDS ON

MASTERING THE SKILLS OF ORTHOPAEDIC SURGERY

Okay, it's time to let someone else drive now, says Joseph DeAngelis, M.D., a fifth-year resident in orthopaedics, as he watches a first-year resident grapple with an arthroscope deeply embedded in a cadaveric foot.

The first-year resident is learning to "drive" in a unique setting – the Bioskills Laboratory, located on the upper floor of the Health Center's New England Musculoskeletal Institute. This is where physicians specializing in orthopaedics can learn the techniques of their field without doing harm to a living patient.

The "steering wheel" in this case is an arthroscope – a flexible fiberoptic scope, the size of a long drinking straw, fitted with a miniature camera, a light source and precision tools. It has become a primary tool of the trade for an orthopaedist – used for both diagnostic procedures and for a wide range of surgical repairs.

By Carolyn Pennington
Photos by Judy Griesedieck

PHYSICIANS TRAINING TO BE ORTHOPAEDIC SURGEONS PRACTICE THEIR SKILL WITH THE ARTHROSCOPE IN THE BIOSKILLS LABORATORY UNDER THE SUPERVISION OF AUGUSTUS MAZZOCCA, FAR LEFT.

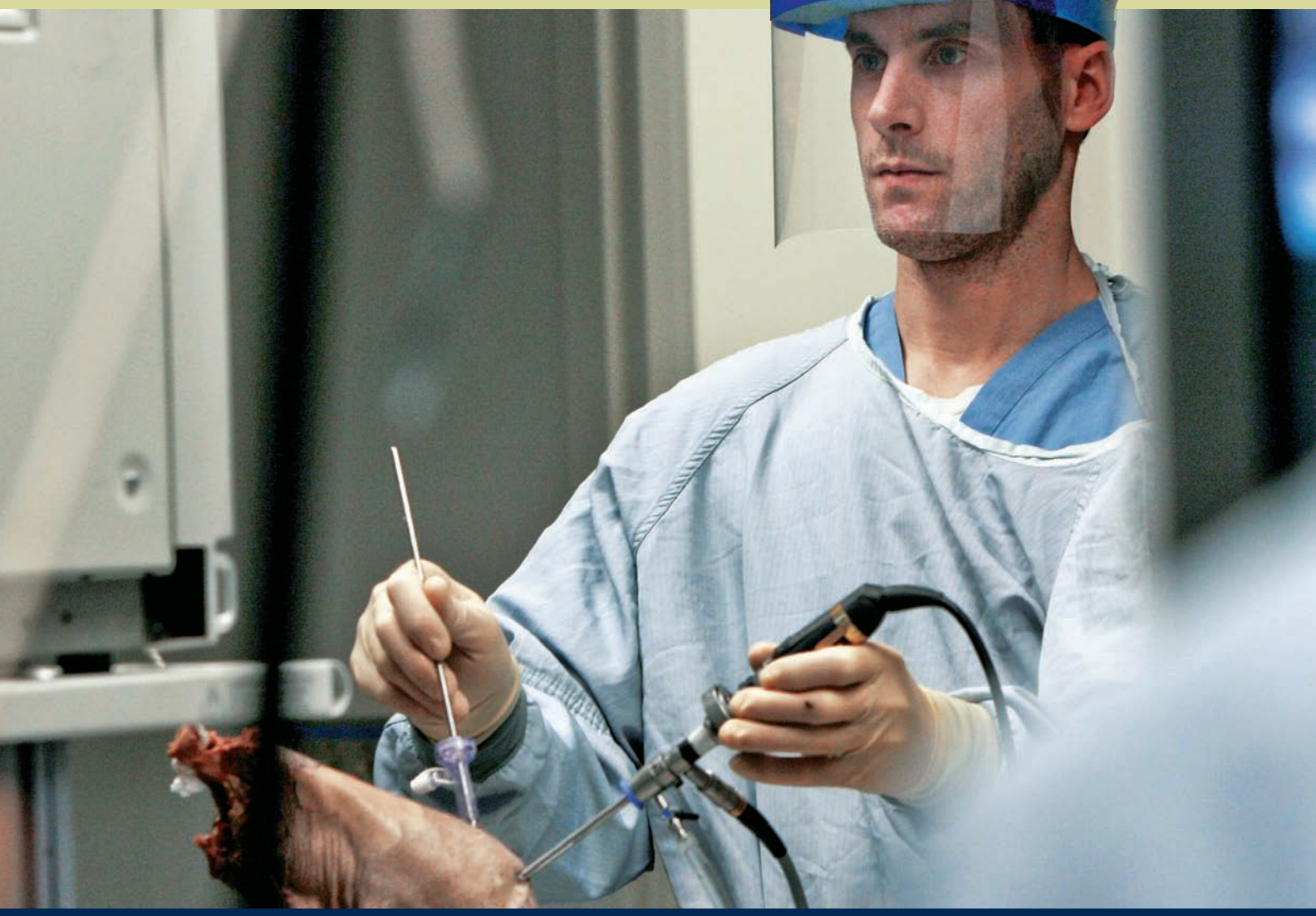
GAINING SKILL, ALLEVIATING ANXIETY

"The first day we were unfamiliar with the equipment, and we weren't really sure what to do," says Andrew Ritting, M.D., a first-year orthopaedic resident. "You don't want to start your second year of residency and be on a scope service and never have seen or held a scope before. The more time we spend here in the Bioskills Lab, the more it helps alleviate some of the anxiety," says Ritting. And he will spend plenty of time here – approximately 250 hours during his five-year post–graduate residency program.

Learning to master the arthroscope is critical to the success of an orthopaedic surgeon and, unless you're a whiz at video games, it's much harder than you think. Watching another first-year resident, DeAngelis explains, "He's getting his visual cues from the screen; he's got two instruments – one in each hand – each instrument has buttons and levers; he's got foot pedals; and it's all played in three dimensions on a two-dimensional screen."

The lab comes equipped with six operating stations and full-size plasma screen monitors capable of projecting both the procedures under way in the lab and actual surgical procedures in the operating room suites two floors below.

"The lab is divided into stations, and we run it pretty much like an athletic practice," says Augustus Mazzocca, M.D., an orthopaedic surgeon, an active team physician for UConn athletic teams, and director of the Bioskills Lab. For instance, at one station, second-year residents are practicing with the scope on cadaveric shoulders. The third-year residents are at another station working on subacromial decompressions, the surgical treatment for shoulder bursitis, and the fifth-year residents are doing rotator cuff repair. "Every year they continue building on their skills, so when they get in the operating room, they have a better understanding of the procedures and will be able to assist the surgeon more effectively," adds Mazzocca.



