Gastrointestinal symptoms.

With a mild but persistent fever and returning home, Kevin woke up in New Jersey and Maine. Soon after exploring numerous sites between children, Megan and Kevin, a two-week vacation with their son was sickened with a rare infection and there was virtually no one to do anything about it.

These results were published in the May 15, 2009, edition of the journal Transplantation. Yun Miao, MD, PhD, Jason Ewry, PharmD, Steve Woodle, MD, and colleagues at UC compared lung, colon, breast, prostate, bladder, kidney and skin cancer data in 635 adult transplant recipients from the Israel Penn International Transplant Tumor Registry.

See TRANSPLANT page 3

Transplant Patients Experience Worse Cancer Outcomes

By Katie Pence
katie.pence@uc.edu

After comparing two patient cancer registries—one featuring transplant patients and the other the general population—researchers at UC have found that transplant patients experience worse outcomes from cancer.

These results were published in the May 15, 2009, edition of the journal Transplantation.

Yun Miao, MD, PhD, Jason Ewry, PharmD, Steve Woodle, MD, and colleagues at UC compared lung, colon, breast, prostate, bladder, kidney and skin cancer data in 635 adult transplant recipients from the Israel Penn International Transplant Tumor Registry.

See TRANSPLANT page 3

University Hospital’s Air Care & Mobile Care Program Celebrates Silver Anniversary

By Katy Cosse
kathycosse@uc.edu

They fly by air and ride by land—but Teri Grau likes to think of her staff as a ship.

“We’re one big ship of care,” says Grau, clinical director of the 120-member staff at Air Care & Mobile Care (AC&MC).

“Whether you’re in the boiler room or on the deck... everyone has a role to do and we each need to do it well.”

This year, AC&MC is celebrating 25 years of providing care in the Tri- state. The program, part of University Hospital, provides emergency care services and transportation for hospitals and patients within a 150-mile radius of Cincinnati.

Each year, it makes more than 1,200 flights and 7,000 ground trips, working with more than 200 health care service providers.

AC&MC offers four levels of transportation, from serving the most critical patients with the most pressing time demands with Air Care to transporting patients being discharged from the hospital with basic Life Support services.

“The key is having four levels of transport, so you can match the level of transport and care to what the patient needs,” says Air Care medical director William Hinzley, MD, and chief transplant nurse Ruda Jenkins on board an Air Care helicopter. The program is one of a few in the country that has a physician on every flight.

See ANNIVERSARY page 2

National Group Draws Leadership Candidates From Pharmacy College

Third-Year Student Earns One of Only Five Spots on Executive Committee

By Angela Koenig
angela.koenig@uc.edu

Enthusiasm is contagious, and leadership seems to be as well with in the James L. Winkle College of Pharmacy.

This year, third-year PharmD student Rachel Brewer joins a long legacy of students and faculty who serve or have served in leadership positions with the American Society of Health System Pharmacists (ASHP).

“UC is known across the country as a place that develops strong leaders,” says Brewer, who was appointed in March to serve a one-year term on the ASHP Student Forum Executive Committee.

ASHP is a 35,000-member national professional association that represents pharmacists who practice in hospitals, health maintenance organizations, long-term care facilities, home care, and other components of health care systems.

Brewer was among nearly 100 applicants vying for five spots on the organization’s student committee, which advises the board of directors on matters relevant to the future of pharmacy as a profession.

“It’s such a good way to network with leaders across the country,” Brewer says. “There are mentors who help you determine what area of practice you want to be in, and you also help to shape the future of the health care system as a whole.”

Brewer has also received an ASHP Student Leadership Award for 2008–09.

She says her faculty mentors at UC, who hold leadership positions in the organization (Wayne Conrad, PharmD, Teresa Cavan- augh, PharmD, and Jill Boone, PharmD), prompted her to broaden her involvement in her chosen profession.

“I have no doubt that Rachel’s input at the national level will con-"
ANNIVERSARY: Air Care and Mobile Care Marks 25 Years

from page 1

atop University Hospital and one at West Chester Medical Center. Each mission, they’re flown by pilots with an average of 25 years of experience and staffed by a two-person crew of a flight nurse and emergency physician.

