

T. FRANKLIN WILLIAMS SCHOLARS PROGRAM

Junior Faculty Development Awards

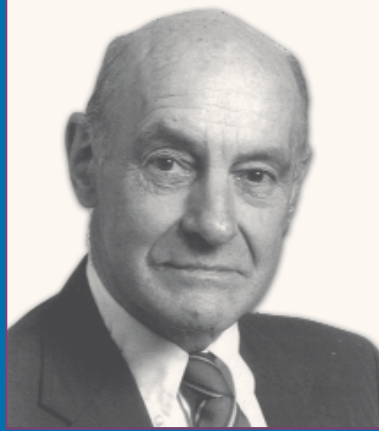
Sponsored by the Association of Subspecialty Professors and
Internal Medicine Subspecialty Societies

2005 Profiles in Research and 2006 Award Availability

T. FRANKLIN
WILLIAMS
SCHOLARS
PROGRAM

A program to fund the early stages of academic career development for internal medicine subspecialists interested in geriatric medicine

Promoting Excellence at the Interface between Geriatric Medicine and Subspecialty Medicine



T. Franklin Williams, MD, began his career as a subspecialist in diabetes. He turned to geriatrics later, developing the distinguished program at the University of Rochester School of Medicine and Dentistry, where he served as professor of medicine as well as professor of preventative and rehabilitative medicine. He also served as Medical Director of Monroe Community Hospital from 1968 to 1983.

Dr. Williams served as the second Director of the National Institute on Aging of the National Institutes of Health from 1983 to 1991. In 1995, he was appointed Distinguished Physician at the Canandaigua, NY, Veterans Administration Medical Center by the Secretary of Veterans Affairs. From 1992 through 2002, he also served as Scientific Director of the American Federation for Aging Research. Dr. Williams returned to the University of Rochester School of Medicine and Dentistry and Monroe Community Hospital in 1991, where he remains an active scholar and leader.

A member of the Institute of Medicine (IOM), Dr. Williams has received numerous awards including: the Edward Henderson Award of the American Geriatrics Society; the Freeman and Kent Awards of the Gerontological Society of America; the Distinguished Service Medal of the U.S. Public Health Service; and together with Robert Butler, MD, the IOM Gustav Lienhard Award of the National Academy of Sciences.

A native of North Carolina, Dr. Williams received his undergraduate degree from the University of North Carolina, Chapel Hill, his masters degree from Columbia University, and his medical degree from Harvard Medical School in 1950. He holds three honorary doctorates.

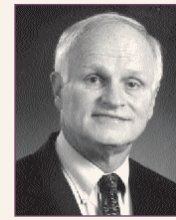
Given his transition from a highly respected subspecialist in diabetes to a pioneer in geriatrics and rehabilitation, Dr. Williams exemplifies the type of physician this program aims to develop. The Association of Subspecialty Professors is proud to honor Dr. T. Franklin Williams.

Dear Colleagues:

On behalf of the Association of Subspecialty Professors (ASP)—the organization of specialty internal medicine divisions at medical schools and community teaching hospitals in the United States and Canada—we are proud to share with you profiles of the fourth cohort of researchers funded under the T. Franklin Williams Scholars Program. We congratulate these rising stars and commend their efforts to develop research that will change the future of subspecialty and geriatrics research and clinical care.



Kevin P. High, MD



William R. Hazzard, MD

Led by the ASP Geriatrics Committee, the program has grown tremendously since its conception in 2000 at a Geriatric Education Retreat sponsored by the John A. Hartford Foundation (JAHF). During the 2005 award cycle, the program funded nine new junior investigators, raising the total number of Williams Scholars to 30. The newly-awarded Williams Scholars are focusing their efforts in a variety of areas, from developing a cancer-specific geriatric assessment to studying sleep disordered breathing and cardiac arrhythmia association in elderly men.

This program would not be possible without the generous commitment of the Atlantic Philanthropies (USA) and the partnerships of internal medicine subspecialty societies. A \$4 million grant from the Atlantic Philanthropies allows ASP to continue its efforts begun with seed funding from JAHF, which continues to promote this initiative by underwriting grant recipient travel. ASP also thanks the subspecialty society partners who support the awards both financially—with a commitment of over \$1.5 million for the first 30 awards—and logistically by providing grant review and prominent venues for award recipients to share their research at annual meetings throughout the country. Together, ASP and its partners will fund 43 career development awards by 2008. By partnering with subspecialty societies, ASP is extending its influence beyond the 43 award recipients to the thousands of subspecialists represented by these organizations.

