

# UConn health center

VOLUME 4  
No. 1  
WINTER 2008



## Great Expectations

Maternal-fetal program  
helps families achieve  
dream of parenthood

TRAINING IN THE ART OF MEDICINE ♦ SHINING A LIGHT ON CANCER



# contents



## Late Afternoon

MARK FOX TAKES A BREAK FROM HIS DUTIES ASSISTING PATIENTS AND VISITORS AT THE HEALTH CENTER'S MEDICAL ARTS & RESEARCH BUILDING. FOX IS A MEMBER OF THE OLD GUARD, A VOLUNTEER GROUP THAT STAFFS THE RECEPTION AREA AS A SERVICE PROJECT.





# winter 2008

## departments

- 2 [News Briefs](#)
- 10 [Grants at a Glance](#)
- 11 [Profiles](#)
- 13 [Giving for the Future](#)
- 24 [Class Notes](#)
- 28 [Off the Campus](#)

## features

### 7 [Bringing Cancer to Light](#)

Health Center physicians use narrow band imaging technology to screen for lesions in the esophagus, throat and larynx before they develop into cancer.  
By Noreen S. Kirk

### 16 [Developing Doctors](#)

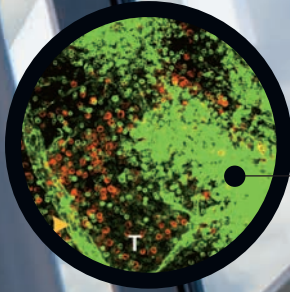
The Student Continuity Practice links medical students early in their education with physicians and their patients.  
By Karen Baar

### 20 [Great Expectations](#)

The Health Center's maternal-fetal program gives women whose pregnancies are at risk a highly specialized team of caregivers to help them achieve their dream of parenthood.  
By Kristina Goodnough

## on the cover

Winston Campbell and an expectant mom.



# newsletter

## UConn health center

Winter 2008 ♦ Volume 4 ♦ No. 1

### EDITOR

Kristina Goodnough

### ART DIRECTOR

Jordanna Hertz

### PHOTOGRAPHY

Al Ferreira  
Peter Morenus

### CONTRIBUTING STAFF

Chris DeFrancesco, Maureen McGuire  
Carolyn Pennington

### MANAGER OF

CREATIVE SERVICES  
Leonard Blanks Jr.

### PRESIDENT

Michael J. Hogan

### EXECUTIVE VICE PRESIDENT

FOR HEALTH AFFAIRS  
DEAN, SCHOOL OF MEDICINE  
Peter J. Deckers, M.D.

### DEAN, SCHOOL OF

DENTAL MEDICINE  
Monty MacNeil  
D.D.S., M. Dent. Sc.

### ASSOCIATE VICE PRESIDENT,

COMMUNICATIONS  
James H. Walter

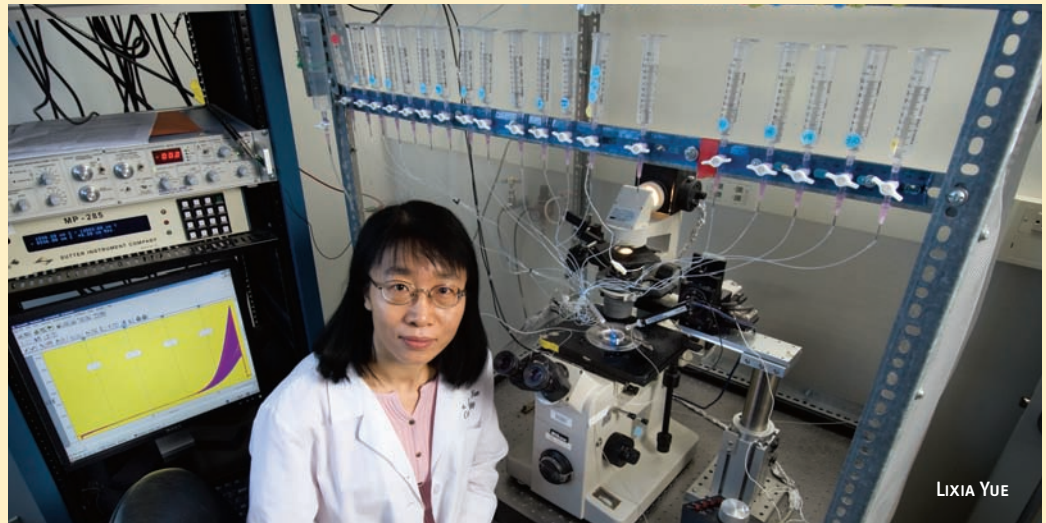
### ACTING ASSOCIATE VICE PRESIDENT, DEVELOPMENT

Wendy Lux

*UConn Health Center* magazine is produced for alumni, faculty, staff and friends of the Health Center three times a year by the Office of Communications, UConn Health Center.

Creative design and production services are provided through a partnership with University Communications, University of Connecticut, Storrs.

We welcome letters. Please send them to *UConn Health Center* magazine, 263 Farmington Avenue, Farmington, CT 06030-5385. e-mail: [magazine@uchc.edu](mailto:magazine@uchc.edu) [www.uchc.edu](http://www.uchc.edu)



## Gene Related to Heart Disease Identified

**H**ealth Center researchers have identified a gene they believe plays a significant role in the development of heart disease.

Lead investigator Lixia Yue, Ph.D., assistant professor of cell biology, says the TRPM7 gene provides a conduit that enables calcium to get into fibroblasts, a type of heart cell. Abnormal calcium levels in fibroblasts can lead to cardiac fibrosis.

"Fibrosis often leads to a variety of cardiac diseases, including irregular heartbeat, enlarged heart, heart failure and sudden cardiac death," Yue says. "If you can control the calcium level, you can stop the fibrosis. Our focus is on the TRPM7 channel protein. The question now is, how do we moderate this channel to prevent fibrosis?"

Yue, a researcher in the Health Center's Pat and Jim Calhoun Cardiology Center, presented her findings at an American

Heart Association conference in Orlando, Fla., this fall. Jianyang Du, Ph.D.; Heun Soh, Ph.D.; David Silverman, M.D.; and

Bruce Liang, M.D., director of the Calhoun Cardiology Center, collaborated with Yue on the research.

## Another Quality Award for JDH

**T**he Health Center's John Dempsey Hospital has received another national award for superior patient outcomes in both quality and efficiency.

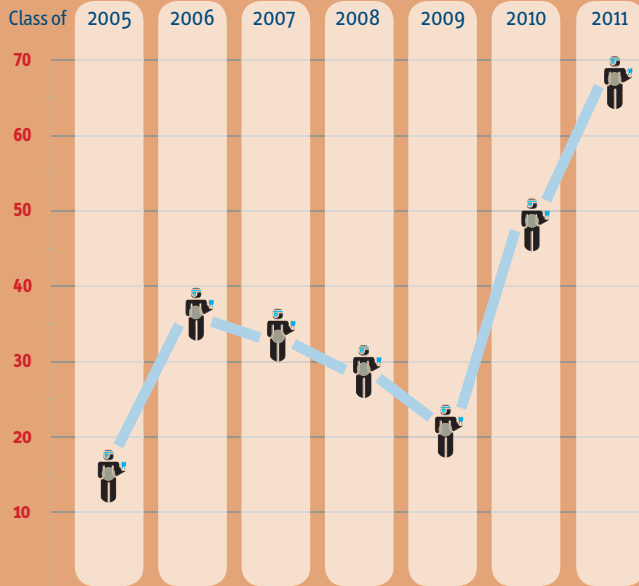
Only 1 percent of U.S. hospitals earned the distinction: a 2007 Premier|CareScience Select Practice National Quality Award, from Premier Inc., the nation's largest independent health care alliance. "It's an enormous honor and a well-deserved tribute to the outstanding staff of John Dempsey Hospital," says James Thornton, hospital director.

This is the second national award for JDH within a year. Last March, Solucient, a leading source of health care information, named John Dempsey Hospital a "Top 100 Hospital" for 2006, another mark of prestige in health care.

Hospitals do not apply for the Premier|CareScience Select Practice National Quality Award. The formula for identifying winners relies solely on the latest available clinical and quantifiable data: adverse outcomes, length of stay, and patient risk assessment based on 16 clinical factors.

## CHARTING OUR COURSE

### Percentage of Connecticut Residents in the UConn School of Dental Medicine



## Understanding the Immune Response



LEO LEFRANÇOIS

Using laser-scanning microscopy to take 3D snapshots of T cells in a spleen during an actual infection, Health Center researchers examined the cell dynamics of an immune response.

By examining the spleens of mice infected with bacteria at different times, the researchers learned that the immune response appeared to begin in the lymphocyte-containing white pulp. Later, T cells moved between the white pulp and red blood cell-rich pulp areas of the spleen through interesting structures called “bridging channels.” Only after they made it to the red pulp did the T cells have access to the circulation and travel to the rest of the body to fight infection.

“Our study was designed to increase our understanding of the precise anatomical movement of cells responding to a real infection,” says Leo Lefrançois, Ph.D., professor of immunology and one of the researchers involved in the study with graduate student Jeffery McNamara and Kamal Khanna, Ph.D., a Damon-Runyon fellow. “The study revealed for the first time the anatomy of an ongoing immune response, information that could ultimately be used to help develop better therapies for fighting infection or blocking the response in autoimmune disorders,” says Lefrançois.

Their research was published in the Oct. 5 issue of *Science*.

## Medication Helps Alcoholics Reduce Drinking

A drug used to treat seizure disorders and prevent migraines significantly helped reduce heavy drinking among alcoholics compared to a placebo in a clinical trial at 17 sites across the country, including the Health Center.