Kate Doughty, M.D., a fourth-year orthopaedic resident, says, "It's daunting to be faced with a real patient and expected to use the scope. Practice in the lab gives us a level of comfort and confidence that we would not have otherwise."

Orthopaedic surgeon Robert Arciero, M.D., says the Health Center's Bioskills Lab is one of only a few nationwide. He compares it to the Orthopaedic Learning Center in Chicago, the premier cadaveric bioskills educational facility in the country. "Ours may be smaller, but it is exactly as well equipped."

MORE THAN A TRAINING FACILITY

"Dr. Mazzocca has done a superb job developing the Bio–skills Laboratory," says Jay Lieberman, M.D., chairman of the Department of Orthopaedic Surgery and head of the New England Musculoskeletal Institute. "It is more than a training facility for residents and community physicians who want to hone their skills. The lab also provides a unique opportunity to actually develop new surgical procedures or refine older methods to make them better."

These new techniques are tested in the state-of-the-art Biomechanics Laboratory, adjacent to the Bioskills Lab. It's equipped with a variety of machines capable of testing the forces exerted by muscles and gravity on various joints, soft tissues and the spine.

"Our sports medicine surgeons have developed new techniques, which are tested in our Biomechanics Lab; then performed on cadavers; and, subsequently, used with our patients. This cutting-edge bench-to-bedside research is a unique aspect of the New England Musculoskeletal Institute," explains Lieberman.

Arciero and Mazzocca are internationally recognized for their innovative techniques to improve traditional shoulder surgery. The new methods developed here, now being used by surgeons around the world, offer patients greater comfort and range of motion, and less chance of a second injury.

> ***"It's daunting to be faced with a real patient and expected to use the scope. Practice in the lab gives us a level of comfort and confidence that we would not have otherwise."***
>
> —Kate Doughty

"That's how we handle all the research here," says Mazzocca. "We have a Biomechanics Lab that tests the procedure; we have a Bioskills Lab where we work out the imperfections and make sure we're proficient at doing it; and then we have an outcomes department that looks at what we do and makes sure we're as successful as we think we are."

"Many patients benefit from the fact that we have these unique labs," adds Lieberman. "You can't get the same experience using a computer or other type of simulation, even plastic models. It's important to practice the touch and feel of a real body."