In spring 2006, the 2004 and 2005 cohorts of Williams Scholars and their mentors will join the ASP Geriatrics Committee at the 2006 meeting of the American Geriatrics Society. ASP also looks forward to completing another cycle of the awards this year and supporting the success of promising physician-scientists who will become leaders in a new generation of subspecialists trained in geriatrics.

Sincerely,

A handwritten signature in black ink, appearing to read "K.P. High".

Kevin P. High, MD

*Chair, ASP Geriatrics Committee
Co-Principal Investigator
T. Franklin Williams Scholars Program*

A handwritten signature in black ink, appearing to read "W.R. Hazzard".

William R. Hazzard, MD

*Principal Investigator
T. Franklin Williams Scholars Program*

T. FRANKLIN WILLIAMS SCHOLARS PROGRAM

In March 2000, ASP held a retreat to focus the association's efforts on improving the care of older Americans. As division chiefs and fellowship program directors, ASP's members are responsible for training the next generation of internal medicine subspecialists. Out of the retreat came the ASP Geriatrics Development Initiative, a program to improve the care of older adults by identifying, training, and developing a new cadre of leaders specifically focused on studying the gerontological aspects of their subspecialty. The T. Franklin Williams Scholars Program is the cornerstone project of this initiative.

Through an initial pilot project funded by the John A. Hartford Foundation (JAHF), ASP partnered with five subspecialties to award four grants in 2002. All five specialties remain part of the program. They are: allergy and immunology as represented by the American Academy of Allergy, Asthma, and Immunology; pulmonary medicine as represented by the CHEST Foundation of the American College of Chest Physicians; infectious diseases as represented by the Infectious Diseases Society of America; nephrology as represented by the American Society of Nephrology; and rheumatology as represented by the American College of Rheumatology Research and Education Foundation.

ASP asks partnering societies to contribute matching funds to the program and oversee the administration of the awards. As a critical part of this initiative, ASP also asks the societies to recognize scholars at their annual meeting and provide venues where award recipients and other members interested in the geriatrics elements of their subspecialty can gather at the meeting.

After the initial pilot program, the T. Franklin Williams Scholars Program was extended through a generous \$4 million commitment from the Atlantic Philanthropies (USA). With these funds, ASP and its subspecialty society partners will integrate geriatrics into the internal medicine subspecialties and create leaders in each of those disciplines.

ASP offered nine awards during the 2005 award cycle, in partnership with the following societies:

- ◆ American Academy of Allergy, Asthma, and Immunology.
- ◆ American College of Rheumatology Research and Education Foundation.
- ◆ American Diabetes Association.
- ◆ American Geriatrics Society.
- ◆ American Society of Clinical Oncology.
- ◆ American Society of Nephrology.
- ◆ CHEST Foundation of the American College of Chest Physicians.
- ◆ Infectious Diseases Society of America.
- ◆ Society for Geriatric Cardiology and American Heart Association.

Because research is the keystone of academic success and respect, a subspecialist must commit 75 percent of his or her professional effort to research in order to qualify for the award. The recipient must also create a career development plan that integrates "up and down" the academic ladder with mentors from both geriatric medicine and the recipient's subspecialty. Active mentorship is a key component in the award recipient's career development and is heavily encouraged in this program. The program is designed to support junior faculty at the beginning of their careers, so that by the end of the award cycle they will be eligible to receive more substantial, long-term research grants and be likely to advance through tenure-track pathways of promotion into leadership positions.

SOCIETY OF GERIATRIC CARDIOLOGY-ASP-AMERICAN HEART ASSOCIATION CAREER DEVELOPMENT AWARD IN GERIATRIC CARDIOLOGY



Award Recipient:

ADRIAN F. HERNANDEZ, MD
DUKE UNIVERSITY SCHOOL OF MEDICINE

PROJECT:

HEART FAILURE AND MAJOR NONCARDIAC SURGERY

MENTORSHIP TEAM:

HARVEY JAY COHEN, MD CHRISTOPHER M. O'CONNOR, MD
ERIC D. PETERSON, MD

The volume of surgeries in the United States has dramatically increased and so too has the medical complexity of patients undergoing major noncardiac surgery. Patients are older, and as survival from chronic diseases such as coronary disease improves, the prevalence of heart failure in the general population will increase as well. While great strides have been made for those with coronary disease undergoing major noncardiac surgery, little has been done for heart failure patients who need these surgeries. In 2002, there were over 40 million inpatient surgical procedures performed; over 10 million were major noncardiac surgery. Serious adverse events occur in more than one million patients per year. Over the next 20 years, it is estimated that the number of surgeries will increase by 25 percent, the associated cost will increase by 50 percent, and the cost of in-hospital and long-term complications will double.