AC&MC is one of fewer than 10 U.S. programs that have a physician on every flight. During peak summer hours, about half of the flights are for on-scene accidents or emergencies, says Hinkley, who is also an assistant professor of emergency medicine. Often the crew doesn’t know what they will encounter at the scene until just prior to landing.

“Nothing’s ever the same,” says flight nurse Diana Deimling. “No two patients, no two hospitals, no two situations are ever alike. It makes it challenging. You have to think outside the box and come up with some creative ways to manage your patient.”

Deimling has been with AC&MC for 25 years. She says flight crews need both critical care knowledge and common sense to do the job, but emphasizes they aren’t the only ones involved in patient care.

“We’re just a small cog in that wheel,” she says. “We are there to get the patient transitioned from a really critical phase back to treatment. I have to also give credit to the low-profile units that work really hard.”

AC&MC’s ground teams may keep a lower profile, but their reach spans every step of patient care.

The Mobile Care transports critical and advanced care patients from one facility to another, for example, taking a cardiac patient to a hospital with a catheterization lab. Three Advanced Life Support ambulances take advanced care patients between facilities and handle 911 calls on the UC campus and provide support during campus-wide events. It also takes patients home or to extended care facilities.

The Mobile Care transports critical and advanced care patients from one facility to another, handles 911 calls and provides support during UC campus events. It also takes patients home or to extended care facilities.

Three Advanced Life Support ambulances take advanced care patients between facilities and handle 911 calls on the UC campus and provide support during campus-wide events. It also takes patients home or to extended care facilities. Together, she says, the levels support the entire continuum of care.

But it’s the staff that makes the operation work. Grau says all employees have strong clinical backgrounds and additional clinical certifications. Many work with local emergency medical services (EMS) agencies or hold positions with other professional organizations.

It’s that dedication that has allowed AC&MC to set another benchmark: earning accreditation on all four levels of medical transport by the Commission on Accreditation of Transport Systems. It’s the highest standard by which medical transport services are measured—and AC&MC was the first program east of the Mississippi River to reach it on all four levels.

Grau says its partnership with University Hospital and UC allows AC&MC to learn about the latest technology and the latest certified medical staff—that, in turn, makes its services safer and better equipped than most.

In the next 25 years, Grau says AC&MC will continue to raise standards and reach out to the community. Each year, it holds a conference for local EMS squads and hospitals; each quarter, it re-evaluates staff on key skills and new technology. Soon, it will add night vision capabilities to helicopters and better monitoring equipment to vehicles.

“This program is 25 years old and we still teach ourselves,” says pilot Don Haney. “Every day there’s something to learn.”

To view a slideshow of Air Care and Mobile Care over the years, visit healthnews.uc.edu.

FILM: Environmental Health Student Fighting to Make Nation’s Food Safe

from page 1

Barb and Mike Kowalcyk with their children, Kevin and Megan. It was after this family trip in 2003 that 2-year-old Kevin became fatally ill due to E. coli poisoning.

Barb has also testified before policymakers in Washington, D.C., and has been invited to share her family’s story at events across the United States.

Now Barb is pursuing a doctoral degree in epidemiology and biostatistics through the UC Department of Environmental Health so she will be better prepared to help find solutions to the food safety challenge.

Kevin’s death—combined with feelings of an unsatisfactory local, state and federal response to reduce and help find the cause of her son’s death—launched Barb on a mission to educate others about the genesis and dangers of foodborne illnesses.

She and her family started their advocacy by participating in health fairs, and then began collecting signatures to support the Meat and Poultry Pathogen Reduction and Enforcement Act (later known as Kevin’s Law).

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UC’s New ‘Neuroscience of Music’ Course Builds Bridges Between Two Colleges

By Keith Herrell keith.herrell@uc.edu

For Steven Cahn, PhD, and Gail Pyne-Geithman, DrPH, it was probably the easiest sale since the invention of Tupperware.

It was only about a year ago that Cahn, an associate professor of music theory in the College-Conservatory of Music (CCM), and Pyne-Geithman, a research assistant professor in the College of Medicine’s neurology department, began collaborating on the idea of a graduate-level course called the Neuroscience of Music. With the enthusiastic support of College of Medicine Dean David Stern, MD, and CCM Dean Douglas Knox, the course became a reality in time for the spring 2009 quarter.