The drug, topiramate, is manufactured by Ortho-McNeil Neurologics, which sponsored the study. Taken in tablet form, it helped alcoholics reduce the

number of heavy drinking days over the 14-week study period by up to 16 days.

“The drug had a very robust effect on drinking,” according to Henry Kranzler, M.D., professor of psychiatry and one of the investigators in the study. “It was not a total cure. Participants were still drinking heavily on occasion, but a reduction in drinking can reduce the harmful consequences of alcohol by reducing accidents and medical consequences.”

That, he added, is an important public health consideration. Alcohol abuse is estimated to cost the nation more than \$184 billion annually in health care services, premature deaths, reduced productivity by workers, alcohol-related crime, and motor vehicle crashes.

“Our goal is to identify a group of medications that work better than placebos to help alcoholics reduce or stop their drinking and to determine whether certain medications work better for some people than for others,” added Kranzler.

The study was published in the Oct. 10 issue of the *Journal of the American Medical Association*.





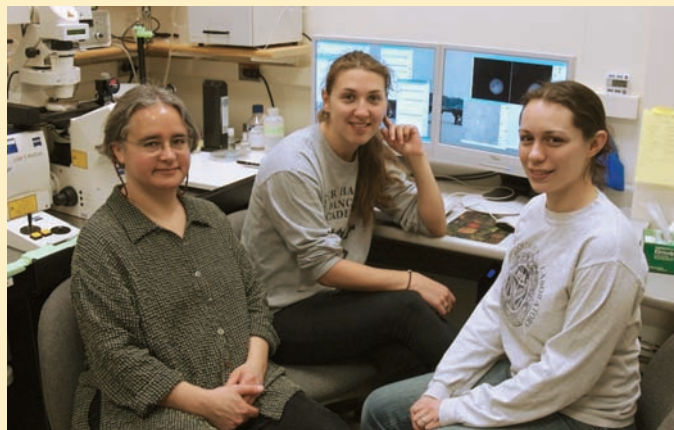
## Arciero Named USA Hockey Team Physician

**R**obert Arciero, M.D., orthopedic surgeon and chief of the sports medicine division, will spend 16 days this spring as the head physician for Team USA in the 2008 International Ice Hockey Federation World Hockey Championship tournament.

Arciero, team physician for the UConn basketball, football and hockey programs, is a nationally recognized expert in the management of shoulder and knee injuries. USA Hockey selected him for the 2008 World Championship team from an exclusive group of orthopedic sports medicine specialists in the country.

“Hockey players get their teeth broken; they get cuts and lacerations, concussions, knee injuries, and shoulder injuries,” Arciero says. “As team doctor, I evaluate any players who get hurt and determine whether they can continue to play, either in the game or in the tournament.”

Arciero served as the head physician for the American team that won the bronze medal in the 2004 World Hockey Championship in Prague. The tournament will be held in Halifax and Quebec City, May 2-18.



## Jaffe Elected to AAAS

**L**aurinda A. Jaffe, Ph.D., professor of cell biology, has been elected to the American Association for the Advancement of Science (AAAS) for her contributions to the field of developmental cell biology.

Her research has focused on the maturation and fertilization of an oocyte to form a new individual. Oocytes are stored in female ovaries for a long time – up to 50 years in humans – until needed for reproduction. Hormones wake them up and cause them to prepare for fertilization. Another signal, from the sperm, causes the egg to begin development. Jaffe’s research focuses on how hormones and sperm communicate signals to the egg.

She and Lisa Mehlman, Ph.D., associate professor of cell biology, located a receptor,

called GPR3, that keeps eggs in suspension until fertilization.

“Up to a certain point, oocytes or immature eggs, don’t have the biochemical machinery they need to complete development,” says Jaffe. “Even when the oocyte has reached full size, it’s still not capable of completing the cell division required for reproduction. We learned it is the receptor that maintains meiotic arrest, because if we eliminated the receptor protein, then even inside the follicle, the egg proceeded with meiosis,” says Jaffe, who joined the Health Center in 1981. “The protein is essential to the arrested development.”

The AAAS is the world’s largest general scientific society and publisher of the journal *Science*.

ABOVE, LAURINDA JAFFE, LEFT, WITH STUDENTS MARINA FREUDZON, MIDDLE, AND RACHAEL NORRIS.

## New Option for Public Health Ph.D.

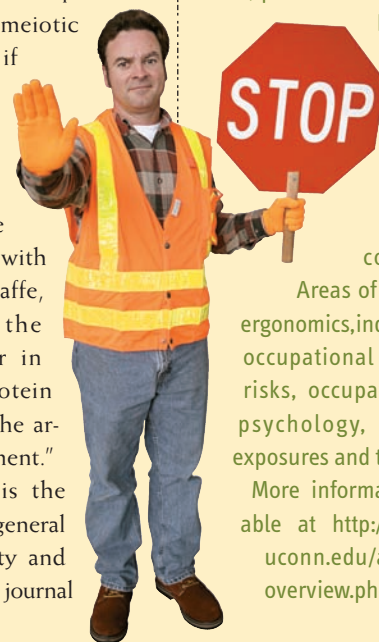
**A** concentration in occupational and environmental health sciences is a new option for public health Ph.D. students starting this fall.

“The joint focus on occupational and environmental exposures, their health effects, and their control recognizes that health hazards do not start or stop at the factory or office door,” says Nicholas Warren, Sc.D., an associate professor at the Health Center and co-creator of the Health Center’s Ergonomic Technology Center. “Public health research and policy must address the effects of exposures from multiple sources. The resources of the Storrs and Farmington campuses are well matched and necessary to provide training in this crucial area.”

Warren and Lawrence Silbart, Ph.D., professor and head of the Department of Allied Health Sciences in Storrs, are co-directors of the OEHS concentration.

Areas of study include ergonomics, indoor air quality, occupational reproductive risks, occupational health psychology, agricultural exposures and toxicology.

More information is available at [http://publichealth.uconn.edu/acprgms\\_OE\\_overview.php](http://publichealth.uconn.edu/acprgms_OE_overview.php).



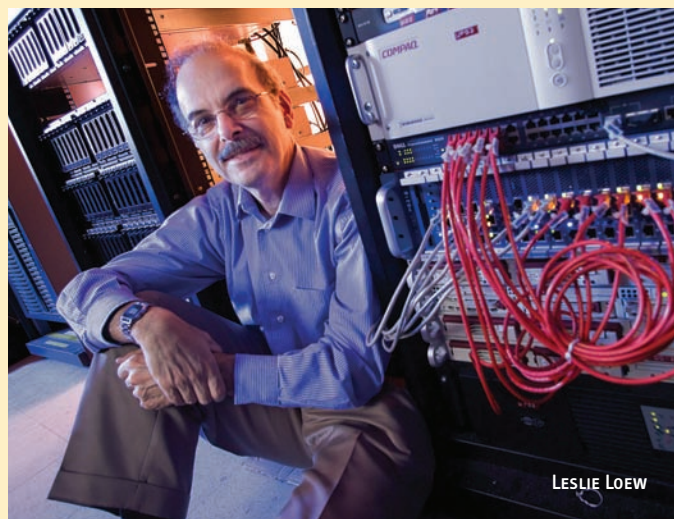
## Auxiliary Continues its Support

The UConn Health Center Auxiliary continues its good deeds in support of the Health Center community. The volunteer group awarded \$35,000 to David Rowe, M.D., to purchase a nano drop spectrophotometer and a G-box chemi illuminescence – equipment that enables scientists to detect and analyze DNA in very small samples. This equipment is located in the molecular core facility for use by the entire research community.

The auxiliary supports students with annual

scholarships. This year, the group provided a total of \$45,000 for nine scholarships: four for medical students; two for dental students; two for MPH students; and for the first time this year, one for a nursing student.

The auxiliary was established in 1969. Since then, its members have worked together to raise funds in support of activities and scholarships benefiting the schools, faculty, students, staff, patients and visitors associated with the Health Center.



LESLIE LOEW

## Loew Named to Endowed Chair

Leslie M. Loew, Ph.D., professor of cell biology and computer science and engineering and director of the Center for Cell Analysis and Modeling, has been named to the Boehringer Ingelheim Chair in Cell Sciences.

Since joining the Health Center in 1984, Loew's research has been characterized by innovations in technology applied to fundamental problems of cell biophysics. "Cells are little chemical factories, and I'm a chemist," says Loew, who has devoted his career to understanding cells' biochemical workings.

Much of his work has been devoted to designing and developing voltage-sensitive fluorescent dyes capable of recording the electrical activity of the cell membrane, the first point of encounter for external signals. "We want to understand how living cells respond to external cues or triggers over time," says Loew.

To that end, Loew has helped develop innovations in microscope imaging to detect the optical signals from the dyes. He also has developed upgrades in computers to handle massive calculations for modeling and simulating cellular processes.

Last year, Loew led a multidisciplinary team of scientists who developed a complex grant proposal that resulted in a \$12.3 million award from the National Institutes of Health. The grant, one of the largest federal grants ever received by the Health Center, will fund research and development of sophisticated tools and technologies to measure, manipulate and model the function of biochemical networks in living cells.



MEDICAL ASSISTANT LORI ENGENGRO, STANDING; PHYSICIAN ASSISTANT CYNTHIA KILBOURNE; AND ORTHOPEDIC FOOT SURGEON MICHAEL ARONOW PROVIDE NEW SHOES AND FOOT CARE TO THOSE IN NEED AT A SALVATION ARMY FACILITY FOR A PROGRAM ORGANIZED BY OUR HEARTS TO YOUR SOLES AND SOLES 4 SOLES.