The elderly compose the largest population of patients who undergo major noncardiac surgery. At least four million major noncardiac surgeries are performed in people 65 years old and older. Not only do the elderly represent the largest group of patients undergoing major noncardiac surgery, they are also the largest group with heart failure, accounting for over 75 percent of heart failure cases. Thus, the major change in age distribution in our population coupled with the epidemic of heart failure in the community will unfortunately have a major effect on outcomes after noncardiac surgery.

The broad objectives of this research focus on defining the critical perioperative risk factors for complications in surgical

heart failure patients and determining processes of care that predict future adverse events after such surgery. The first aim will focus on understanding patient and perioperative characteristics associated with cardiovascular events in heart failure patients undergoing major noncardiac surgery through a prospective cohort study of elderly heart failure patients undergoing major noncardiac surgery at Duke University Medical Center. The second aim will use Medicare data to examine practice patterns associated with outcomes in heart failure patients aged 65 and older undergoing major noncardiac surgery. Successful completion of both aims will significantly improve our understanding of the elderly with heart failure undergoing major noncardiac surgery and lead to improved care of this population.

With the support of the Society of Geriatric Cardiology, American Heart Association, and this career development award, my foundation in clinical research and geriatric cardiology will be greatly enhanced. Formal training in clinical research will be completed with a Masters in Health Science and further didactic training will be continued to increase my skills in clinical research. Other training activities include participation in geriatrics divisional conferences and presentations on a wide range of topics pertinent to geriatric cardiology. Under the mentorship of Harvey Jay Cohen, MD, Christopher M. O'Connor, MD, and Eric D. Peterson, MD, I will foster additional collaborations within the geriatrics and cardiology communities to increase my experience in conducting studies of the elderly.



AMERICAN SOCIETY OF CLINICAL ONCOLOGY-ASP-JUNIOR DEVELOPMENT AWARD IN GERIATRIC ONCOLOGY

Award Recipient:



ARTI HURRIA, MD
MEMORIAL SLOAN-KETTERING CANCER CENTER

PROJECT:

DEVELOPMENT OF A CANCER-SPECIFIC GERIATRIC ASSESSMENT

MENTORSHIP TEAM:

GEORGE BOSL, MD

MARK LACHS, MD

The overarching goal of this research is to develop a geriatric instrument for older patients with cancer that improves the oncologist's ability to anticipate chemotherapy toxicity, predict overall outcomes, and develop interventions to improve outcomes in the older cancer patient. Existing oncology instruments are largely inapplicable to the older adult because they were validated in younger patients and do not address the critical domains of geriatric assessment that predict morbidity and mortality in the older patient. This research is of great importance because 60 percent of all cancer and 70 percent of cancer mortality occur in patients over the age of 65. Oncologists need a comprehensive measure of the "functional age" of the geriatric patient to predict outcomes (morbidity and mortality with and without cancer treatment) based on factors other than chronological age and to develop interventions to optimize cancer treatment. No such tool exists today.

This research program, developed with the mentorship of George Bosl, MD, (oncologist) and Mark Lachs, MD, (geriatrician) proposes to integrate recent advances in geriatric assessment, clinical epidemiology, and psychometrics to create a clinically useful tool for the practicing oncologist. We hypothesize that a cancer-specific geriatric instrument can be formulated to identify factors independent of age that predict cancer treatment morbidity and mortality and result in rationale interventions to optimize oncologic care. The specific aims of this research are to:

1. Demonstrate the feasibility and psychometric properties of a primarily self-administered cancer-specific geriatric assessment in a prospective multi-center clinical trial.

2. Determine this new tool's ability to predict risk of toxicity to chemotherapy.
3. Develop interventions to decrease the risk of toxicity and improve overall outcomes.

My academic development to date includes training in geriatrics at the Harvard geriatrics fellowship program and training in oncology and hematology at Memorial Sloan-Kettering Cancer Center. I currently hold a faculty position at Memorial Sloan-Kettering Cancer Center where I have spent the last three years immersed in the clinical care and research focused on geriatric oncology patients with breast cancer. Through this work, I have developed a greater appreciation for the difference in "culture" between oncology and geriatrics, the strengths of each respective discipline, and the importance of applying geriatric principles to the care of the older oncology patient.