With Cahn’s background in music (he is an accomplished clarinetist who has studied with the Cincinnati Chamber Orchestra) and Knox’s interest in science, the course is a natural fit and a shining example of collaboration between two of UC’s most renowned colleges. But its burning question is one as coinci- dent as design. “My piano teacher told me he was interested in the neuroscience of music and asked me to help him understand a paper on brain imaging,” says Pyne-Geithman, who also plays the clarinet and sings and dances in the College of Medicine’s women’s choir. “So I was working with him and he said, ‘You need to meet my mentor,’ who turned out to be Steven.”

Once Cahn and Pyne-Geithman were introduced and discussed their common interests, they start- ed the Neuroscience of Music Action Group—and then the next step seemed to be a course.” Cahn says.

They participated in the Science to Screen Initiative sponsored by UC’s Center for the Enhancement of Teaching & Learning, to cultivate their ideas and develop a plan for teaching and organizing the course. Cahn pro- posed the course to the CCM Academic Council at the end of the fall quarter. “There was a slot for it in the spring, so I grabbed it,” he says.

Most of the students in the class are performance majors working toward a doctor of musical arts degree, Cahn says, but there are also graduate music theory majors and a few auditors and undergrad- uates as well. The course is also open to neuroscience graduate stu- dents, Pyne-Geithman says.

Cahn coordinates the course, with instructors coming from multi- ple UC departments including psychology, cancer and cell biology, philosophy, psychiatry and com- munication sciences and disorders. Classes address such topics as imaging, auditory and emotion as they relate to music.

One recent class found students intently huddled around copies of a scientific paper titled “Brain Activation During Anticipation of Sound Sequences.” Pyne-Geithman had split the stu- dents into groups and asked them to critique the paper as part of an overview of “good science” versus “bad science.” For most, if not all of them, the paper provides their first exposure to scientific papers.

“I’ve really enjoyed the fact that it’s a collaboration between CCM and College of Medicine faculty,” says Jennifer Jill Araya, a master’s student in cell performance. “It’s been really interesting and really fun.”

What I hope to accomplish is for students to understand how their concepts about musicality have some basis in neuroscience concepts and theories,” Cahn says.

In every phase of music, if you ask an expert, he/she will tell you that music is $80 per cyclist. The 100-kilome- ter ride includes a Platinum Challenge for serious cyclists, while the 20-kilometer family ride includes a scavenger hunt along the Little Miami Scenic Trail.

To date, 139 bike rides have raised $10,000 in participant fees. The Sep. 13 bike ride is $80 per cyclist. The 100-kilome- ter ride includes a Platinum Challenge for serious cyclists, while the 20-kilometer family ride includes a scavenger hunt along the Little Miami Scenic Trail.

For more information about the Sunflower Streetfest, educational symposium and bike rides, visit sunflowersrev.org.

Scientists at the James J. and Jean A. Gardner Family Center for Parkinson’s Disease and Movement Disorders recently received a research grant totaling $155,000 from the Sunflower Revolution fundraiser.

UC’s ‘Neuroscience of Music’ Course Builds Bridges Between Two Colleges

By Cindy Starr csteph@mayfieldclinic.com

A fun-filled Sunflower Streetfest will highlight a new format for the region’s largest and most impor- tant fundraiser for Parkinson’s dis- ease research and wellness.

The sixth annual Sunflower Revolution will take place Sept. 11, 12 and 13. The event is a collabora- tion involving the UC Neurosci- ence Institute, the University Hospital Foundation, the Mayfield Clinic, the Historic Milford Association and the Davis Phinney Foundation.

Sunflower Revolution VI will showcase:
• The first Sunflower Streetfest, Sept. 11–12, in downtown Milford, Ohio.
• A free educational symposium for patients, families and care- givers, Sept. 12, at the Savannah Center in West Chester, Ohio.
• Fundraising bike rides of 100, 40 and 20 kilometers Sept. 13, start- ing in Milford and touring the surrounding countryside.
• The 139 Sunflower Streetfest bike rides contribute $10,000 each, for a total of $155,000. The Sept. 13 bike ride is $80 per cyclist. The 100-kilome- ter ride includes a Platinum Challenge for serious cyclists, while the 20-kilometer family ride includes a scavenger hunt along the Little Miami Scenic Trail.