## Nutmeggers Unprepared for Long-Term Care

**T**he results are in from the first assessment in more than 20 years of long-term care needs in the state, and they reveal that the residents of Connecticut understand very little about long-term care issues.

"People aren't planning for their future needs," says Julie Robison, Ph.D., a leader of the Health Center research team that conducted the study. "They aren't planning because they don't understand long-term care. They don't understand who needs it, how much it costs, who pays for it or the choices that are available."

The Connecticut Long-Term Care Needs Assessment was authorized by the 2006 General Assembly to help the state respond to the looming demand for long-term care services based on demographic trends and soaring Medicaid expenditures. Robison and her team presented their findings during a National Association of Social Workers conference in Cromwell in November.

Most of the 6,000 state residents who responded to the survey believe they will need long-term care someday, but few say they can afford it. Even though their life savings could be drained very quickly, few said they are planning ahead.



achievements



## Leger Honored

**R**obin R. Leger, R.N., Ph.D., was selected by the Connecticut Nurses Association to receive its most distinguished award. Leger, an assistant professor in the Department of Community Medicine and a research facilitator in the Department of Orthopedic Surgery, received the 2007 Virginia Henderson Award for outstanding contributions to nursing research. Leger's career has focused on care, education and research related to a life-span approach to chronic illness and disability, including spina bifida and sickle cell diseases.


"People of all ages have little, if anything, set aside to pay for long-term care, even though the cost of the average 30-month nursing home stay is \$272,000. And that's just part of the equation," says Robison.

While Medicare provides health care coverage for people 65 years of age and older, it

does not cover most long-term care services, including nursing home costs.

"Most of us don't believe we will need long-term care, or we believe that Medicare or traditional private health insurance will pay for it if we do. Unfortunately, that's not the case," says Robison.





Health Center researchers are pioneering the use of narrow band light to detect larynx, throat and esophageal cancers at the very earliest stages.

# Bringing Cancer to Light

KOUROSH PARHAM, LEFT, AND DENIS LAFRENIERE USE A SPECIAL ENDOSCOPE TO DETECT LESIONS IN THE LARYNX, THROAT AND ESOPHAGUS.

By Noreen S. Kirk

**A COUGH OR SORE THROAT THAT JUST WON'T GO AWAY.** Hoarseness that never seems to clear up. Such symptoms call for a visit to the doctor because they may be signs of cancer of the throat or esophagus. If it is cancer, then surgery, radiation or chemotherapy can be used to help cure it. Unfortunately, by the time the symptoms appear, the cancer is usually quite advanced and difficult if not impossible to cure.

But that may change, thanks to research being conducted by a team of ear, nose and throat specialists at the Neag Comprehensive Cancer Center. Kourosh Parham, M.D., Ph.D.; Denis Lafreniere, M.D.; and Jeffrey Spiro, M.D.; are the first ear, nose and throat researchers in North America to use a technology called narrow band imaging to detect very early lesions in the throat and esophagus – even before those lesions have developed into cancer.

## REVEALING LIGHT

Narrow band imaging technology filters light in such a way as to make blood vessels highly visible. Used in combination with an endoscope – a slender catheter with a tiny camera in it – the technology allows doctors to see more clearly than ever before small arteries, veins and capillaries inside the body.

"This is important, because as cancer starts to develop, it attracts blood vessels so it can feed itself. With narrow band imaging, such areas become more evident," explains Parham.

He tells of one patient – a middle-aged smoker – who came to him concerned about hoarseness that had lasted for more than two months. "We examined his vocal cords with narrow band imaging and found a potentially precancerous condition," says Parham. "We followed up with narrow band imaging of his esophagus and a biopsy; and we diagnosed Barrett's esophagus, a disorder in which the lining of the esophagus is damaged and creates an increased risk of cancer. We treated



THE ENDOSCOPE CAN REMOVE SAMPLES OF TISSUE FOR BIOPSY DURING THE EXAMINATION.



him aggressively for acid reflux. Follow-up examination with narrow band imaging showed complete resolution of precancerous changes and, thus far, no return of precancer," says Parham.

The examinations using narrow band imaging can be performed in the office setting; a boon for the patient, who no longer has to be sedated and treated for the procedure in the outpatient surgery area. "I believe we saved him from having to go to the operating room by simply treating his acid reflux," adds Parham.

## PROVEN APPROACH, DIFFERENT LOCATION

Endoscopic examinations using narrow band imaging have been in use for several years in the Cancer Center's Colon Cancer Prevention Program to detect suspicious areas in the colon. Their use by otolaryngologists in examining the throat and esophagus emerged more recently.

"We're paying more attention to the esophagus as we understand better the impact of reflux on ear-nose-throat-



related problems," Parham says. "In fact, recent research suggests that reflux-related hoarseness and chronic cough may be better indicators than heartburn of adenocarcinoma, a type of cancer related to reflux in the esophagus."

Olympus Corp., which has a long-established relationship with the Cancer Center's Colon Cancer Prevention Program, placed its first North American narrow band imaging transnasal endoscope in an ear-nose-throat practice here at the Health Center a year ago.

Now the physicians in that practice are exploring the scope's use in detecting early cancers. "A group of physicians in Japan initiated this and published papers about its results in 2004 and 2006," says Parham. "But nobody in the U.S. had investigated the potential of NBI to look for throat cancers."

## REACHING OUT TO PATIENTS

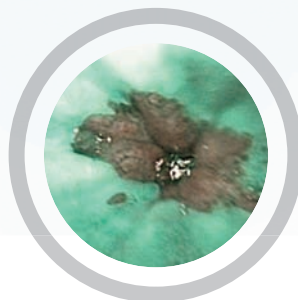
The new capability holds the promise of significant benefits to patients. As Parham points out, "We can now screen people early. This has not been the standard of care in ear-nose-and-throat practices before because we didn't have a device that was sensitive to detecting early lesions. If you looked at the throat with standard endoscopy, you might not see a difference. But with narrow



**THE IMAGES ABOVE AND BELOW SHOW POTENTIALLY PRECANCEROUS CONDITIONS ASSOCIATED WITH GASTROESOPHAGEAL REFLUX.**

**ABOVE, VOCAL FOLDS IN THE LARYNX SEEN THROUGH THE NARROW BAND IMAGING ENDOSCOPE. ONE BEARS A LESION EASILY DETECTED WITH WHITE LIGHT, WHICH IF NOT TREATED, COULD PROGRESS TO CANCER.**

**BELOW, THE CONTRAST BETWEEN THE LINING OF THE STOMACH (BROWN) AND THE ESOPHAGUS (GREEN) SHOWS CLEARLY WITH NARROW BAND IMAGING, REVEALING A VERY IRREGULAR BOUNDARY BETWEEN THE TWO. THE IRREGULAR BOUNDARY IS CHARACTERISTIC OF BARRETT'S ESOPHAGUS, A CONDITION THAT GREATLY INCREASES THE RISK OF ESOPHAGEAL CANCER.**



band imaging, the potential for early detection increases dramatically."

In the most recent study in Japan, researchers using narrow band imaging endoscopy examined 217 patients and found six cancers, four of which could not have been detected by any other means.

In the coming months, Parham, Lafreniere and Spiro plan to use this remarkable technology to screen more patients – especially high-risk patients – for throat and esophageal cancers. In addition, they will be collaborating with Douglas Peterson, D.M.D., Ph.D.; and Rajesh Lalla, Ph.D.; in the Department of Oral Health and Diagnostic Sciences to assess the use of narrow band imaging in early detection of oral cancers.

They will continue to screen groups of high-risk patients such as those with ear-nose-throat manifestations of acid reflux.

Other high-risk groups include patients who use or have used alcohol and tobacco – a combination that significantly increases one's risk – and those who have had cancers of the mouth and throat in the past.

"With our narrow band imaging capability, we can monitor them and potentially detect any changes toward cancer very early on," Parham notes.

"We are in the initial phases of exploring the full potential of narrow band imaging in ear-nose-throat clinical activities," says Parham. "We were the first in North America to do this. It's quite a unique position to be in." ☞

**"If you looked at the throat with standard endoscopy, you might not see a difference. But with narrow band imaging, the potential for early detection increases dramatically." —Kourosb Parham**

# grants at a glance



## Tobacco Settlement Funds Research

Health Center researchers have received more than \$1.5 million in state grants to study cancer, heart disease, and other tobacco-related illnesses.

The grants are from the Biomedical Research Trust Fund, established with funds from the 1998 settlement between 46 state attorneys general and the tobacco industry.

The largest of the grants goes to Lance Bauer, Ph.D., a professor of psychiatry at the Health Center, and Godfrey Pearlson, M.D., a professor of psychiatry at Yale School of Medicine. They received nearly \$540,000 to examine the role of specific genes in amplifying the effects of tobacco on brain structure and function.

Molly Brewer, M.D., director of gynecologic oncology at the Carole and Ray Neag Comprehensive Cancer Center at the Health Center, and Qing Zhu, Ph.D., an associate professor of electrical and computer engineering at UConn's Storrs campus, are trying to measure two different aspects of early ovarian cancer. They've been

awarded more than \$315,000. Also involved in the research are John Gamelin, Ph.D., a post-doctoral fellow in electrical computer engineering at Storrs; Melinda Sanders, M.D., professor of anatomic pathology; Changping Zou, assistant professor of obstetrics and gynecology; and Mozafareddin Karimeddini, M.D., clinical director of nuclear medicine.

Jennifer Tirnauer, M.D., an assistant professor of medicine, was awarded nearly \$300,000 for her research on a gene mutation associated with the development of colon cancer.