The support of the American Society of Clinical Oncology-ASP-Junior Development Award in Geriatric Oncology will allow me to meld my previous training in geriatrics and oncology and develop the skills needed to develop an independent research career in geriatric oncology. With the formal support provided by this grant, I will devote time to receive further training in the fields of epidemiology, biostatistics, clinical trial design, and psychosocial research. Through the support of this grant and through working with my mentors, I hope to further our knowledge about geriatric oncology, and thus enhance the health and quality of life of older adults with cancer.

ASP-AMERICAN ACADEMY OF ALLERGY, ASTHMA, AND IMMUNOLOGY GERIATRIC DEVELOPMENT INITIATIVE JUNIOR FACULTY DEVELOPMENT AWARD



Award Recipient:

SAMEER K. MATHUR, MD, PHD
UNIVERSITY OF WISCONSIN MEDICAL SCHOOL

PROJECT:

EFFECTS OF ATOPY AND IMMUNOSENESCENCE ON REGULATION OF T-CELL ACTIVITY

MENTORSHIP TEAM:

WILLIAM BUSSE, MD NIZAR JARJOUR, MD
KEITH MEYER, MD

Asthma is a chronic disease characterized by airway hyperresponsiveness, subepithelial fibrosis, and goblet cell hyperplasia. These properties are, in part, the consequence of airway inflammation. Inflammation in asthma is a multicellular process including neutrophils, T-cells, and eosinophils. There is evidence to suggest that immune function declines with aging. For example, there is increased frequency and greater severity of infections in the geriatric population. The impairment in immunity has been attributed to diminished function of immune cells with age, termed “immunosenescence.” In contrast to microbial immunity, there is often a continued presence or new onset of asthma in the geriatric population, which suggests that allergic airway inflammation in asthma can persist into old age. It is unclear why anti-microbial inflammation and allergic inflammation apparently differ in their responses with aging.

Allergic inflammation is a process classically described as a Th2 response. This implies that the inflammation is mediated by Th2 cells, which are characterized by the CD4 cell surface marker and the secretion of cytokines including IL-4, IL-5, and IL-13. In addition, it is recognized that other T-cell subsets, Th1 and T-regulatory cells, may impact the function of Th2 cells and modulate allergic inflammation. It is unknown whether immunosenescence alters the distribution or function of these particular subsets of T-cells.

We are interested in understanding the influence of aging on immune function in allergic inflammation and propose to address this issue in the context of asthma by exploring the interaction between atopy and immunosenescence in young adults and the geriatric population. A particular focus of these studies will be the regulation of T-cell activity. We propose to

examine the relationship of allergic status, or atopy, and immunosenescence in vitro by analyzing T-cell populations in young versus elderly asthma subjects, with and without atopy, and to characterize the differences in the cellular composition in the airway and markers for immunosenescence with age. We will also examine T-cell activity and an in vitro model for immunoregulation of the T-cell activity in asthma with the co-culture of eosinophils. Taken together, these studies will clarify the relationship between atopy, immunosenescence, and T-cell function.

The ASP-American Academy of Allergy, Asthma and Immunology-ASP Geriatric Development Initiative Junior Faculty Award will provide valuable support for my training as an independent investigator in geriatric research. The transition into a junior faculty position will be guided by the mentoring committee and participation in the University of Wisconsin Clinical Investigator Preparatory Program, which will provide core training in research design, ethics, statistical analysis, manuscript writing, and oral presentations. The award will enable implementation of the research proposal, which will lead to new knowledge about asthma in the geriatric population. This work will facilitate the education of general internists and subspecialists on the unique features of asthma in the geriatric population. Further training in the care of geriatric patients and participation in educational outreach activities will be accomplished in association with the University of Wisconsin Institute on Aging. Finally, this award will provide the financial support to launch my career in geriatric research and will establish a “track record” of funding in geriatric research, which will be beneficial in seeking future support.