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2009 Dates Set for Sunflower Revolution VI

By Cindy Starr csteph@mayfieldclinic.com

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Academic Health Center Now on Facebook, Twitter

By Jill Hafner
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The UC Academic Health Center Public Relations and Communications Office is offering two more ways to get all the latest news surrounding the UC medical campus: Facebook and Twitter.

Facebook is an online social media utility that helps people communicate more efficiently with friends, family and coworkers. By setting up an account on the site, you can become a "fan" of the Academic Health Center page to better connect with coworkers and supporters of UC, and to keep up with the latest news and happenings on the medical campus.

Facebook is free, highly secure and anyone can sign up. Visit facebook.com to create an account and then search for "University of Cincinnati Academic Health Center." Twitter is a Web-based social networking site that enables users to broadcast short messages of 140 characters or less to interested people or "followers." It is one of the latest ways to broadcast UC news, research and programs to patients, alumni and others worldwide.

The UC health page on Twitter is updated daily and can be accessed by anyone by visiting twitter.com/UCHCHealthNews. For more information on either social media tool, call (513) 558-4553 or e-mail the PR office at uchealthnews@uc.edu.

Genetic Variations May Give Clues to Intracranial Aneurysms

By Keith Herrell
keith.herrell@uc.edu

Small unruptured intracranial aneurysms rarely require surgical or endovascular interventions, with doctors preferring instead to manage them medically rather than those without a family history of the disorder. But without such a history and that their aneurysms may therefore need to be managed more aggressively through surgery or endovascular intervention.

The study, led by Joseph Broderick, MD, chair of the neurology department at UC, was presented at the American Stroke Association International Stroke Conference in San Diego this past spring and published online in the journal Stroke. It appears in this month’s print edition.

Researchers examined magnetic resonance angiographies (MRA) of 548 subjects from the international Familial Intracranial Aneurysm study with a strong family history of intracranial aneurysm who also had a history of smoking or hypertension but no known intracranial aneurysm. (Because of MRA’s high cost, screening was limited to those subjects who were smokers or who had hypertension because they were considered to have the highest likelihood of an unruptured intracranial aneurysm.)

Of those 548, 113 (20.6 percent) were found to have an unruptured intracranial aneurysm—all but five were smaller than 7 millimeters. From those 113, the annual rupture rate was determined to be 1.2 percent. That’s approximately 17 times higher than the annual rupture rate for subjects with an unruptured intracranial aneurysm of similar size and no family history of intracranial aneurysm in the International Study of Unruptured Intracranial Aneurysm (0.069 percent).

“Choosing the equation that physicians use to make decisions about whether or not they should clip or coil aneurysms, says Broderick, research director of the UC Neuroscience Institute. Both clipping (isolating an aneurysm from normal circulation via a surgical procedure) and coil (a minimally invasive procedure that accesses the aneurysm from within the bloodstream) carry potential risks, particularly in older patients, so physicians have historically managed small aneurysms medically by controlling hypertension and/or counseling the patient to quit smoking.

With this new information, Broderick says, “We should be thinking more strongly about clipping or coil small aneurysms in patients with a family history of intracranial aneurysm, because their aneurysms are more likely to rupture if left untreated.”

Broderick recommends some type of brain imaging for patients with a family history of intracranial aneurysm, particularly if they smoke or have hypertension. And if they do smoke, they should quit as soon as possible.

“That’s one thing people can do right away,” Broderick says. “Otherwise, it’s like putting a gun to your head and clicking the trigger until it goes off.”

The study was funded by a grant from the National Institute of Neurological Disorders and Stroke. UC co-authors include Matthew Flaherty, MD, Richard Hornung, DrPH, Dawn Kleindorfer, MD, Charles Moorman, PhD, Laura Sauerbeck and Daniel Woo, MD.

Other co-authors include Robert Brown Jr., MD, John Huston Ill, MD, and Irene Meissner, MD, of the Mayo Clinic; Craig Anderson, MD, of the George Institute for International Health, University of Sydney; Gay Rouleau, MD, PhD, Notre Dame Hospital, Montreal; Taitana Forood, PhD, Indiana University School of Medicine; and E. Sander Connolly, MD, Columbia University.