John Peluso, Ph.D., professor of cell biology, was awarded more than \$280,000 for his research on a potential adjunct therapy for advanced ovarian cancer patients that would make tumors more sensitive to chemotherapy.

David Gregorio, Ph.D., director of the Master of Public Health program, was awarded nearly \$110,000 for his work reviewing breast, prostate, and colorectal cancer studies to determine participants' tobacco use.



## Studying the Fruit Fly Genome

Even though the Human Genome Project provided the blueprint for the development and function of humans, researchers still have many questions about the DNA sequences that make up the genome and what they actually do. The tiny fruit fly may provide some answers.

Brenton Graveley, Ph.D., associate professor of genetics and developmental biology, has received nearly \$1 million to learn everything he can about the fruit fly (more formally referred to as the *Drosophila*) genome. The funding is part of a four-year, \$9 million grant awarded to several labs across the country by the National Human Genome Research Institute, part of the National Institutes of Health. The project is part of a much larger \$57 million NIH grant to identify all functional elements of the fruit fly and roundworm genomes.

Graveley says we can learn a great deal about the human genome by studying fruit flies. "Even though the fruit fly genome is ten times smaller, it works in much the same way," explains Graveley. "This allows us to use the entire fruit fly genome as a trial run for studying the entire human genome, which is more difficult because of its size and complexity, not to mention the ethical issues associated with experimenting on humans."





a closer look



# profile



## New President for the Hispanic Dental Association

Sarita Arteaga, D.M.D., '90, first learned about dentistry in grade school when she helped her mother, a single parent raising two daughters in the South Bronx, study for her dental hygiene degree. "That sparked my interest," says Arteaga, assistant clinical professor in the Department of Oral Rehabilitation, Biomaterials and Skeletal Development at the Health Center, who was recently elected president of the Hispanic Dental Association. "I knew I wanted to help people, and I was drawn to health care."

Arteaga got her first dentistry job as a college sophomore, cleaning instruments at the community health clinic where her mother worked. After graduating from New York University with a bachelor's degree in biology,

Arteaga earned her dental degree at UConn's School of Dental Medicine and did a general practice residency at Bronx Municipal/Albert Einstein Hospitals. Returning to Connecticut in the early 1990s, she worked as an associate at several private practices. In 1995, after the birth of her first child, Arteaga began teaching operative dentistry and prosthodontics to UConn dental students. She still sees patients one day a week at University Dentists, the Health Center's faculty practice.

Arteaga joined the Hispanic Dental Association in 1997, becoming treasurer, vice president, president-elect and, then, president in July 2007. She runs board meetings and oversees committees for the group, which has 2,500 members, including dentists, dental hygienists, and dental assistants, and 31 student chapters (with four more in the works). The UConn chapter was established in 1999.

HDA membership is not limited to Hispanics, Arteaga says. "We welcome members who work in Hispanic communities or treat Hispanic patients. Our mission is to optimize the oral health of the Hispanic community."

Roadblocks facing the Hispanic community include lack of access to treatment due to transportation problems; dentists' reluctance to accept Medicaid; and language and cultural issues, such as lack of knowledge about the importance of daily dental care.

Arteaga says HDA is developing "a cultural competency curriculum" for dental students and practitioners, including, among other things, a Spanish-language class for health care professionals to use in the dental office. —By Karen Singer

a closer look

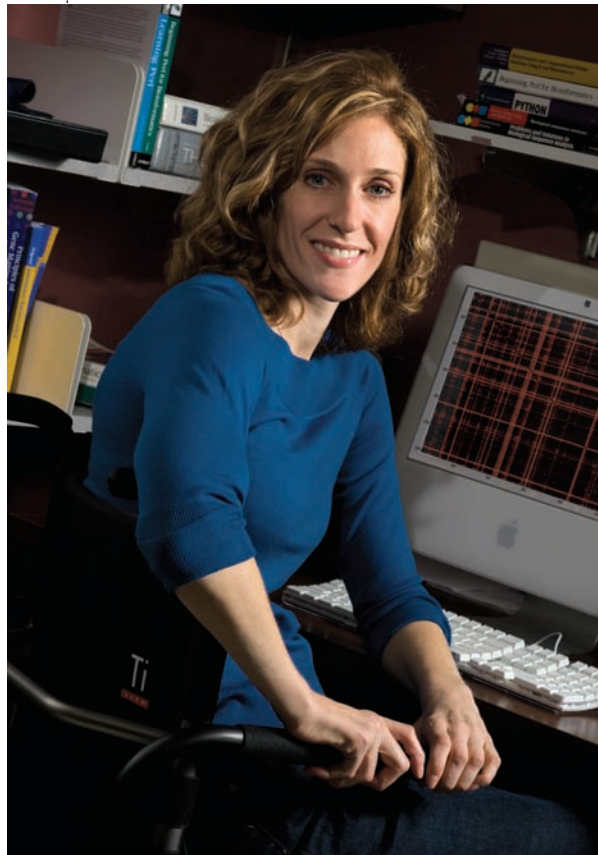


# profile

## Mastering Medicine & Research

Like many children, Jodi Eipper-Mains wanted to avoid the career path chosen by her parents. Richard Mains, Ph.D., is chairman of the Neuroscience Department at the Health Center, while her mother, Betty Eipper, Ph.D., is a professor in the department.

Through her undergraduate years at Brown University, she avoided classes having anything to do with neuroscience. But when she came to the Health Center as an M.D./Ph.D. student, she could avoid it no longer. Organ Systems 1, which focuses on the head and neck, is taught by her dad. Though she entered the class with trepidation, it became her favorite course. "I was so surprised," says Eipper-Mains. "I really like neuroscience. The brain is fascinating, and there is so much we still don't know or understand."



Her strong interest in neuroscience may prove beneficial personally as well as academically. She was in her first year of medical school when her life took a dramatic turn. During spring break at a local swimming area in Puerto Rico, Eipper-Mains dove into the water – hitting her head on a sandbar. She suffered a severe spinal cord injury that left her in a wheelchair – unable to walk and with limited use of her arms and hands.

The devastating injury has not dampened Eipper-Mains' determination and enthusiasm for learning. She is now in the process of earning her Ph.D. and is a graduate student in Brenton Graveley's lab in the Department of Genetics and Developmental Biology. Research in the lab involves embryonic stem cells that could one day be used to repair or replace damaged cells, as in spinal cord injuries.

"I'm hoping that within my lifetime they will figure out how to grow neurons that will allow people to walk again, but I'm not waiting around for it," says Eipper-Mains. "I think it's important to seize the moment, and live for what you have and work with what you have."

Currently, she's working on characterizing the genetic code of the fruit fly and determining what controls the different expression of its genes. "Once I master the fruit fly, I'll move on to analyze the data we're getting from our embryonic stem cell research. I'm hoping I'll identify something interesting for my Ph.D. thesis." That process could take another three to four years, and then it's back to medical school for another two years followed by a residency or post-doctoral studies – depending on which path she decides to pursue.

"I'd really like the best of both worlds – to practice medicine and do research, but if you have a family, too – that could be tough," says Eipper-Mains. "Above all, I always want to be excited about my work and love what I'm doing. As far as my physical goals, I'm going to keep on pushing as much as I can. Who knows what the future may bring?"

—By Carolyn Pennington



# giving for the future

donors



## New Breast Health Initiative



A new three-year, \$300,000 grant from the Connecticut Breast Health Initiative (CT BHI) will support the recruitment of a nationally recognized physician-researcher, and significantly enhance basic, translational, and clinical research in breast cancer at the Carole and Ray Neag Comprehensive Cancer Center.

CT BHI announced the grant at its fifth anniversary ceremony Oct. 16. The organization's mission is to make a difference locally in the fight against breast cancer through education and research. To accomplish this mission, CT BHI funds a diversified portfolio of clinical and translational research projects.

Marsha Goldstein, co-chair of the CT BHI grants committee and a 15-year breast cancer survivor, says that the Health Center's position and reputation for cancer care set it apart.

"UConn is our hospital," she says. "Everyone knows it's the state's flagship hospital, and we've always respected it, and have been proud of the work done there. For our grant recipient, we wanted to choose a cancer center we would most want to be identified with; and UConn responded to our challenge."

Carolyn D. Runowicz, M.D., director of the Neag Comprehensive Cancer Center and also a breast cancer survivor, says that the collaboration with CT BHI will help build a regional center of excellence in breast cancer at the Health Center.

"To make advances in cancer, a multidisciplinary approach is

## Imagine Ball Supports Cancer Research

More than 300 people attended the inaugural "Imagine Ball" Oct. 20, raising more than \$250,000 to create a new cutaneous oncology program within the Carole and Ray Neag Comprehensive Cancer Center at the University of Connecticut Health Center.

"We were overwhelmed by the generosity of so many men and women," says Carolyn D. Runowicz, M.D., director of the Neag Comprehensive Cancer Center. "We are especially grateful to Carla Schwartz who chaired the event and all of the committee members who contributed greatly to the success of our first gala."

The ball was held at the Wadsworth Atheneum in Hartford, Conn. During the evening,

the cancer center honored three individuals who have helped to raise awareness about cancer. The honorees were Jim Calhoun, coach of the UConn men's basketball program and a cancer survivor; Jack Rowe, M.D., former chairman and CEO of Aetna Inc., and chairman of the University of Connecticut Board of Trustees; and Judith Reichman, M.D., a women's health expert and physician correspondent for NBC's "Today" show.

The ball will be an annual event to support programs within the Neag Comprehensive Cancer Center.



