**Genetic Test Might Determine Best Breast Cancer Therapy**

**UC Researchers Will Study Whether Genes Can Lead to Better Treatment for 'Intermediate Risk' Patients**

By Amanda Harper
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Researchers believe a genetic test used to calculate a woman’s risk for breast cancer recurrence may also help determine if a subset of patients would be better off with less-aggressive therapy following surgery.

According to Jennifer Manders, MD, it is not always clear which follow-up treatment—chemotherapy, hormone therapy or a combination of both—is most effective for women who fall into the gray area of “intermediate risk” for breast cancer recurrence. Currently, many patients with early-stage breast cancer are given both hormones and chemotherapy to control recurring tumor growth and kill any residual cancer cells in the body. Research suggests, however, that chemotherapy could have no measurable benefit to patients with less-aggressive cancers whose risk for recurrence is unclear.

A major phase-3 trial, led locally by surgeons Elizabeth Shaughnessy, MD, PhD, and Manders, is under way to investigate whether hormone therapy alone can produce better cancer-free survival for women who fall into the intermediate-recurrence risk category.

“Research tells us that giving hormone therapy alone to women at low risk for recurrence and chemotherapy followed by hormonal therapy to women at a high risk for recurrence makes medical sense—it’s the women who fall in the middle that we’re unclear about,” explains Manders, an assistant professor at UC.

“We need to develop a method of tailoring follow-up treatment that addresses the specific characteristics of a patient’s tumor,” she adds. “This will allow us to more accurately predict what medical treatments will be most effective at alleviating the disease long term.”

This trial—known as TAILORx and sponsored by the National Cancer Institute—uses genetic tests to obtain an individualized test sample and a blood sample for women with breast cancer whose cancer has spread to the lymph nodes. UC researchers are currently taking this approach in their new genetic test, which is under development.

Two new department chairs will be arriving at UC College of Medicine in July. Arnold Strauss, MD, has been named professor and chair of pediatrics, while Arthur Evans III, MD, has been named professor and chair of obstetrics and gynecology. Both appointments are pending approval by the UC Board of Trustees. Strauss also will serve as chief medical officer of Cincinnati Children’s Hospital Medical Center and director of the Cincinnati Children’s Research Foundation.

“Having these two outstanding academic leaders join us will not only help their individual departments, but will further enhance the collaborative spirit between the UC College of Medicine and Cincinnati Children’s,” says David Stern, MD, dean of the College of Medicine.

**Botox—More Than Just a Cure for Wrinkles**

By Amanda Harper
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Botox has become synonymous with full lips and fewer wrinkles, but the popular cosmetic medication is also used equally effectively for such unglamorous problems as excessive sweating, migraine headaches and certain neurological conditions.

“Botox is a great method to help erase signs of aging in the skin, but it can also be a good solution for people with other medical issues that don’t respond to traditional therapy,” explains Lana Hawayek, MD, a board-certified dermatologist and assistant professor at UC.

Hawayek offers cosmetic and therapeutic Botox injections to her patients through the cosmetic dermatology clinics at University of Cincinnati Children’s Hospital and Pointe and Montgomery.

Known medically as botulinum toxin, Botox is approved by the U.S. Food and Drug Administration to treat migraine headaches and excessive sweating, in addition to several cosmetic applications aimed at maintaining the youthful appearance of facial skin. For wrinkle correction, Botox is injected directly into specific muscles to block neurotransmitters that cause muscle contractions.

**Applications to UC’s Health Colleges Rise Significantly**

By Dama Kimmon
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The number of students applying to the four health colleges on UC’s Academic Health Center campus has gone up—with the College of Allied Health Sciences seeing an application increase of 33 percent.

Many allied health professions, says College of Allied Health Sciences Dean Elizabeth King, PhD, are experiencing shortages just as significantly as those in other health-related fields.