"These are technical hands-on skills. You can't read it in a book and just go into the operating room and do it," says James Boyle, M.D., a fifth-year resident. "It takes a little bit of the learning curve out of the OR and puts the learning curve here in the lab." That's a really good thing – especially if you're the patient.

Orthopaedic surgery residents such as those in the photos above, left and right, spend about 250 hours of their five-year postgraduate training in the Health Center's Bioskills Laboratory.

HARNESSING THE POWER OF

PRIZES

The contingenccy management technique uses basic behavioral principles to shape or change behavior.

By Kristina Goodnough

After more than a decade as a therapist, Tricia Lewis heard about a new approach that helped people struggling with drug abuse and decided to give it a try.

The therapy, called contingency management, offers substance abusers the opportunity to win prizes for staying clean or substance free. For Lewis, training in the therapy was offered by UConn Health Center as part of a large clinical trial conducted by behavioral psychologist Nancy Petry, Ph.D., who has been studying the technique for more than a decade.

"As a therapist, you're always looking for new ways to help your clients," says Lewis, who provides counseling to adults with drug and alcohol problems at The Hospital of Central Connecticut in New Britain, Conn. "Contingency management helps my clients stay clean for awhile, so the habits of abstinence they are learning can become stronger. It is positive reinforcement for positive behavior," says Lewis.

Positive reinforcement comes in the form of the chance to win prizes when clients comply with specific behavior, such as submitting drug-free urine samples.

NANCY PETRY DRAWS FOR A PRIZE FROM THE FISHBOWL USED IN HER CONTINGENCY MANAGEMENT TECHNIQUE.

"The therapy worked wonderfully," says Petry. "It was the

Prizes are determined by drawing from a fishbowl that contains 500 slips of paper. Half say "Good Job" or "Have a Nice Day" and result in no prize. Forty-two percent say "Small" and entitle the drawer to pick a prize worth about $1, such as small toiletries, a bag of chips, candy bars or gift certificates to a coffee shop or fast food restaurant. Eight percent of the slips say "Large" and entitle the drawer to items worth $20 such as tool kits, compact disc players, sets of pots and pans, prepaid telephone cards or gift certificates. The bowl contains one slip that says "Jumbo" that entitles the drawer to a $100 prize such as a DVD player, a television or a stereo. The slips are replaced after each drawing so the probabilities remain constant.

Complying with the required behavior for successive weeks results in bonus draws. Those who fail to comply lose their chance to draw and have to start over. Twelve successive weeks of compliance could earn a client up to 195 chances to draw from the bowl and about $250 in prizes.

Petry was introduced to contingency management by Stephen Higgins, Ph.D., professor of psychiatry and psychology at the University of Vermont who developed a voucher incentive system for patients in the late 1980s. The vouchers were worth money and redeemable for retail goods and services. Over the course of 12 weeks, patients who maintained abstinence could earn more than $1,200 in vouchers. "The therapy worked wonderfully," says Petry. "It was the first treatment that showed any real efficacy getting patients to stay abstinent from cocaine and in treatment."

But it was expensive. "Studies examined lower levels of vouchers; but if the incentives were not of sufficient magnitude, the system didn't work," says Petry. Because of the cost, voucher-based contingency management was never implemented in clinical treatment programs.

Reducing Costs, Expanding Access

WHEN PETRY JOINED THE HEALTH CENTER IN 1997, she developed the prize system as a way to reduce the cost of contingency management treatment, and she tested it in community-based treatment centers. Her studies are under way in over 20 treatment programs in Connecticut and Massachusetts. The prizes are paid for out of the grants supporting the studies.

Offering the chance to win prizes instead of vouchers reduced the cost of treatment significantly, from $1,200 for each patient to an average of about $100 to $200. And the therapy still worked. "The attrition rate in outpatient community-based drug abuse treatment programs is phenomenally high," says Petry. "Less than 15 percent of patients receiving standard treatment stay in treatment for 12 weeks. In our studies of prize

NO ENTRY TO GAMBLING

A reviewer of one of Petry's early studies on the efficacy of contingency management suggested the chance to win prizes might turn substance abusers on to gambling. Concerned, Petry began to research gambling addiction. "The reviewer was correct, at least on one level. There is high co-morbidity between substance abuse and problem gambling."

In early contingency management studies, Petry excluded participants with any history of gambling problems until she could see if the prizes increased gambling. "We examined gambling behaviors before, during and after treatment in thousands of patients in my studies and found absolutely no increase in gambling with the prize contingency management approach."

She did learn that there was very little research being done on problem gambling and potential treatments.