COMMITTEE MEMBER SANDRA PARVEN WITH HUSBAND ALVIN AT THE IMAGINE BALL.

# giving for the future

donors



required," she says. "With CT BHI's support, we will be able to attract and recruit a world-class team to take our research and care to the next level. This regional center of excellence will not only benefit women in Connecticut and the region, but its discoveries also will affect the hundreds of thousands of women living with breast cancer."

Joyce Bray, president of CT BHI, says the organization is excited about the partnership with UConn and sees it as a continuation of the advances in research and treatment that the field has seen in recent history.

"We're finally realizing the research component to all the breast cancer questions that are out there," she says. "In the last forty or fifty years, we've moved past simply diagnosing breast cancer to detection, prevention and

treatment strategies. It's a complicated disease, and there are many answers. It would be great if one of them could be found at UConn."

Bray and Runowicz believe the selection of the program's initial recruits will be a key part of that process. The program currently is led by Susan Tannenbaum and Kevin Claffey.

"This grant will allow us to recruit a physician-researcher to work with the outstanding group of breast cancer investigators at the Health Center," Runowicz says. "I'm confident we will find someone whose reputation for outstanding care and research will set us apart."

Goldstein and co-chair Judy Donofrio believe the time is right for making great advances in finding a cure for breast cancer.

"We're getting closer to a cure," Goldstein says. "There are many more options for treatment now than ever before, but there are still too many women – and especially too many younger women – with breast cancer. It's a fight that keeps us passionate and focused, and we found that UConn's passion matches ours. We're all on the same page."



## Dedication for New Center

Lea's Foundation Center for Hematologic Disorders at the Health Center was dedicated late last year.

The center is a clinical, translational and basic research program for patients with benign and malignant blood disorders such as leukemia, lymphoma, multiple myeloma, hemophilia, bleeding disorders, and sickle cell diseases. Its creation will enable the Health Center to recruit and hire prominent experts and physician-researchers to build a pre-eminent program of research and clinical care for hematologic disorders in Connecticut.

Lea's Foundation for Leukemia Research, a Hartford non-profit that provides financial support to blood cancer research efforts, pledged \$1.25 million to establish the center.

Clinician-scientists at the center currently are working on continuing transition care for adolescents with sickle cell diseases, studying basic mechanisms of inflammation and cell growth associated with blood disorders, and implementing clinical trials.



LEA'S FOUNDATION PRESIDENT JOHN NAMOUN (CENTER) AT THE NOVEMBER DEDICATION, WITH BIREE ANEMARIAM (LEFT) AND ROBERT BONA, WHO SPECIALIZE IN TREATMENT OF BLOOD DISORDERS AT THE HEALTH CENTER.



# Scholarships for Dental Students



## MARK YOUR CALENDARS.

In June, the annual Jim Calhoun Cancer Challenge Ride will again take to the hills of Simsbury to raise funds for vital cancer services at the UConn Health Center. This signature event benefits the Carole and Ray Neag Comprehensive Cancer Center and Coaches vs. Cancer, a program established in 1993 by the American Cancer Society. Last year, more than 350 cyclists, teams and sponsors participated; and they raised more than \$150,000 for the Cancer Center.

Participants can ride 10, 25 or 50 miles; or – new for 2008 – try the new, competitive 50-mile race.

To learn more about the ride, please visit [www.calhoun-ride.com](http://www.calhoun-ride.com). Registration will begin in midspring.

Sunday, June 8, 2008  
Jim Calhoun Cancer  
Challenge Ride  
Performing Arts Center  
at Simsbury Meadows  
Iron Horse Boulevard  
Simsbury, Connecticut



PHILIP  
LEVINE

A \$100,000 gift from the widow of one of the first faculty members at the School of Dental Medicine will carry on his legacy by supporting student scholarships.

Barbara Levine has made the endowed gift in memory of her husband, Philip, who passed away in August 2006. It will support academically outstanding second- and third-year dental students with demonstrated financial needs.

A decorated paratrooper and dental surgeon in WWII, as well as a practicing dentist and professor in the Boston area after the war, Levine was recruited to Farmington by the school in 1967.

"Dean Fox knew Phil professionally and at a conference, said to him, 'You should come to Connecticut to see what we're planning. Once Phil saw the plans for the Health Center, things moved quickly; and within three months, we had moved from Massachusetts to Connecticut and never regretted our decision,'" said Mrs. Levine.

The first class of students entered in 1968. Levine served as associate dean for student affairs and later as acting dean.

He retired in 1982 as professor emeritus of oral biology.

"He gave so much of himself to the Health Center," Mrs. Levine said. "Being there at the beginning was a very positive experience for him. He enjoyed his work very much, especially interacting with students and the community."

Mrs. Levine recalls days when students came to their home in West Hartford to meet with her husband and the long hours he spent building relationships with community dentists. Encouraging women to enter the field was a priority. He actively sought to increase female enrollment through recruiting videos aimed at prospective students, highlighting the advantages of the field for women at the time. When the first class was formed, there were no women in it; by the time he retired, about 25 percent of the class was female.

Mrs. Levine's decision to fund scholarships with her gift felt like "the right thing to do," considering her husband's dedication to dental students.

"Philip Levine's legacy of supporting students lives on today," says Monty MacNeil, D.D.S., M. Dent. Sc., dean of the School of Dental Medicine. "Mrs. Levine's gift of scholarship support will allow us to attract and retain the next generation of dentists and researchers who have the skill to succeed but may lack the financial means to continue their education. We're very appreciative of what this means to the future of our entire field, and it's especially meaningful coming in the memory of someone who was here from the very beginning."



DENTAL STUDENT GARY WARNER HONES HIS TECHNICAL SKILLS ON A PRACTICE MANNEQUIN.





"Medicine is an art and a science. You can always learn the science, but training doctors who

THIRD-YEAR STUDENT ALYSSA LILLO WITH INTERNIST ANTHONY CIARDELLA IN HIS SOUTHWINGTON, CONN., PRACTICE. CIARDELLA IS A MAINSTAY OF THE SCP PROGRAM, SUPERVISING MULTIPLE STUDENTS EVERY YEAR.





# Developing Doctors

understand the art — the value of the doctor-patient relationship — is very important.”

—MICHAEL CURI

*Program Trains  
Students in the  
Art of Medicine*

By Karen Baar

The connection between doctor and patient is at the heart of medicine. Yet changes in the health care system have limited the ways in which medical educators can teach some of the skills essential to that relationship. “In the past, students could learn general skills in the hospital, such as taking a complete medical history. But by the early 1990s, patients didn’t stay very long in the hospital; those who did were frail or very sick. Medical schools needed to look at new ways to train their students, and ambulatory education became one of the answers,” says Karen Harrington, director of the Student Continuity Practice (SCP).

Inaugurated by the School of Medicine in 1995 as part of a thorough revision of its curriculum, the SCP allows medical students to develop hands-on skills and ongoing relationships

with patients while meeting the rigorous academic requirements of medical school. Harrington interviews entering students and places each of them with a preceptor – an internist, pediatrician or family practitioner who works in an urban or suburban private practice or in a community health center. For three years, students spend one-half day every week in their preceptors’ offices.

Michael Curi, M.D., ‘01, a pediatrician in Torrington, Conn., and a preceptor, says SCP helps students get comfortable around patients. “Clinical rotations, which begin in the third year, last no more than six weeks, so by the time you get your bearings and people are at ease with you, you’re whisked away. When you’re in the same place for three years, you can spread your wings, try new things, and even make mistakes.”



Just as my students learn techniques of examination or little tricks that help get children comfortable, I also

Students' activities in the preceptors' offices are linked to their learning in the classroom. "We try to practice what we've been working on in our Principles of Clinical Medicine course during the week," says Paul Fadakar, a first-year student. "Since I've just started, I take social and medical histories as well as vital signs. I'm shadowing the doctor, watching his interactions with patients, and asking a lot of questions. I try to follow the old adage that no question is a dumb question, and I try to soak up the knowledge."

First-year students counsel patients about quitting smoking or other behavior changes. During their second semester, physical exams become part of their repertoire. As students learn more pathology, clinical reasoning, and abnormal findings during their second year, they do more targeted physicals and problem solving with the preceptors.

Preceptors say that most of their patients enjoy the contact with a medical student. Jayashree Venkatesh, M.D., a pediatrician practicing in East Hartford, Conn., says, "My patients have no problem giving students a very detailed history; so detailed, in fact, that sometimes I have to go and tell them time's up."

When he chose a medical school, the SCP was an attraction for Fadakar. He was already familiar with the program because his mother, Parvin Fadakar, M.D., a pediatrician with a practice in West Hartford, Conn., is a preceptor. "I wish I'd had this kind of experience," says Dr. Fadakar, who trained in Iran. "It's priceless. By the end of their third year, students are comfortable and confident going into the room,

## Raising the Bar

BRUCE KOEPPEN, M.D., PH.D., DEAN OF ACADEMIC AFFAIRS, was instrumental in developing the Student Continuity Practice. "One problem with our original curriculum was the episodic nature of the students' encounters with patients. For example, they might see 20 people in different stages of diabetes, but they'd never see how the disease behaves in one patient over time. Or, in a surgery rotation, they might see a patient in the hospital, but they wouldn't see the pre-op workup or the post-op follow-up," he explains.

Now, students see not only the natural progression of disease, but also what it's like to care for patients on an ongoing basis. And, by the end of their second year, they have already interacted with at least 300 patients. "Students are much more advanced when they enter their clinical rotations; it has raised the bar for what we expect from our third- and fourth-year students," Koeppen adds.