Increases in applications to programs like medical imaging, clinical laboratory sciences, physical therapy, audiology and speech-language pathology, says King, is a step toward addressing these shortages.

“In 2011, the baby boomer generation will begin to turn 65,” says King. “The rapid growth of this over-65 population means that the number of jobs in health-related fields is on the rise.”

The College of Medicine saw an increase of 15 percent, following national trends of increased applications to medical colleges.

But perhaps even more significant, says Stephen Manuel, PhD, assistant dean for admissions, is that the number of out-of-state applications to UC’s College of Medicine jumped by 13 percent.

“We have very strong, nationally recognized programs here at UC,” says Manuel. “When students on the east or west coasts ask advisers or others conducting research or patient care where they should go to medical school, UC is on their list.”

**New Pediatrics, OB-GYN Chairs Named**

By Richard Puff
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Two new department chairs will be arriving at the UC College of Medicine in July.

Arnold Strauss, MD, has been named professor and chair of pediatrics, while Arthur Evans III, MD, has been named professor and chair of obstetrics and gynecology. Both appointments are pending approval by the UC Board of Trustees.

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“Having these two outstanding academic leaders join us will not only help their individual departments, but will further enhance the collaborative spirit between the UC College of Medicine and Cincinnati Children’s,” says David Stern, MD, dean of the College of Medicine.

Strauss arrives from Vanderbilt University School of Medicine, where he has served since 2008 as pediatrics chair and medical director of the Monroe Carell Jr. Children’s Hospital. From 1981 to 2000, Strauss was director of the division of pediatric cardiology at Washington University/St. Louis Children’s Hospital.

A respected scientist, Strauss’ research focuses on understanding the molecular basis of disorders of mitochondrial fatty acid oxidation and the genetic causes of congenital heart disease and cardiomyopathies.

“Dr. Strauss embodies the teaching, research
Mechanism That Causes Infection in Rare Lung Disease Found

Findings Could Lead to Improved Treatment for People Suffering From Pulmonary Alveolar Proteinosis

By Dama Kimmon

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Nearly 20 percent of reported deaths in people with the rare lung disorder pulmonary alveolar proteinosis (PAP) are attributed to microbial infections.

Researchers at UC and Cincinnati Children’s Hospital Medical Center have identified a molecular defect in PAP sufferers, explaining why they are more susceptible to these deadly infections. The study, led by Bruce Trapnell, MD, and reported in the Feb. 8, 2007, issue of the New England Journal of Medicine, could support the development of new therapies for treating infection in people with PAP.

“PAP develops when surfactant—a protein- and lipid-based material on the lung’s surface that keeps the tiny air sacs (alveoli) from collapsing—builds up inside the air sacs,” says Trapnell. “When this happens, breathing becomes difficult and microbial infections are common.”

In healthy people, Trapnell says, proteins and antibodies attack microbes to help fight off infections. Sometimes, however, our bodies produce “autoantibodies”—antibodies that attack our own tissues instead of microbes.

It was recently discovered that people with PAP produce high levels of autoantibodies that attack the lung’s collar—the macrophage colony-stimulating factor (GM-CSF), an important regulator of the innate immune system.

The researchers, in human and animal studies, determined that other important infection fighters—white blood cells called neutrophils—were impaired in PAP. In addition to this finding, the researchers found that their impairment was being caused by the autoantibodies against GM-CSF.

Trapnell says knowing the mechanism that causes infection in PAP patients should lead to the development of new therapies to stimulate immune defenses.

“This is an important development in our understanding of PAP and provides new hope for the future treatment of this serious and deadly condition,” says Louise Simpson, president of the National PAP Foundation.