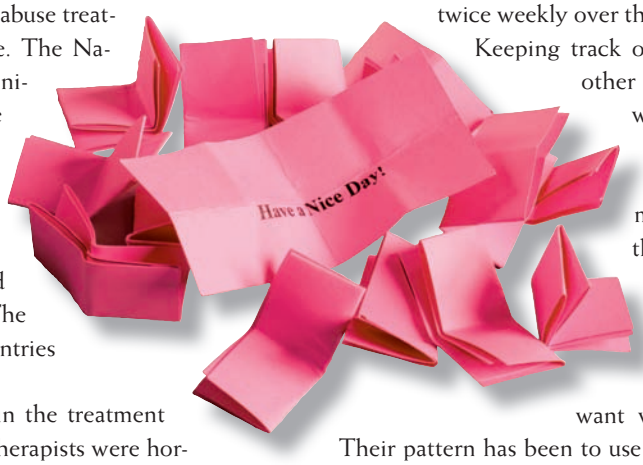
So she applied to the National Institutes of Health and in 1998 received a five-year, multi-million dollar grant to conduct the nation's first controlled, clinical study on treatments for pathological gamblers. The grant has been renewed, and last year Petry received another five-year grant to investigate brief interventions as a preventive strategy in high-risk populations. Today, she continues to be one of the few researchers in the country investigating treatments for problem gambling.

first treatment that showed any real efficacy getting patients to stay abstinent from cocaine and in treatment."

contingency management treatment, 40 to 60 percent of the patients stayed in treatment for 12 weeks." And, most who remain in treatment attain long periods of abstinence. Continuous abstinence during treatment is a robust predictor of long-term abstinence, says Petry.

In separate studies with Henry Kranzler, M.D., professor of psychiatry, and Mark Litt, Ph.D., professor of oral health and diagnostic sciences, Petry has tested the therapy for efficacy in treating alcohol-dependent patients. Ronald Kadden, Ph.D., professor of psychiatry, found it useful for treating marijuana dependence. Petry also has tested it for helping with methadone maintenance. "It works across a range of settings," says Petry.

With grants from the National Institutes of Health, Petry has trained hundreds of substance abuse treatment counselors in the technique. The National Institute on Drug Abuse Clinical Trials Network selected prize contingency management to be implemented in its first wave of studies of evidence-based practices and found it efficacious in a large, multisite study conducted at clinics across the country. The United Kingdom and other countries also are adopting the approach.



Opinion about the technique in the treatment community has shifted. "At first, therapists were horrified at the thought of rewarding substance abusers to abstain," says Petry. As therapists use the technique and see it work in practice, support has grown dramatically. "Word is spreading. I now get hundreds of e-mails every year from therapists interested in contingency management." A recent nationally-based survey of more than 900 treatment programs found that nearly a quarter have begun implementing contingency management.

Rewards for Good Behavior

"THE USUAL APPROACH TO DRUG ABUSE TREATMENT in this country is quite punitive," says Petry. "Many people initiate substance abuse treatment because of a pending court appearance or because they risk losing their jobs, spouses or children. Traditionally, substance abuse treatment can be confrontational in nature. Contingency management provides positive rewards for positive behavior," says Petry. "It uses basic behavioral principles to shape or change behavior. Parents use allowances or desserts to encourage their children to make their beds or eat their dinners. Employers use bonuses to reward good job performance. We're rewarding good behavior in substance abusers rather than punishing bad behavior."

"It's wonderful to see how the clients stay clean, looking forward to their draws from the fishbowl," says Lewis. "When they stay clean, they are really happy and really proud of themselves; which is huge, because there is so much shame and embarrassment associated with substance abuse."

Lewis says she was a little worried about introducing contingency management therapy because it is more intense than traditional treatment offered in community-based clinics. Instead of weekly sessions with clients and random drug testing, contingency management requires more frequent interaction with clients and predictable drug testing on a regular basis at least twice weekly over the course of the 12-week program. Keeping track of the draws and prizes adds another layer of paperwork. "I wondered whether I could manage it, whether I'd have the time. I decided as a therapist, if I am going to ask my clients to try something new, then I have to be willing to try new things, too," says Lewis.

"My contingency management clients make plans about staying clean and what they want when they get to pick a prize. Their pattern has been to use drugs to stop bad feelings. They may never have learned how to manage those feelings without drugs. The prizes help them learn that if they do something positive for themselves, they get something positive. It's learning new behavior and it's wonderful to see."