The program is one of the medical school's greatest strengths. "Whenever I travel and talk about our curriculum, it generates the most interest and excitement. We're very proud of it."





OPPOSITE PAGE, PEDIATRICIAN PARVIN FADAKAR, MIDDLE, WATCHES AS THIRD-YEAR STUDENT KATHALEEN GRAVEL EXAMINES A YOUNG PATIENT. BELOW, FADAKAR DEMONSTRATES.

taking histories and performing physicals, talking to the families, and doing what a doctor is supposed to do."

Shubha Venkatesh, another first-year student (and the daughter of Dr. Venkatesh), already sees the value of SCP. "I have lots of friends at other med schools. When we talk about how much patient contact I've had, it's more than some of them have had in two years."

The SCP can be a welcome break from the classroom and later, from the intensity of jumping from one clinical rotation to another. "It was a consistent part of my week. I knew I was going to the doctor's office, and I knew what I would be doing," recalls internist Carlos Almeida, M.D., '02, another alumnus-turned-preceptor with a practice in Waterbury, Conn.

Having medical students in the office can slow things down, since preceptors must closely supervise their charges. However, these physicians – there are now 233 preceptors in 65 towns and cities – enjoy the program and many continue for years.

Alumni such as Curi and Almeida are happy to give back to a program they enjoyed as students and stay connected to their alma mater. There are other advantages, too. The learning is a two-way street, says Fadakar. "Just as my students learn techniques of examination or little tricks that help get children comfortable, I learn

from them. When they ask a question, I have to be on my toes. It keeps me up to date."

The students remain in the SCP during their third year, when they are also doing their clinical rotations. This is when preceptors get another payoff. "The preceptors have put in two years of teaching; now they get the bonus of having a pretty competent person in the office, someone who knows the practice and the patients," says Harrington. In some practices, students have their own panel of patients. The SCP's fourth year is optional.

The program gives students a chance to see the nitty-gritty of medical practice in the real world, including some of the frustrations of working in the health care system. What happens when the receptionist calls in sick or when patients don't show up for appointments? How do you code a medical procedure when billing the insurance companies? Who really makes the decisions? What are some of the barriers to receiving care? For example, Almeida, who is Portuguese and speaks the language, says, "I see a lot of people of Portuguese descent because they can talk to me. My students learn the problems posed by a language barrier."

The program helps students think about how they want to practice medicine, says Curi. "From the very first day of medical school, it cultivates the physician-patient relationship as part of the student's formal education and helps to graduate doctors who are very comfortable around patients. That's important, whether someone goes into primary care or becomes a neurosurgeon." ☞

learn from them. When they ask a question, I have to be on my toes. It keeps me up to date." —PARVIN FADAKAR



# Great Expectations



JAMES EGAN EXAMINES A MOM  
CLOSE TO HER DUE DATE.





## Maternal-fetal program helps families achieve dream of parenthood

By Kristina Goodnough

AFTER SUFFERING SEVERAL miscarriages and an unsuccessful round of in vitro fertilization, Grace Tibbals became pregnant naturally just as she and her husband were turning to an egg donor to build their family.

Delighted and slightly apprehensive, she quickly asked her IVF doctor to refer her to the Health Center's maternal-fetal program for high-risk pregnancies. "We felt like we couldn't take any chances," says Tibbals, who is in her late 30's. She was referred to Winston Campbell, M.D., director of the program, traveling regularly for exams at the Health Center from her home in Pleasant Valley, Conn.

For Jeanette Ziegler of Montville, Conn., referral to Campbell and the high-risk pregnancy program came as a surprise. Her first child, Sydnie, was born after an easy, uncomplicated pregnancy. The second time around, a routine test showed she had sensitivity to Kell antibodies inherited by the developing baby from her husband. Though the antibodies were not harmful to Ziegler, they posed a serious threat of anemia for the new baby. Her obstetrician referred her to the Health Center's maternal-fetal program.



PAULETTE O'MALLEY

“I panicked a bit. I wondered if I should go to Boston or New Haven for care. But after calling around, I learned Dr. Campbell handled about three or four of these rare cases a year, so I was right where I should be.”

—JEANETTE ZIEGLER

“I panicked a bit,” says Ziegler. “I wondered if I should go to Boston or New Haven for care. But after calling around, I learned Dr. Campbell handled about three or four of these rare cases a year, so I was right where I should be.”

Twice a week, Ziegler and her husband traveled to the Health Center for checkups. Finally, towards the end of the second trimester, Campbell decided the baby needed a transfusion. Ultimately, several were necessary before Ryan was delivered safe and sound at 35 weeks.

Solving medical complications is an

attraction for Campbell, who graduated from UConn’s School of Medicine in 1979 and stayed on for his residency and fellowship in maternal-fetal medicine. “I really enjoy the problem solving, pulling together different aspects of medicine to get a good outcome. For my patients, that means helping them achieve their dream of a family,” says Campbell, who has directed the maternal-fetal program for more than a decade.

“It’s a small practice, about 300 deliveries a year,” says James Egan, M.D., chairman of the Department



of Obstetrics and Gynecology and a specialist in fetal echocardiography and fetal heart abnormalities. "We deal on a regular basis with complications such as chronic hypertension or heart disease, diabetes, premature labor, multiple births and prematurity. Our patients are referred to us by community physicians. We can act as consultants, helping them provide care; or, if they prefer, we can take over the care of the patient for the term of the pregnancy."

The team includes Campbell, Egan, four other maternal-fetal specialists, sonographers, genetic counselors, nurse Paulette O'Malley and social worker Dawn von Mayrhauser. They meet weekly to discuss each patient and the care they will be providing. "Most of our patients have suffered previous miscarriages or have risks for premature delivery," says O'Malley, who meets with each new patient to go over the care plan.

Other patients have chronic illnesses such as diabetes that pose risks for a pregnancy. "Women with diabetes usually understand how to monitor their blood glucose levels and how to give themselves insulin, but they may not understand how pregnancy can affect them or how their diabetes may affect their babies," says O'Malley. In addition to their visits, patients with diabetes receive telephone calls from O'Malley twice weekly to help them keep their blood sugars in control. "For these patients, the timing of meals and keeping on schedule is really important; but it can be tricky, especially if they have young children at home. We can make frequent adjustments to their medication and help them plan meals and snacks."

"Our patients have medical reasons for being in our program, so they don't assume their babies are going to be full

term and healthy," says von Mayrhauser. "They're under a tremendous amount of stress related to concerns about the outcome." She talks to them about their risk of depression and anxiety, helps them identify their support system and links them up with other services they need.

#### Neonatal Intensive Care Unit Nearby

The Health Center's neonatal intensive care unit is a tremendous asset to the program, says Campbell. "We can transport babies to the unit from other hospitals around the state if necessary, but we prefer to have the mother come here before she delivers if we think the baby is going to need intensive care. That way our specialists are nearby and can provide immediate care."

Another asset is the variety of experts at the Health Center, including specialists in hypertension, cardiology and genetics. Geneticist Peter Benn, Ph.D., and Egan recently published research concluding that noninvasive screening procedures such as blood tests and ultrasound in pregnant women can suggest fetal chromosomal abnormalities such as Down Syndrome and neural tube defects almost as effectively as more invasive procedures such as amniocentesis and chorionic villi sampling that have a higher risk of miscarriage. "We demonstrated that we could reduce the number of invasive and potentially risky tests by reassuring most women that their risk of chromosomal abnormality was much lower than their age-related risk," Egan says.

"The birth of a baby is an awesome thing; but for us in the maternal-fetal program, there is a special satisfaction helping women through high-risk pregnancies," says Campbell. "We feel like we are in it with them, and a good outcome is truly a cause for celebration." ❧

"The birth of a baby is always an awesome thing; but for us in the maternal-fetal program, there is a special satisfaction helping women through high-risk pregnancies. We feel like we are in it with them, and a good outcome is truly a cause for celebration."

—WINSTON CAMPBELL



RYAN ZIEGLER, LEFT, WITH SISTER SYDNIE.

# classnot

## *Molly Fitzgerald-Hayes '80 Ph.D.*

Dr. Fitzgerald-Hayes received her doctorate at the University of Connecticut Health Center and completed her postdoctoral training at the University of California, Santa Barbara. Among her honors are the National Institutes of Health Research Career Development Award and the National Science Foundation Career Advancement Award.



## *Charles A. Sommer '80 M.D.*

Dr. Sommer, an orthopedic surgeon, has joined the Harrington

Medical Staff at Harrington Memorial Hospital in Southbridge, Mass. Dr. Sommer previously worked at Mercy Medical Center and Baystate Medical Center in Springfield, Mass. He is a member of the American Board of Orthopedic Surgery and a Fellow of the American Academy of Orthopedic Surgeons.



## *William Neil Pearson '81 M.D.*

Dr. Pearson was named Physician of the Year at Griffin Hospital,

Derby, Conn. Dr. Pearson also was named the 2006 Attending of the Year at Griffin Hospital. He is board certified in internal, cardiovascular and critical care medicine; echocardiography; and vascular medicine/ultrasound imaging. Dr. Pearson is a Fellow of the American College of Cardiology, the American College of Chest Physicians, the American

## alumni profile



## COMBINING MUSIC AND MEDICINE

**F**or Robert Howe, '82 M.D., music and medicine have been intertwined for most of his life. As a college student, he majored in chemistry and minored in music, struggling a bit with the one to choose for his life's work. Though medicine won out, Howe has never put down his music for long.