Trapnell, who leads UC’s Adult Cystic Fibrosis Center, the Cystic Fibrosis Therapeutics Development Network Center at Cincinnati Children’s and the international Rare Lung Diseases Clinical Research Consortium, says that PAP, the causes of which are unknown, can affect people of any age and range from mild to severe. PAP sufferers often experience unexplained, progressive shortness of breath and sometimes cough and fever, especially when infection is present. There are few treatments for PAP, but symptoms are often relieved by periodic whole-lung lavage—a procedure in which lungs are individually filled with saline solution to “wash” out the surfactant. Lung transplantation is not a useful treatment approach, since the new lungs would come under the same misguided autoimmune attack.

The study was funded by grants from the National Heart, Lung and Blood Institute, the National Center for Research Resources and the National Institute of Health Office of Rare Diseases. Coauthors, all from UC and Cincinnati Children’s, include Shuichi Abe, MD, PhD, David Beck, MD, PhD, Pierre-Yves Berclaz, MD, PhD, Brenna Carey, Lee Denson, MD, Marie-Dominique Filippi, PhD, Diane Hausk, Jonathan Puchalski, MD, Margaret Staub, Kanji Uchida, MD, PhD, Susan Wett, MD, and Takeshi Yamamoto, MD, PhD.

BOTOX: Popular Drug Does More Than Smooth Skin

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cause the muscles to contract. The injection temporarily relieves those specific muscles and softens the overlying wrinkle. This effect can last up to four months. For the more than 1 million Americans with axillary hyperhidrosis—a condition that causes people to sweat four times more than normal—a treatment of Botox injections into the underarm sweat glands can effectively stop excessive sweating in other areas, such as the palms and soles.

Botox can also provide short-term relief to people with incapacitating muscle and tendon headaches. A treatment cycle typically consists of 10 to 25 injections in the head, neck and shoulders.

Bruce Trapnell, MD, associate professor of pulmonary, critical care and sleep medicine, led a study that identified a molecular defect that causes infection in people with pulmonary alveolar proteinosis, a rare lung disease.

Preventing Diabetic Kidney Failure

By Amanda Harper

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Kidney specialists at UC say a collaborative approach to care that includes early intervention can help prevent kidney failure in diabetic patients.

Nephrologists Janet Boyle, MD, and Kotalgal Kant, MD, have teamed up with the multi-disciplinary team at the UC Diabetes Center to identify people at high risk for chronic kidney disease. Their goal is to implement early intervention medical treatments that will help postpone disease onset.

“Diabetics are more prone to develop renal disease because their kidneys’ ability to filter harmful substances from the blood is already severely impaired,” says Boyle, assistant professor of medicine at UC.

“The idea is to catch and begin treating kidney problems as soon as possible—in the early stages of disease—so we can prolong kidney function and give patients a better quality of life,” Boyle explains.

Located near the middle of the back, kidneys are bean-shaped organs that keep the body’s blood supply clean and chemically balanced by filtering out waste products and excess water. The National Institute of Diabetes and Digestive and Kidney Diseases estimates that more than 8 million adults have chronic kidney disease. This condition, which causes gradual loss of kidney function, can be “silent” for many years prior to diagnosis.

Kant and Boyle believe a proactive, multidisciplinary approach to diabetic care that involves nephrologists, diabetes specialists and nurse educators can slow the progression of—and possibly even eliminate—chronic kidney disease in people living with diabetes.

Research has shown that early diagnosis and careful control of blood glucose (sugar) levels and blood pressure, combined with certain medications used to control diabetes, can lessen the severity of kidney disease for diabetic patients.

“If we prescribe the right balance of medications to manage high blood pressure and reduce the amount of protein in their urine,” adds Boyle, “we can preserve kidney function and help diabetes patients live longer.”

Kant estimates that more than 1 million people will receive regular dialysis to treat chronic kidney disease by 2010. If their diabetes is left unchecked, he says, most patients will develop chronic kidney disease within several years of a diabetes diagnosis.

“But with strategic medical management of the disease, we may be able to eliminate the need for dialysis in people with chronic kidney disease,” adds Kant. “That would help reduce health care costs and improve the lives of thousands of people.”