For more information about UC research on aneurysms, visit healthnews.uc.edu.

ENT Singing Specialist Works to Keep Voices in Tune

By Katy Cosse
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In 1989, Kathy Adkins was a college undergraduate and an aspiring singer, pursuing a degree in music education from Morehead State University.

But then she was diagnosed with nodules on her vocal cords—and her teachers and peers were less than understanding.

“I had a voice teacher who was very negative,” she says. “Back then, they kind of thought that if you had nodules that was the end of your career.”

Soon after, Adkins left the program, finding work as a hairdresser.

“I actually got out of music for a very long time,” she says. “It wasn’t until I decided that that’s where my real love was … that I decided I was going to go back and finish my voice degree no matter what.”

Adkins also went on to earn her master’s degree in speech language pathology, as well as certification in voiceology from Denver’s National Center for Voice and Speech.

Now she’s the resident singing specialist at the UC Physicians Voice and Swallowing Center.

She spends her time working with professional voice users, providing voice evaluations and therapy for those who sing or speak for a living.

Looking back, she blames ignorance for the treatment from her college teachers and classmates—she says “nodules” is often used as a blanket term for any kind of protraction from the vocal folds.

In her year at UC Physicians, she hasn’t even seen a true case of them.

“I incurred a lot of psychological damage over having had nodules,” says Adkins. “I just wanted to help people hopefully head off some of that damage that can come from having a voice disorder.”

At the Voice and Swallowing Center, Adkins treats patients with disorders like vocal fold paralysis, often from nerve damage, and spasmodic dysphonia, a condition characterized by sudden spasms of the vocal folds.

She says the disorders can result from injury to the vocal folds or from ailments as common as arthritis, viruses or acid reflux.

Using combinations of vocal therapy and vocal rest, she helps patients soothe their symptoms and develop new vocal habits.

“I work on strengthening and getting that nerve to work as efficiently as possible,” she says.

Though people often take her voice for granted, Adkins says it’s a muscle that needs training like everything else—sometimes more than other muscles.

She says the brain “doesn’t have a checklist” for the proper way to produce voice. “So if your brain thinks you have to stand on your head and rub your stomach to produce voice, that’s what it would do,” she says. “You fall into bad habits because your brain will do whatever it takes to produce voice.”

Those shortcuts used when tired or sick can easily become habits, which can lead to disorders.

Adkins recommends that anyone experiencing more than two weeks of hoarseness or repeated vocal problems schedule an appointment with a voiceologist.

She says she works with an experienced team of speech language pathologists and otolaryngologists to treat patient needs.

She also recommends that vocal professionals have regular check-ups, as vocal therapy can maintain and even expand their range.

“Your’re basically learning how to get more bang for your buck,” she says. “You’re strengthening everything and learning how to use your vocal muscles more efficiently.”

To schedule an appointment with Adkins or an ENT specialist at UC Physicians, call (513) 475-8400 or visit www.ucphysicians.com.

Tips for Vocal Health

When not seeing patients, voice specialist Kathy Adkins travels to schools and churches to talk about proper vocal hygiene. Here are some of her tips:

• Drink six to eight glasses of water per day.
• Don’t strain to talk over background noise—and try to avoid repeated throat clearing.
• For people who use their voice a lot (from singers to receptionists), try “vocal naps.” Each hour or so, rest your voice and don’t talk for one to two minutes.

Findings: June 2009
Cardiology Researcher, Physician Win 2009 Drake Medals

By Dama Kimmon
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A basic scientist and a clinician-researcher—both on advancing the field of cardiology—have won the 2009 Daniel Drake medals.

The UC College of Medicine honored Jeffrey Robbins, PhD, and Guy Neff, MD, May 24 at a dinner and awards celebration named in honor of the college’s founder.

Considered to be the college’s highest honor, the Daniel Drake Medal is given annually to current faculty or alumni who have made outstanding or unique contributions to medical education, scholarship or research.

“Dr. Robbins and Stein embody the College of Medicine’s mission to improve health through best clinical practices and innovative research,” says David Stern, MD, College of Medicine dean and vice president for health affairs UC.

“The College of Medicine has identified cardiovascular disease as a leading cause of death,” says Robbins.

This year’s Drake medalists set strong examples of the kind of discovery we embrace and care we strive to provide.”