His oboe playing was a serious pursuit not only in college, but also after UConn medical school, while establishing his ob/gyn practice



ROBERT HOWE

Society of Geriatric Cardiology and the Society of Vascular Medicine and Biology. An assistant clinical professor of medicine at Yale University School of Medicine, he has authored numerous articles in medical journals. *Pearson's Pocket Cardiology*, a cardiology reference book for doctors in training was published in the fall.

## *Paul M. Martha '82 M.D.*

Elixir Pharmaceuticals, Inc. in Cambridge, Mass., has named Dr. Martha to the new position of chief medical officer. He will report to William Heiden,

president and chief executive officer, and will be responsible for managing the clinical development of Elixir's product candidates. An endocrinologist, Dr. Martha has had more than 14 years of industry experience managing clinical and regulatory programs for biopharmaceutical companies.

## *Briggs Morrison '85 M.D.*

Dr. Morrison has been named the head of clinical development for the Pfizer Global Research and Development pipeline. Dr. Morrison joined Pfizer from Merck, where



A full listing of class notes is available at <http://alumni.uconn.edu>.

To submit class notes, send them to [cgway@foundation.uconn.edu](mailto:cgway@foundation.uconn.edu).

in the Springfield, Mass., area. "Except for a few years, while I was doing my internship and residency, I have always played, first in the Springfield area, then in the Manchester Symphony and now with the Farmington Valley Symphony Orchestra," says Howe.

Over the years, he has written reviews in journals for professional musicians; and a paper he published in 2003 on the development of the modern oboe received the prestigious Densmore Prize from the American Musical Instrument Society.

"My retirement dream was to spend my time traveling with my wife and listening to great music," he says. Though his wife died two years ago, Howe finds music continues to be an important part of his life and his plans for the future.

While he continues his work in medicine, Howe has returned to UConn to get his Ph.D. in music theory. He has taken several courses and is an A student.

"Classical music with its sense of order, proportion and logic has a lot of similarities to medicine," says Howe, who travels regularly during the semester to the Storrs campus for classes. He hopes to continue to appear in the Farmington Symphony's six annual concerts, especially since his steady participation in the volunteer orchestra landed him a solo performance during its 2006 appearance at Carnegie Hall.

"It was such a rush to be sitting there in my rented tux, I wasn't even nervous," says Howe. "I told myself that next to doing surgery, this was nothing. Now if I have a difficult surgical case, I tell myself to relax, 'You played Carnegie Hall.'"

—By Kristina Goodnough

he had been senior vice president of research.

**Timothy M. Shannon '85 M.D.**  
CuraGen Corporation, a New Haven, Conn., clinical-stage biopharmaceutical company focused on oncology, announced the appointment of Dr. Shannon as president and chief executive officer. Before assuming his new position, Dr. Shannon had been executive vice president of research and development and chief medical officer of CuraGen.

**Ambrose Sharnick '91 M.D.**  
Dr. Sharnick, a resident of

Newtown, Conn., has joined the Danbury Hospital Department of Anesthesiology. He completed his internship in the Department of Medicine at the Health Center. Dr. Sharnick served in the U.S. Air Force and was medical support for a Forward Air Control unit.

**David B. Friend '94 M.D.**  
Dr. Friend has been appointed president and chief executive officer of Palladium Group, Inc. of Lincoln, Mass., a leading professional services firm that provides services and expertise in strategy, finance and IT management.

He also has joined the board of directors at Palladium. Dr. Friend most recently served as a managing director at the health care investment bank Leerink Swann. Prior to that, he served as a managing director at Alvarez and Marsal, and partner and board member at Watson Wyatt Worldwide. Dr. Friend serves on the Health Center's board of directors and the Healthcare Alumni Board of the Wharton School of the University of Pennsylvania.

**Jason Lenk '97 D.M.D.**

Dr. Lenk opened his new orthodontics practice, Lenk Orthodontics in Durham, N.H. After graduating from the UConn School of Dental Medicine, Dr. Lenk spent nine years treating Air Force families throughout the United States and Europe.



**Beth Schweitzer '98 M.D.**

Dr. Schweitzer has joined the family medical practice of Healthwise in Tolland, Conn. Dr. Schweitzer's husband is a physician who specializes in pulmonology at Hartford Hospital, and they have one daughter.

**Michael Banks '99 M.D.**

Dr. Banks is vice president and cofounder of The Doctor's Channel ([www.thedoctorschannel.com](http://www.thedoctorschannel.com)), a Web site that allows doctors to learn from each other at their convenience. The site includes short streaming video

clips, with insights and opinions from experts in 35 specialties. It also provides community and lifestyle features that help doctors keep current on the latest news, ideas and information.

**Jason Henderson '00 DO**

Dr. Henderson, a specialist in internal medicine, has joined the medical staff at Maine General Medical Center and joins Mid-Maine Internal Medicine in North Vassalboro, Maine. Dr. Henderson is working as a hospitalist at the medical center's Augusta campus in Waterville. He completed his internship and residency training at the Health Center. Dr. Henderson is board certified by the American Osteopathic Board of Internal Medicine.



**Carol Louise Watson '00 M.D.**

Dr. Watson has joined the medical staff

of Johnson Memorial Hospital in Stafford Springs, Conn. She completed her residency in obstetrics and gynecology at the UConn Health Center, where she was recognized for her outstanding skills by The Society of Laparoendoscopic Surgeons.

**Harlan Weinberg '00 M.D.**

Dr. Weinberg, a resident of Millwood, N.Y., has written a book, *Dr. Weinberg's Guide to the Best Health Information on the Web*. The book, published by Harper Collins, was released in December. It is a diverse educational resource

# classnotes

## alumni profile



## MAKING HER WAY IN AMERICA

**U**pon her arrival in the United States from China in 1984, Qin Bai, '96 D.M.D., had two suitcases, little knowledge of American customs and society, and limited financial support to begin her medical education.

After passing a Chinese government exam that allows university faculty to study overseas, Bai met Charles Burstone, D.D.S., of the UConn Health Center when he visited China. He soon sponsored Bai, and served as her professional mentor throughout her research and education at UConn.

"You come to America and everything's so different from what you're used to," she says. "All of your senses are affected. Things smell different, sound different; and it's just very challenging for a newcomer. Communication was very difficult, but you begin to rely on context to guess what people are saying."

Bai's initial struggles with her adopted country included the winter weather. For the first two years, she walked miles every day to the Health Center, dodging snow banks and cars on her way to the research lab and class. Her husband joined her about a year after she arrived, and the couple's first child was born several years later.

Financial pressures interrupted her education, so she worked as a dental assistant and dental technician to help support her family. Through that time,

Bai saved up enough to resume her coursework; more than a decade after she began, she went back in the classroom.

"By this time, I was the oldest in my class, and not many other students had children at home. It was physically a challenge, since as a parent you just can't stay up as late as your classmates to study. We were juggling with one income, a mortgage and my tuition costs."

Her determination paid off; she graduated in 1996 and bought a solo dental practice in Bloomfield, Conn., three years later, with all of the business implications and management issues it brings. Today, her daughter is a junior at UConn, participating in the Honors Program and planning to study dentistry.

While times were often hard, especially in the first few years, Bai says that she could always see the potential for her future in America.

"You learn little by little how to take on challenges," she says. "UConn has been so good to me; I feel it's given me and my family everything we have, financially, professionally and personally. I realized quickly that opportunity here is unlimited. There were times I couldn't imagine I would have my own practice and survive; but along the way, a lot of very kind doctors and professors helped me. I just wouldn't be where I am today without them." —By John Sponauer



for professionals and patients covering both clinical disease and medical social issues.

*Christopher R. Bevin '01 D.M.D.*  
Dr. Bevin has joined the medical staff of Southwestern Vermont Health Care in Bennington,

Vt. He is an oral and maxillo-facial surgeon with a special interest in facial reconstruction and dental implants.



*Alex B. Maderazo, '01 M.D.*  
The Hospital for Special Surgery Department of Radiology and Imaging in New York City announced that Dr.



Maderazo, a past fellow, will continue with the department as an assistant attending radiologist. Dr. Maderazo earned a combined M.D./M.B.A. from the UConn School of Medicine and School of Business.



*Richard L. Manzo '01, M.D.*  
The Hand Center of Waterbury,

Conn., has announced that Dr. Manzo has joined the practice. He completed his orthopedic surgery training at the Health Center, where he received the Cavazos Award in 2006 for most outstanding resident/teacher.



*George P. Hatzigiannis '04 M.D.*  
Dr. Hatzigiannis has joined the oral

and maxillofacial surgery practice of Salem-Peabody Oral Surgery in Peabody, Mass. He received his D.M.D. from Harvard, his M.D. from UConn, and completed his oral and maxillofacial surgery training at the Health Center and Hartford Hospital.

*Sara Curcio '06 D.M.D.*

Dr. Curcio joined the practice of Dr. Jeffrey Burns in Vernon, Conn., in August. His specialty is family and cosmetic dentistry.



THE WAY WE WERE:  
CLASS OF 1972 MEDICAL  
AND DENTAL STUDENTS.

## MEMORIES BIND CLASS OF 1972

Since graduation, members of the inaugural class of 1972 have kept in touch, celebrated life's events and emerged as one of the most collegial groups to pass through the Health Center. They credit this closeness with their shared experiences as students at a time when the medical and dental programs were literally being built from the ground up.

"It was a great adventure," says Sanford Rosenberg, M.D. "Connecticut had never had a public medical school. We really didn't know what to expect; neither did the First Faculty. There was a lot riding on them, but they kept their vision that we could build a really good medical school here."

Along the way, the students suffered broken car axles on the unfinished roads to the schools, played football in the construction mud between classes, studied in Quonset Hut-like buildings and trailers at the bottom of the hill, traveled to Storrs for lab time, and completed rotations at hospitals throughout the Hartford region. Even living arrangements were makeshift – some single students lived in one wing of the nearby Hartford Seminary.