According to the American Diabetes Association, more than $82 million is spent in the United States each year on direct medical costs associated with diabetes, and more than 153,000 people are living on chronic dialysis or a kidney transplant due to diabetes-related kidney disease.

Physicians stress that there are no definitive signs of chronic kidney disease, but people with diabetes and high blood pressure are at greater risk.

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Treasures Abound in Medical History Center

From Cantagalli Jars to Albert Sabin’s Manuscripts, UC’s History Library Is a ‘One Stop Shop’ of Medical Memories

By Jill Hafner Jill.hafner@uc.edu

If you think you can only catch a glimpse of health history at the public library or a local museum, then you might be missing out.

One of Cincinnati’s “hidden treasures,” UC’s Center for the History of the Health Professions (CHHP) is largely considered a Mecca for health professionals and history buffs alike.

Part of the academic information technology and libraries (AIT&L) department and formally known as the Cincinnati Medical Heritage Center, the CHHP boasts the region’s largest collection of rare medical artifacts, manuscripts and photographs.

“Send an afternoon searching its archives and you’ll find some unique pieces, including the original copy of the largest medical book ever published, the last iron lung used by the March of Dimes in Cincinnati and a replica of a 15th-century Italian pharmacy—complete with 109 highly decorated Cantagalli apothecary jars—that was originally displayed at the 1899–1900 Paris Exposition. Now in its 33rd year, the center is preparing to move from its long-time home in 122 Wherry Hall on Eden Avenue into the newly renovated Medical Sciences Building (MSB).

The new space on the MSB E-level, which will open in spring 2008, will feature a museum-like environment, complete with a main exhibit area, conference room and well-lighted areas for researchers to work.

“The new center will be a prima- ryttraction of the MSB,” says Jack McDonough, MD, associate pro- fessor of clinical surgery and chair of the center’s advisory board, “making it one of the first things visitors see as they enter the building. It will be an exceptional space that will preserve and show- case Cincinnati’s noteworthy med- ical history.”

“The center’s shelves are currently jam-packed with nearly 35,000 journals and manuscripts dating back to 1500, and more than 60 archive collections from famous scientists, including UC College of Medicine founder Daniel Drake, MD, and U.S. Founding Father and medical theorist Benjamin Rush, MD.

The center also holds more than 2,000 medical instruments and artifacts, such as Civil War surgery kits, and nearly 5,000 medically related photographs and original art works.

The most popular collections are the Drake manuscripts and the archives of Albert Sabin, MD, developer of the oral, live-virus polio vaccine, and Robert Kehoe, MD, who pioneered early lead-poi- ning studies.

Visitors are afforded an inside look into Sabin’s papers, research materials, medals, awards and hon- ors, and all of Kehoe’s research materials from the early 1930s through the mid-1970s.

The center, says McDonough, annually attracts hundreds of sci- entists, medical historians and even lawyers who review its collection to help quantify scientific theories, stimulate new research or clinical techniques—or gain an edge in the courtroom.

“The importance of the health library can’t be overstated,” adds McDonough. “Its holdings are being used to improve research and clinical practice and to inspire health professionals all over the world.”

While the new space is being developed, the center is currently open to the public by appointment only, Monday through Friday.

For more information, includ- ing how to donate health or med- ical archives or to schedule an appointment, call (513) 558-5656 or visit ahl.uc.edu/history.

Michael Borchers, PhD, assistant professor of environmental health at UC, has been selected to partici- pate in a new National Fellow Program aimed at increasing the public’s awareness and understanding of environmental health science.

Borchers is one of 10 scientists from across the United States cho- sen to help EHS identify important new research findings about the environment and health for “trans- forming” into easy-to-understand language useful to reporters and the public.

“I am currently researching air pollution and varying exposure levels that may trigger immune sys- tem responses that cause or worsen respiratory diseases, including asth- ma, cystic fibrosis and chronic pul- monary disease.