Jeffrey Robbins, PhD

Robbins serves as professor of pediatrics at UC and chief of the molecular cardiovascular biology division at Cincinnati Children’s Hospital Medical Center.

He is also the associate chair for research cores and the executive co-director of the Heart Institute at Cincinnati Children’s.

Robbins received his doctoral degree in genetics and development in 1976 from the University of Michigan, where he was ranked among the academic ranks, becoming professor of pharmacology and cell biophysics at the UC College of Medicine in 1987.

He has won a number of teaching and research awards, including the Golden Apple, awarded by the medical students for excellence in teaching, the Kaplan Award for innovative research, the National Research Achievement Award from the American Heart Association and the Presidential Award from the International Society for Heart Research.

He also was an established investigator of the American Heart Association.

In 1993, Robbins moved to Cincinnati Children’s to start the new division of molecular cardiovascular biology, and in July 2009, formed the Cincinnati Children’s Heart Institute.

Robbins’ early work led to the development of tools that are currently used worldwide to affect the protein complement of the heart.

His work has focused on understanding the behavior of both the normal contractile proteins and the mutations that cause cardiovascular disease.

Robbins has served on and chaired numerous national and search review committees for the National Institutes of Health and the American Heart Association.

He currently serves on editorial boards, is an associate editor for the leading cardiovascular journal, Circulation Research, and the cardiovascular section editor for the Annual Review of Physiology.

Paul Stein, MD

Stein is director of research education at St. Joseph Mercy Oakland Hospital in Pontiac, Mich., and professor, full-time affiliate, in the department of medicine at Wayne State University School of Medicine in Detroit.

He also serves as adjunct professor of medical physics at Oakland University in Rochester, Mich.

A native Cincinnati, Stein attended Walnut Hills High School and graduated from UC with honors in 1955 with a bachelor’s degree in physics, and with a medical degree from the UC College of Medicine in 1959.

He completed fellowship training at the University of Cincinnati, Mount Sinai Hospital, New York, and at Benton Brigham Hospital (now Brigham and Women’s Hospital) in Boston. Stein was director of the cardiac catheterization laboratory at the University of Oklahoma from 1969 to 1973, was appointed professor of research medicine in 1973 and was director of bioengineering from 1973 to 1976.

He then became director of Henry Ford Hospital in Detroit where, for 19 years, he was director of cardio-

vascular research.

Stein has been at St. Joseph Mercy Oakland Hospital since 2000.

Determination of the mechanism of heart sounds and applying this information to the bedside examination was one of Stein’s areas of research.

Through bench-top investigations with high-speed cinematography, investigations in animals, and then patients, he identified the primary source of vibrations pro-
ductive of heart sounds.

He showed that heart sounds are initi-
ated by vibrations of the cardiac valves after closure.

To further study vibrations of the heart valves and other structures, Stein developed a method for taking X-ray movies at 2,000 frames per second.

For his contributions to engi-
neering, he was made a Fellow in the American Society of Mechanical Engineers.

Daniel Drake, MD (1785-1852), founded the UC College of Medicine in 1819. It is considered to be the oldest medical college west of the Allegheny Mountains.

Complete bios and reflections from this year’s Daniel Drake medalists can be found at healthnews.uc.edu.

Antibiotic Can Reduce Hospitalization for Certain Patients

Drug Rifaximin Shown to Aid in Treatment of Hepatic Encephalopathy

By Katie Pence

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A study by researchers at UC confirms that the antibiotic rifaximin can reduce hospitaliza-
tions of patients with a certain brain disorder caused by liver failure.

UC researchers presented these findings at the 38th Annual Digestive Disease Week medical meeting in Chicago. Guy Neff, MD, associate professor of medicine, research director of the hepatology and liver transplant, with colleagues in the division of diges-
tive diseases at UC, found that rifaximin sig-
ificantly reduced the risk of hepatic encephalopathy-related hospitalizations when compared to a placebo drug.

The current standard of care for patients with chronic liver disease.

Dr. Neff

“Rifaximin is approved to treat traveler’s diarrhea and has been granted orphan drug designation for the treatment of hepatic encephalopathy by the U.S. Food and Drug Administration.”