"Members of the faculty were outstanding; that's the only way I can describe them," says Paul Goldschmidt, D.M.D., whose two physician sons also graduated from UConn. "Looking back and considering how well we did on the dental boards, I think we were remarkably well trained. Some of this is because of our close relationship with the faculty, which I think was pretty unusual for that time."

Another member of the class, Stephen Pillsbury, M.D., also credits the manner of teaching at the medical school to his ultimate success.

"They could have organized this school along any

number of models, but they chose to create a humane educational experience for us," Pillsbury says. "That decision had an influence on me throughout my life. They had no guarantee of our success, but the faculty gave so much to us in so many different ways. It just made us want to give something back in return."

The class did exactly that in anticipation of its 35th reunion this spring. Raising the bar for class reunion gifts, nearly \$35,000 was donated to support faculty research, service in areas of underserved populations and professional development. At the reunion, they also unveiled a bronze bust of the late William Fleeson, M.D., First Faculty, who was particularly influential on the class.

"Dr. Fleeson was a driving force getting our class going," Rosenberg says. "He was a warm-hearted, sweet person; but we all had harrowing experiences with him at some point. Everyone knew, though, that he really cared. When we started to think of a class gift, it was easy to decide to give a bust of him."

Rosenberg recalls an occasion at the seminary when Fleeson saved many students from expulsion. "One night, one of the fire hoses at the end of the hall got turned on, and before long, a second hose was on, too. About half the class barricaded themselves in their rooms, but the other half was in the hall, holding these two hoses," Rosenberg says. "After everything calmed down, Dr. Fleeson told all of us in no uncertain terms how he had spent the night with the seminary and school administrations. He was probably the reason that we weren't all thrown out."

"We went through everything together for the first time, and it was all good," adds Goldschmidt.

—By John Spouner

# off the campus



## A New Clinic for Rural Uganda

KEVIN DIECKHAUS SHARES A MOMENT WITH SOME OF THE CHILDREN NEAR THE CLINIC.

Working with a native Ugandan transplanted to Connecticut, Kevin Dieckhaus, M.D., chief of infectious diseases at the Health Center, is helping build a clinic in rural Uganda that provides care to about 50 patients every day.

The patients suffer from a variety of infectious diseases, including malaria, HIV, respiratory and diarrheal illnesses, explains Dieckhaus. The clinic also provides pediatric immunizations for preventable childhood illnesses.

Bernadette Kazibwe, a native Ugandan who now lives in Colchester, Conn., and her brother, Pius Bigirimana, founded the Clare Nsenga Foundation and raised the funds to build the clinic. They also convinced Dieckhaus to provide the medical know-how.

It took two years to build the clinic. The government of Uganda assigned two nurses to the clinic, which is still operating on a shoestring budget with a limited stock of medications. But even against the odds, they're making tremendous headway.

"We started out with one cabinet and a desk. Last year we acquired some surplus medical equipment and supplies from the Health Center that had been earmarked for the developing world. We then obtained funding to ship a

40-foot container full of goods to Kenya, then overland to the clinic," says Dieckhaus.

They brought several boxes of prescription and nonprescription medications that had been donated or purchased at low cost. Dieckhaus also helped acquire the funds to purchase an ambulance for the clinic. Without it, severely ill patients had to walk miles or be carried by stretcher or hired bicycle.

The clinic is just the starting point for a whole network of programs aimed at improving health in the region. An AIDS orphan assistance program funded by the Asylum Hill Congregational Church in Hartford helps keep children orphaned by HIV/AIDS in school by helping with school supplies, uniforms, fees, and support for the families who take them in. About 25,000 orphans live in the district, and there's not a single orphanage. Dieckhaus trained two people in the community to identify children eligible for the program and assess their needs.

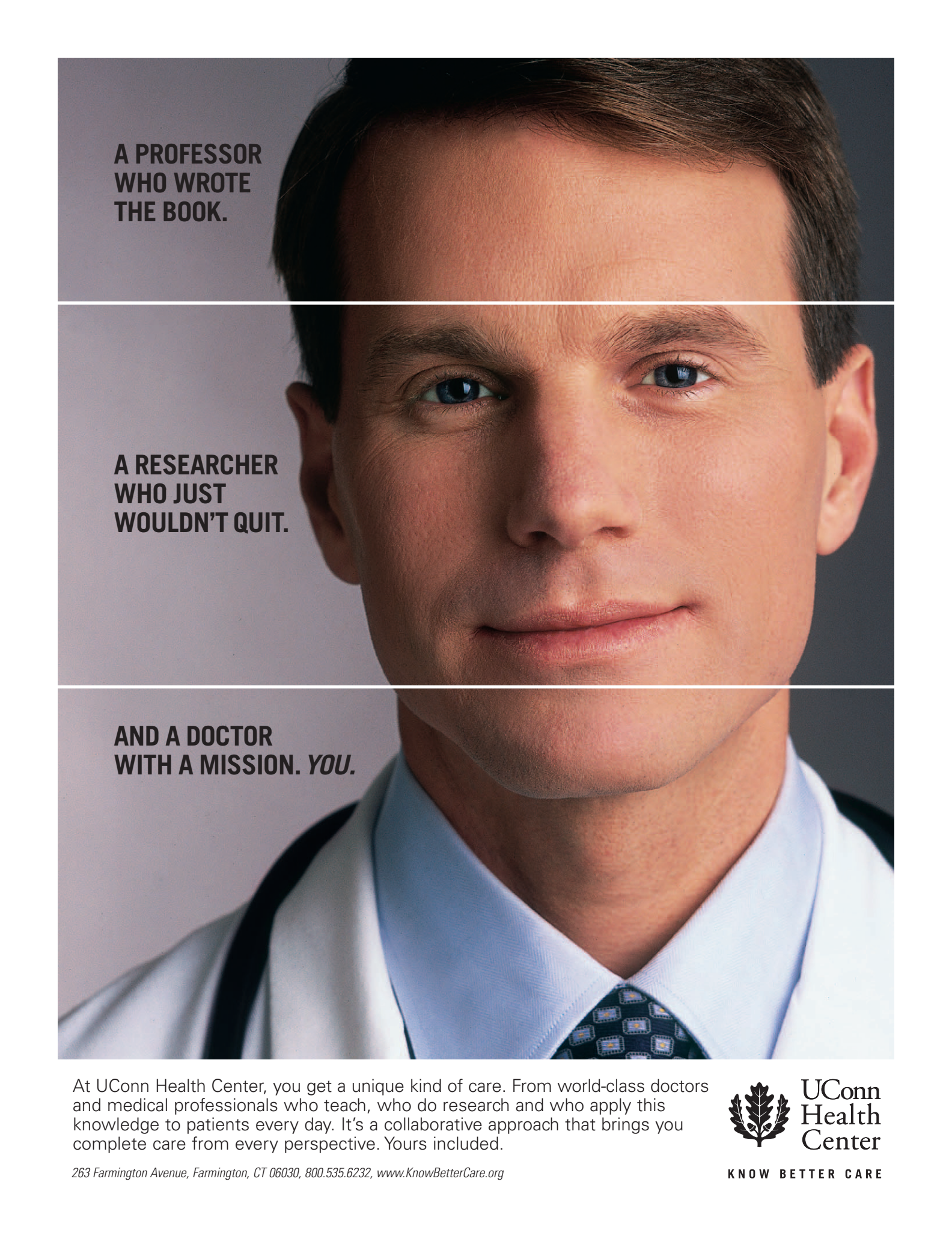
At the same time, an HIV testing program is under way, thanks to test kits obtained free from Abbott Labs. Community workers and nurses at the clinic identify those who should be tested. Test kits also are provided by health care workers who are in the community offering prenatal care to villagers.

During a recent visit, Dieckhaus' 13-year-old son, Andrew, came along and distributed more than 3,500 books to local schools that had no reading materials. The books had been donated during drives Andrew organized in his hometown. He also brought pen pal messages from grade-school students and several dozen soccer balls. Because of his generosity, his son enjoyed "rock star" status while he was there.

Along with his humanitarian efforts, Dieckhaus is working with the medical school's Department of Community Medicine to make the Ugandan clinic a site for training for UConn medical and public health students. "The experience for our students would be priceless. They could see first hand diseases that are rarely encountered in the U.S. It would be an invaluable learning experience for the students, as well as a valuable source of medical care for the patients." —By Carolyn Pennington







**A PROFESSOR  
WHO WROTE  
THE BOOK.**

**A RESEARCHER  
WHO JUST  
WOULDN'T QUIT.**

**AND A DOCTOR  
WITH A MISSION. *YOU.***

At UConn Health Center, you get a unique kind of care. From world-class doctors and medical professionals who teach, who do research and who apply this knowledge to patients every day. It's a collaborative approach that brings you complete care from every perspective. Yours included.

263 Farmington Avenue, Farmington, CT 06030, 800.535.6232, [www.KnowBetterCare.org](http://www.KnowBetterCare.org)



**UConn  
Health  
Center**

**KNOW BETTER CARE**



## Concentration

DENTAL STUDENT KATHLEEN DUNN  
FOCUSES ON A SLIDE SHOWN DURING  
A REVIEW SESSION FOR A TISSUE  
HISTOLOGY PRACTICAL EXAM.



University of Connecticut Health Center  
Office of Communications  
263 Farmington Avenue  
Farmington, CT 06030-5385

Nonprofit Org.  
U.S. Postage  
Paid  
No. 13  
Farmington, CT