Kevin Kasbarian, director of a drug treatment and prevention agency in Stamford, Conn., introduced the technique to adolescents. "It inspires the kids to come to treatment. They look forward to winning the prizes, and it makes them think about consequences when they use drugs. That goes hand in hand with taking an active role in their recovery."

Because the cost of contingency management continues to be an issue in disseminating the technique to cost-strapped treatment centers, Petry has begun working with economist Todd Olmstead, assistant professor of psychiatry, to investigate the cost effectiveness of the therapy. "The cost of addiction is a huge burden, not just for the individual patient but also for society as a whole. The costs are borne by our health care system, the judicial system, the foster care system, among others," says Petry. "Maybe the cost of $200 worth of prizes is more than offset by the savings society experiences when someone with severe substance abuse problems abstains."

classnot

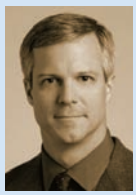
Michele B. Conlon '79 M.D.
Dr. Conlon recently was elected to a two-year term as president of the medical staff of Eastern Connecticut Health Network (ECHN) in Manchester, Conn. Dr. Conlon is a partner at Eastern Connecticut Pathology Consultants, which provides pathology services to ECHN. She is certified by the American Board of Pathology in anatomic and clinical pathology, and has a subspecialty certification in hematology. Prior to her election as president of the ECHN medical staff, she served as its vice president from 2006-2008.

Bahin Samimy Bahramian '82 D.M.D.
Maureen McSparran Ruby'82 D.M.D.
Maria Sisco'82 D.M.D.
Dr. McSparran Ruby shares a photograph of herself with Drs. Bahramian and Sisco at a holiday get-together in December 2007, and provides the following update on her classmates : "Maria is in private practice in Pittsburgh, Pa. Bahin is in private practice in Hartford, Conn.; and I have just completed a Ph.D. at UConn, and am a professor at Eastern Connecticut State University."

Kathleen A. LaVorgna '84 M.D.
Dr. LaVorgna recently joined a panel of doctors from Norwalk Hospital participating in a community health series taking place at The Greens at Cannondale in Wilton, Conn. "Breast Cancer: Are We Catching Up with the Disease?" was the first topic in the series, which discussed early detection and screening for breast cancer and the latest treatments available. Dr. LaVorgna, a general surgeon on the staff of Norwalk Hospital, currently serves as vice-president of the Connecticut State Medical Society.

Michael L. Babinski '85 D.M.D.
Dr. Babinski, a dentist with the Colchester Dental Group, received the Mastership Award from the Academy of General Dentistry. The award, representing more than 1,100 hours of continuing education studies in more than five years, requires dentists to show proficiency in 16 disciplines of dentistry, including 400 hours of hands-on skills and techniques. Dr. Babinski has been in private practice for 21 years. He lives in Lebanon, Conn., with his wife, Christine, and their three children, Evan, Nathan and James.

Michael J. Hallisey '86 M.D.
Dr. Hallisey has been appointed to the Food and Drug Administration (FDA) Advisory Committee. The advisory committee provides the FDA with independent advice from experts on issues related to human and veterinary drugs, biological products, medical devices and food. As a qualified expert in the medical field, Dr. Hallisey, an interventional radiologist, will provide independent expert scientific advice and make recommendations on radiology-related health issues in conjunction with the FDA's regulatory responsibilities.



Michael K. Banbury '90 M.D.
The W. Samuel Carpenter III Distinguished Chair of Cardiovascular Surgery was conferred on Michael K. Banbury, M.D., at Christiana Care's Center for Heart and Vascular Health in Delaware. Dr. Banbury served as a clinician and researcher at the Cleveland Clinic for nine years before joining Christiana Care as chief of cardiac surgery in April 2006.

Courtney E. Chambers '90 M.D.
Dr. Chambers recently joined New Milford Hospital's medical staff as a general surgeon, with a special interest in treating diseases of the breast. Board certified in general surgery, he has served as a general and breast surgeon at NorthBay Health Care and Sutter Health in northern California. Dr. Chambers completed his

More News About Classmates:
A full listing of class notes is available at http://alumni.uchc.edu.
To submit class notes, send them to cgway@foundation.uconn.edu.

alumni profile

Alum Receives AMA Leadership Award

Theodore A. Kastner, '81 M.D., founder and president of Developmental Disabilities Health Alliance (DDHA), a New Jersey health care organization exclusively for individuals with developmental disabilities, has been named a recipient of the American Medical Association's (AMA) 2008 Leadership Award.

The award provides medical students, residents, fellows, and physicians from around the country with special training to develop and enhance their skills as leaders in organized medicine.