Researchers analyzed a random-
ized, double-blind, placebo-con-
trolled study of 299 patients with a history of HE—meaning patients and researchers were not told whether they were receiving/giving rifaximin or the placebo drug.

They found that patients who took rifaximin as opposed to the placebo had 50 percent less risk of being hospitalized.

“More often, the condition is seen in people with chronic liver disease. When there is severe damage to the liver, toxic substances that are normally removed by the liver accumulate in the blood and impair the brain,” says Neff, direc-
tor of liver transplantation.

“Rifaximin is very well tolerated. It can’t cause any impaction, constipation or diarrhea, and results in the recovery of the gut to synthesize normal contractile proteins and off at will, allowing us to improve the lives of people,” he says.

But Neff, the scientific daddies in him alive and thriving,

says the key to research that truly makes a difference is combining innovation with better treatment, never being afraid to try something new.

“If you stay static in a field such as this, you’re finished,” he says.

University of Cincinnati Academic Health Center

FINDINGS June 2009
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In her work at the Cincinnati Breast Cancer and the Environ-
ment Research Center (BCERC), Kathryn Brown, PhD, has be-
come a steward for partnership between advocates and scien-
tists to help advance research on links between the
environment and cancer.

As the principal investigator of the community outreach and
translational core for the Cincinnati BCERC, Brown works to
educate breast cancer survivors and advocates and integrate
them in the research process.

She recently received the Linda K. Heines Award of Hope for her
efforts at the Breast Cancer Alliance (BCA) of Greater Cincin-
нати’s 14th Annual Survivorship Celebration held April 18.

The award, named for the BCA’s first president, is bestowed annual-
ly to a person who has given hope to others in the fight against
breast cancer, and whose work exemplifies the organization’s
mission: making breast cancer issues a top priority in the public
and private sectors through advocacy, educa-
tion and communication.

“To the past six years, no one
has been a stronger advocate for advo-
cates than Katie Brown. She insist-
ed that we have equal representa-
tion in the BCERC to ensure that
our voices are heard and respected
by the scientists studying this dis-
case,” says Ann Hertnick, BCA
board member and breast cancer
survivor. “Because of Katie’s dedi-
cation, advocates who volunteer with
the BCERC have learned a
great deal about breast cancer and
have been offered opportunities to
cooperate, plan and suggest
research ideas. It’s a great partner-
ship.”

Established in 2003, the
Cincinnati BCERC—one of only
four such centers in the nation—is
a joint research effort between the
UC College of Medicine and
Cincinnati Children’s Hospital
Medical Center. The BCERC’s
research focuses on the potential
links between environmental fac-
tors, puberty and breast cancer,
and on educating the community
about its findings.

“The breast cancer advocacy
community has been engaged in the
Cincinnati BCERC and the net-
work of centers since we wrote the
grant proposal. And the BCA has
been a key partner in the
Cincinnati center,” says Brown,
who is a research assistant professor
of environmental health at UC.

“This award recognizes and cele-
brates our work together over six
plus years.”

BCA board member Sara Paxton
says she knew from the first time
she met the BCERC researchers
that Brown was one of the reasons
the center would be a success.

“She’s an organizer, advocate, collab-
orator, communicator and detail-
guru who makes sure things
done. She’s never off duty and
her dedicated to making the pub-
lic more aware of breast cancer.”

Brown is in charge of developing
educational materials and pro-
grams to explain BCERC’s research
methods and findings to the lay
public. She says the volunteer
breast cancer advocates have been
critical to the center’s educational
outreach efforts.

“I’m inspired by our advocate
partners’ ingenuity, insightfulness and
commitment to research and
community education. I am fortu-
nate and proud to work with such
intelligent and driven women.”

The advocate-science partner-
ship working relationship has resulted in numer-
ous unique materials and pro-
grams, including an annual educa-
tional forum on breast cancer and
the environment for the public and
production of a coloring book for
Growing Up Female” helpers,
accept circumstances by offering a
local science course that could be
completed in a half-day at no cost.

For more information on the
Cincinnati BCERC, visit
eh.uc.edu/growingupfemale.
Complicated Degree Offers Varied Paths to Success

"Pharmacology and Cell Biophysics? What can you do with a degree from a department like that?" Ronald Millard, professor and head of undergraduate research training in the department of pharmacology and cell biophysics at UC, says "a lot." Many people are confused about what the doctoral degree means and the variety of ways it can be applied to the workforce.