The five-year, basic science study is funded by the National Institute of Environmental Health Sciences Outstanding New Environmental Scientist Award, given to Borchers in 2006.

Exhibit Recognizes UC Surgeons

National Exhibit Focuses on the Contributions of African-American Academic Surgeons

By Amanda Harper amanda harper@uc.edu

UC trauma surgeons Kenneth Davis, MD, and Karyn Butler, MD, are among the 17 black academic sur- geons and educators from across the United States showcased in a new National Library of Medicine exhibit.


“Surgeons like Dr. Davis and Dr. Butler exemplify excellence in their fields and they believe in continu- ing that journey of excellence through education and mentoring of young African-Americans purs-uing medical careers,” says exhibit cocurator Jill Newman.

“We hope this exhibit provides a glimpse into the accomplishments and contributions of African-American academic surgeons to medicine and medical education.”

Davis is a professor of surgery and clinical anesthesia and vice chair of UC’s surgery department. He also serves as assistant dean for diversity and cultural affairs for the College of Medicine.

Butler is an associate professor at UC. Her current research focus- es on myocardial ischemia and reperfusion injury—the loss or reduction in blood flow to part of the muscular tissue of the heart and the resulting injury.

CHAIRS: UC Names New Department Leaders

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and clinical care missions of an academic medical center,” Stern says. “In addition, his acumen for research will be a strong factor in enhancing basic, translational and clinical research at both institu- tions.”

Since 2003, Evans has been pro- fessor and chair of obstetrics and gynecology at the Texas Tech University Health Sciences Center in Lubbock.

Joining UC is a homecoming for Evans, who is a Cincinnati native and a 1974 graduate of the UC College of Medicine. His late father, Arthur Evans Jr., MD, served as professor of surgery and head of the division of urology at the College of Medicine from 1963 until 1984.

Evans is board certified in OB-GYN and maternal-fetal medicine. He has held academic appoint- ments at several medical schools and has served as director of maternal-fetal medicine at the University of Kentucky’s Chandler Medical Center and at Eastern Virginia Medical School.

“The combination of Dr. Evans’ experience as a previous chair and chief of maternal-fetal medicine, as well as his roots in Cincinnati, made him the ideal candidate for our next chair of obstetrics and gynecology,” says Stern. “He and his department will be working closely with Cincinnati Children’s, especially in the neonatology divi- sion, to enhance the profile of our women’s health initiative.”

Evans was a member of the U.S. National Rowing Team for three years and the 1968 U.S. Olympic Team, when he was the stroke of the U.S. national lightweight shell at the Mexico City Olympics.

Strauss replaces Tom Boat, MD, who has led the pediatrics depart- ment and Cincinnati Children’s Research Foundation since 1993. Boat will remain on the Cincinnati Children’s staff and UC faculty as an investigator in the newly estab- lished Center for Personalized and Predictive Medicine.

Evans takes over for Leslie Myatt, PhD, who has served as act- ing chair of OB-GYN since May 2005. Myatt will continue to serve as director of OB-GYN research and the college’s Physician Scientist Training Program.
Seven From UC Named ‘Leading Women’

By Dama Kimmon
dama.kimmon@uc.edu

Seven women from UC—four from the Academic Health Center—were recently recognized as “Leading Women” in Greater Cincinnati. The academy for arts and entertainment, who se focus is on moving novel thinking into new business development in the region, was recognized in the Entrepreneurship category.

Alloway was recognized in the program’s Science/Research category for her research aimed at individualizing drug regimens in transplant patients.

A three-time breast cancer survivor and outreach specialist in UC’s Department of Environmental Health, Ice was featured in the How the soil-based fungus Histoplasma capsulatum can cause chronic pulmonary diseases in humans.

Dorothy Air, PhD, associate senior vice president for entrepreneurial affairs.

Rita Allaway, PharmD, professor, internal medicine, division of nephrology and hypertension

Andrea Ice, outreach specialist, environmental health

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