Kastner was among 56 individuals nationwide honored by the AMA Foundation at its annual Excellence in Medicine Awards ceremony in March in Washington, D.C. Presented in association with the Pfizer Medical Humanities Initiative, recipients of the award are recognized for demonstrating outstanding nonclinical leadership skills in advocacy, community service and education.

In addition to the training and award recognition, Kastner also sees a great benefit from the honor, in the form of networking and meeting other doctors who may be able to provide insight into how he can improve his own professional skills. He says that UConn's affordability allowed him to pursue the path he's taken since graduation.

"I'm grateful for the education I received at UConn, and that my family did not have to go into debt for me to obtain a medical degree," Kastner says. "I was still able to afford to go into primary care, which has led to a long and interesting career."

Throughout that career, Kastner has focused on a chronically underserved population: people with developmental disabilities. DDHA has grown from a single office in 1997 serving 200 patients to six offices today across New Jersey providing comprehensive health care services to more than 3,000 patients and health care management to 3,400 patients. The organization was created to address the unmet health care and mental health care needs of people with developmental disabilities; and it provides primary care, mental health services, seizure management, case management, behavioral consultation, family support, and managed care services.

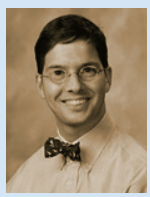
"Being a leader in a field that is generally underfunded and has many challenging clinical problems can be a difficult and frustrating experience," says Kastner. "But I have come to believe that being a physician means not only treating the symptoms of my patients. It also means advocating for systems of care that enhance personal well-being and quality of life."

The AMA Foundation, a nonprofit organization, is the philanthropic arm of the AMA. It seeks to invest in the health of America by supporting a broad range of programs, including scholarships for medical students, grants for medical research and community service and initiatives for improving the health of all Americans. The Pfizer Medical Humanities Initiative is a research and education program committed to understanding and strengthening the patient-physician relationship.

—By John Sponauer

> **"...being a physician means not only treating the symptoms of my patients. It also means advocating for systems of care that enhance personal well-being and quality of life."**
>
> —Theodore Kastner

internship and residency at the Hospital of Saint Raphael and residency training at the University of California's Fresno General Surgery Program. He is a member of the American Society of Breast Surgeons.



Stephen H. Fox '96 M.D.
Dr. Fox, a general surgeon on staff at Baystate Franklin Medical Center since 2003, is joining the team of a new practice opening at Baystate Medical Practices – Greenfield Surgery. Dr. Fox is the first Greenfield-based physician in the new practice, which will be operating in collaboration with surgeons from Baystate Medical Center in Springfield, Mass. In addition to staffing the Greenfield Surgery practice, Dr. Fox will be serving as a part-time instructor on the faculty of Baystate Medical Center, the western campus for Tufts University School of Medicine.

Nelson M. Braslow '97 M.D.
Dr. Braslow has been named executive vice president of medical affairs and chief medical officer at MVP Health Care, Schenectady, N.Y. He will lead MVP's medical affairs division, including oversight of clinical staff, medical policies and protocols. Prior to this appointment, Dr. Braslow served for almost 13 years as a medical director at health plans in Pennsylvania and California.

classnotes

In Memoriam

ALUMNI

Lisa D. Barrett '90 D.M.D.

Keith Landesman '97 M.D.

FACULTY

E. Marvin Henken

Robert U. Massey
(See page 3)

Hartwell G. Thompson

Sam Weinstein

Davis Liu '97 M.D.

Dr. Liu has recently published a book, *Stay Healthy, Live Longer, Spend Wisely: Making Intelligent Choices in America's Healthcare System*. He is a practicing board-certified family physician with the Permanente Medical Group in Northern California. In addition to his book, his opinion pieces have appeared in the *San Francisco Chronicle* and *Sacramento Bee*. He has also authored numerous articles for the *Medical Software Reviews* newsletter.

Nicola C. Kennedy '98 D.M.D.

Dr. Kennedy writes: "I am a dentist within the Hartford Public Schools working with a vastly underserved population of children. These include both Medicaid insured and uninsured patients. We have clinics in approximately 10 elementary schools and a mobile van – basically a large recreational vehicle equipped with two chairs that operates throughout the year and during the summer." Dr. Kennedy resides in Tolland, Conn., with her husband, Francis, and two sons, Daniel and James.

Kathryn Tyros '98 D.M.D.

Dr. Tyros, an associate at Chelmsford Dental Associates for the past nine years, has recently become a partner in the practice. She resides in Tyngsboro, Mass.