"Many people think it is a pharmaceutical degree, which isn’t true," he says. "It’s the integration of basic biomedical sciences, offering training in molecular, cellular, and biopharmacological science.

Carr's journey into pharmacology began with a flitter he saw in the hallway as an undergraduate student in biochemistry at the College of Mount St. Joseph. "I took the opportunity to sit in on a presentation about the program," he says. "I was very impressed with the department and faculty, and I thought the cardiovascular focus was fascinating and well suited to my interests." Carr says he had done some research while at the college and saw that an advanced degree in molecular, cellular and biochemical pharmacology would allow him to work more closely with science and biology on all levels—from the molecular level to how our bodies' systems work together in health and disease.

"I wanted to dabble in it all," he says. "I wanted to work with novel biomedical targets and eventually apply this work to the development of drugs but also enrich my knowledge in other scientific disciplines.

"I needed to have a link with the patient in my work. Pharmacology offered me that opportunity by allowing me to understand what caused the disease at the protein and cellular levels and eventually how therapeutics can affect disease." At UC, Carr did just that. He worked with Lisa Kranias, PhD, chair of the department, on several models of human disease. His team looked at cardiac function—how certain genetics affected the cardiovascular system and the best way to target the cells and cell mutations affecting the heart's function.

In 2001, Carr was recognized for his outstanding work by being named the "Top Young Investigator" at the Heart Failure Society of America in Washington, D.C. At that time, he was also considering a postdoctorate internship in Kranias' lab and a career in academe, eventually hoping to lead his own research.

However, a job at Procter & Gamble came into his lap. "I attended a joint symposium with Cincinnati Children's Hospital Medical Center and UC, and P&G presented some scientific research," he says. "A colleague I used to work with at UC asked about my postdoctorate work options in the pharmaceutical industry and told me that they had some openings.

"I was recruited as a cardiovascular scientist in drug discovery, working in heart failure and angionecrosis—doing the same type of work I'd been doing in the labs at UC for five years," he adds. But after a few years with the company, Carr received a shock. Procter & Gamble announced it was moving away from drug discovery efforts to focus on drugs closer to gaining marketing approval.

Thanks to his background and training, he wasn’t left high and dry. "I transferred to a job in regulatory affairs, putting me in the position of interacting with the U.S. Food and Drug Administration (FDA) on our products," he says, adding that he had actually been interested in making the switch for about a year.

Carr says his UC degree gave him the knowledge and expertise of novel drug therapies but also allowed him to quickly understand and interpret complex regulations implemented by the FDA, making him a shoo-in for the position.

"They recruited me because of my degree and my expertise in pharmacology," he says. "I was able to talk to the scientists at the FDA and understand their concerns and explanations on a research-based level. If you want to successfully present a new therapy to the experts at FDA, you have to comprehend it—fully. My degree has given me the ability—and the credibility—to do just that.

After two years in his new position, Carr decided to move to a position as a clinical scientist, where he would be in charge of designing and executing clinical trials.

Carr has been excelling in his new role ever since. "It was a way to get back into a technical position but still work with regulation, which I enjoy," he says. "It also allows me to interact more closely with doctors and patients to be intimately involved in bringing therapies to market. This role is well suited to my pharmacology, technical and regulatory background."

After experiencing firsthand how a single degree can lead to so many options in the health care field, Carr says he would strongly recommend the program at UC to anyone interested.

"The quality of the facilities, the reputation of the faculty, incredible mentors and the uniqueness of the degree in and of itself are just a few of the strengths of the UC pharmacology and cell biophysics program," he says. "This is a way to get a degree that few people really know a lot about, but that people working in the health care industry really respect and seek out.

Carr says he comes back to UC and the College of Mount St. Joseph from time to time to give talks about careers in science.

"Something I tell students is that this degree will give them unique skills that will land them a satisfying, high-paying job," he says. "Southwest Ohio has excellent opportunities to grow and become successful in the field. I let them know they will be getting a solid foundation at UC."

"Things are what you make of them, and if students choose this degree and successfully master and use the tools they'll learn at UC, I feel very confident they will do very well in whatever career path they choose."
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