Rajnish Tandon '00 M.D.

Dr. Tandon, a resident of Glastonbury, Conn., has joined the medical and dental staff of Saint Francis Hospital and Medical Center. Dr. Tandon completed his residency in general surgery at University Hospitals Case Medical Center in Cleveland, Ohio; where he also served as a flight physician for Metro Lifeflight with MetroHealth Medical Center; and as an Allen Research Fellow within the departments of surgery and nephrology at St. Louis Stokes VA Medical Center. At Saint Francis, Dr. Tandon will join Collins Surgical Associates, P.C., with offices in Hartford, Windsor, Suffield, Rocky Hill, Avon, Glastonbury and Enfield.

Killian D. MacCarthy '01 D.M.D.

Dr. MacCarthy writes: "I finished my oral and maxillofacial residency program at Massachusetts General Hospital in July 2007, and have joined Oral and Maxillofacial Surgery Associates in South Portland, Maine."

Kathryn E. Litwin, M.D.

Dr. Litwin, a resident of West Hartford, Conn., has joined the medical and dental staff of Saint Francis Hospital and Medical Center. Dr. Litwin completed her residency at the University of Connecticut School of Medicine and Connecticut Children's Medical Center. She is the recipient of the James A. Kangos, M.D., Award from the University of Connecticut Pediatric Residency Program for excellence in patient care by a pediatric resident. A diplomate of the American Board of Pediatrics, Dr. Litwin practices at Fote & Schwab, M.D.s in Rocky Hill, Conn.

Margaret M. Fusina '06 D.M.D.

Dr. Fusina, husband, Andrew, and daughter, Anna, welcomed Christopher, into the family on July 17, 2007. Christopher is from Anhui, China, and is three years old. Dr. Fusina is chief resident in general dentistry at Bronx Lebanon Hospital, Bronx, N.Y.

Haris Athar M.D.

Dr. Athar, who served as a fellow in cardiovascular medicine at the University of Connecticut School of Medicine, has joined the medical and dental staff of Saint Francis Hospital and Medical Center. Dr. Athar is board certified in internal medicine, and the subspecialties of cardiovascular disease and interventional cardiology. He is also certified by the American Society of Echocardiography. At Saint Francis, Dr. Athar will practice as a member of Central Connecticut Cardiologists, L.L.C., in Hartford. He resides in Avon, Conn.

Erika Bradford D.O.

Dr. Bradford has recently joined the staff of PrimaryCare Affiliates

UConn at the Yankee Dental Congress

More than 200 UConn School of Dental Medicine alumni and their families came together at the 33rd Yankee Dental Congress in Boston earlier this year.

After a kickoff concert with Grammy-winning artist Sheryl Crow, the alumni joined the more than 25,000 attendees and exhibitors who spent three days gathering the latest information, networking with colleagues, seeing product demonstrations and new techniques, and earning continuing education credits. The conference features leading dental professionals from all over New England, the Northeast, the United States, and abroad.

The School of Dental Medicine has consistently sponsored an exhibit at the Congress but this year expanded its offering to include an entire hospitality suite full of UConn information, gifts and memorabilia. A reception, cosponsored by the School of Dental Medicine and the Connecticut State Dental Association, was also held for UConn alumni.

Over the course of the Congress, the UConn room became an easily found gathering point for Huskies from across New England.

"As a leading dental school in the Northeast and nationally, we felt that it was important to have a strong presence to highlight our successes and connect with our alumni," says Dean Monty MacNeil, D.D.S. "Judging by the very positive response we received, we're planning even better things for the 2009 Congress."

Clockwise from top left: Joseph A. Picone '84 D.M.D. and Catherine Gibbons Way; Michael Goupil with Helen Livson '06 D.M.D., and Margo robinson '06 D.M.D.; AEGD residents Quinn chan and Jennifer Lee; and members of the dental school Class of 1975, left to right, John boss, Gary Volz and Sheldon Hausman.

in Bridgewater, Mass. Prior to joining PrimaryCare Affiliates, Dr. Bradford was the chief of the Internal Medicine Department at Indian Health Service in Chinle, Ariz. Dr. Bradford completed an osteopathic internship and residency in primary care and internal medicine at the University of Connecticut School of Medicine.

Jennifer McCallister M.D.

Dr. McCallister, of Manchester, Conn., has been named an assistant attending physician with the Department of Surgery at the Hospital of Central Connecticut. She is in practice in Southington, Conn. A general surgeon, Dr. McCallister performs surgeries for many conditions, including thyroid and breast disease, colon cancer, hernia and diseased gallbladder. Dr. McAllister completed a five-year surgical residency at the University of Connecticut School of Medicine, where she also was a chief surgical resident.

Michael Witt M.D., M.P.H.

Dr. Witt has been named director of the Children's Hospital Boston pediatric program at Winchester Hospital. A resident of Hollis, N.H., Dr. Witt completed his pediatric emergency fellowship at the University of Connecticut School of Medicine and the Connecticut Children's Medical Center. He has been on the pediatric emergency staff at Children's Hospital Boston since 2005.

Richard J. Smith, D.M.D.

Dr. Smith, the Ralph E. Morrow Distinguished University Professor and chair of the Department of Anthropology in Arts & Sciences, will become dean of the Graduate School of Arts & Sciences at Washington University July 1, 2008. Dr. Smith has held a number of leadership positions since he went to the university in 1984 as professor and chair of the Department of Orthodontics in the School of Dental Medicine and as an adjunct professor in anthropology in Arts & Sciences. After completing a three-year orthodontics residency at the University of Connecticut School of Dental Medicine, he went to Yale University, where he earned a doctorate in anthropology.

Robert J. Femia '84 M.D.

Dr. Femia has been named to the newly created position of chairman of the Department of Emergency Medicine at Lenox Hill Hospital in New York City. Dr. Femia's areas of interest and expertise include patient satisfaction and process improvement. He has practiced emergency medicine for 17 years and served as a clinical instructor of Emergency Medicine at Stanford University, Yale University and Michigan State University. He comes to Lenox Hill Hospital from Sparrow Health System in Lansing, Mich. He will reside in Connecticut with his wife and three children.

Taking Health Care on the Road

Peg Taylor, right, checks blood pressure for Marge Centrella at a screening provided by the Cardiology Center and supported by the Neag Educational Fund.

Physicians, nurses and other health care professionals with the Pat and Jim Calhoun Cardiology Center at the UConn Health Center took their expertise on the road last month to provide free cardiovascular screenings at the Sullivan Senior Center in Torrington.

The screenings, which included cholesterol and blood pressure readings, nutritional counseling, and tests to help determine a person's risk for stroke and peripheral vascular disease were made possible with a grant from the Neag Outreach Educational Fund, which was established by Torrington natives Carole and Ray Neag, who have a strong history of support for UConn and the community.

"These tests provide men and women with important information about their risk of cardiovascular disease," says cardiologist Bruce Liang, who with vascular surgeon James Menzoian performed a special procedure to screen for peripheral vascular disease. Called the Ankle Brachial Index, it allows cardiologists to compare blood pressure readings in the arm and the ankle, using a regular blood pressure cuff on the arm and a special ultrasonic device to evaluate blood flow in the leg.

"Screenings such as this help people understand more about their health, and the prevention and treatment strategies available today," says Liang.

Offering the screenings in a community setting helps to make them more widely available, according to Linda Manzelli, administrative director of cardiopulmonary services. "Unfortunately, there are a lot of people who don't like to go to the doctor, but they will go to a community center or a senior center because they find those settings less threatening."

It's all about education and prevention, says Manzelli. Simple steps such as 30 minutes of brisk walking five days a week can help lower blood pressure by several points, and that, in turn, lowers risk for a variety of health problems. "We want people to know about risks to their health and steps they can take to reduce them."

—Kristina Goodnough

Interventional cardiologist Kanwar Singh, M.D.

A better way to reach the heart.

Interventional cardiologists at the Pat and Jim Calhoun Cardiology Center are among the only specialists in New England with expertise in a sophisticated technique to help people get back on their feet faster after cardiac angioplasty and stenting.

For most patients, UConn experts gain access to the heart from an artery in the wrist, the radial artery, rather than the traditional method using an artery in the thigh, the femoral artery.

Studies show that radial artery procedures promote faster healing, shorter hospital stays and reduce the risk of bleeding. Because the procedure decreases the need for bed rest, it literally gets patients walking down the road to recovery sooner!

The radial artery procedure is not for everyone; it is not used during urgent catheterizations for acute heart attacks, as well as other conditions.

To learn more call **800-535-6232** or visit **http://heart.uchc.edu**

UConn Health Center

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Pat and Jim Calhoun Cardiology Center
UConn Health Center
263 Farmington Avenue, Farmington

A Physician At last

Wayne Debeatham celebrates his graduation from medical school last month with his uncle, Alando Morant.

UConn Health Center

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