ASP-CHEST FOUNDATION OF THE AMERICAN COLLEGE OF CHEST PHYSICIANS GERIATRIC DEVELOPMENT RESEARCH AWARD

Award Recipient:



REENA MEHRA, MD
CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

PROJECT:

SLEEP DISORDERED-BREATHING AND CARDIAC ARRHYTHMIA ASSOCIATIONS WITH ALCOHOL USE AND DEPENDENCE IN ELDERLY MEN

MENTORSHIP TEAM:

BRIAN HOIT, MD	THOMAS HORNICK, MD
SHIRLEY MOORE, RN, PHD	THEODORE PARRAN, MD
SUSAN REDLINE, MD	JULIA HANNUM ROSE, PHD
KATIE STONE, PHD	KINGMAN STROHL, MD
KRISTINE YAFFE, MD	

*M*y research objectives as a T. Franklin Williams Scholar include evaluating the following in a well-characterized elderly male cohort with rigorous data collection (MrOS Sleep Study):

1. The relationship between alcohol use (defined by quantity and frequency) and alcohol dependence (ascertained per CAGE questionnaire) and sleep-disordered breathing (SDB).
2. Alcohol use and nocturnal cardiac arrhythmias.
3. The association of synergistic effects of alcohol use and SDB with nocturnal cardiac arrhythmias compared to either exposure alone.

The proposed research addresses important knowledge gaps regarding the health sequelae of sleep disorders in men greater than 65 years of age, with a specific focus on the role of alcohol use on both sleep disorders and sleep disorder-related cardiovascular co-morbidity. The long-range goals of this project are to characterize the role of alcohol use in augmenting the risk and severity of SDB and arrhythmias in the male elderly population independent of other risk factors; allow for improved identification of the elderly at greatest risk for alcohol-associated sleep disorders; increase awareness of the role of alcohol in sleep disruption in the elderly; and serve as a foundation from which various geriatric public health policies and physician awareness strategies may be implemented.

There is increasing evidence that alcohol problems among older adults are growing and represent a significant public health concern. Adverse effects of alcohol and SDB may be most relevant to elderly men as this group is at increased risk for SDB, and both age and male gender are well-known risk factors of SDB. Furthermore, males appear to be more prone to SDB

when challenged by alcohol. The importance of evaluating the potential synergistic relationship between alcohol use and SDB on cardiac arrhythmia development via complementary mechanisms of alterations in autonomic nervous system activity is supported by various studies.

A wealth of data regarding alcohol exposure collected on elderly male participants in the MrOS Sleep Study provides an excellent opportunity to explore interactions between alcohol and sleep disorders, such as sleep-disordered breathing as well as nocturnal cardiac arrhythmias. The MrOS Sleep Study adds comprehensive assessments of sleep using in-home PSG and actigraphy in a subcohort of 3000 MrOS participants. The data collected span a five-year period, thereby providing a wealth of information that can be analyzed in a longitudinal manner.

I am currently an Assistant Professor at Case Western Reserve University School of Medicine/University Hospitals of Cleveland continuing the trajectory of developing a career as an independent physician research scientist. The ASP-CHEST Foundation of the American College of Chest Physicians Geriatric Development Research Award will allow me to establish geriatric pulmonary/sleep disorders and cardiac disease integrative multidisciplinary conferences, develop presentations to promote education and increase awareness regarding geriatric health issues, disseminate research findings to nursing and medical students, and target primary care physician education with a focus on increasing awareness of community physicians to geriatric-related sleep/pulmonary and cardiac issues. Through the support of this award, I will have the opportunity to continue investigating the important relationship between alcohol use and SDB as well as cardiac arrhythmias in an older male cohort while working with a mentorship team enriched with experts in the fields of pulmonary medicine, sleep medicine, geriatrics, epidemiology, and substance abuse.



ASP-AMERICAN GERIATRICS SOCIETY FOUNDATION FOR HEALTH IN AGING AWARD



Award Recipient:

LONA MODY, MD
UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

PROJECT:

ANTIMICROBIAL RESISTANCE IN NURSING HOMES: IMPLICATIONS FOR INDWELLING DEVICE USE

MENTORSHIP TEAM:

SUZANNE BRADLEY, MD

CAROL KAUFFMAN, MD

By being involved in a variety of projects focusing on antimicrobial resistance and infections in nursing homes, I have grown to appreciate the incredible complexity of applying infection control measures in them. Infection control in nursing homes must be simple and practical and recognize the complex organizational issues of the facilities as well as the care concerns of older adults. Most data on outcomes of infection control measures come from hospitals, where intensive surveillance and active infection control programs have led to significant reductions in infection rates. Nursing homes do not have the ability to implement programs as extensive as those recommended for hospitals. In addition, nursing home residents cannot be easily placed under isolation conditions and still participate in appropriate social interactions.

Targeted surveillance that focuses on high-risk residents (e.g., those with indwelling devices) may be more practical in this setting. Indwelling devices, especially urinary catheters and feeding tubes, are commonly used and appear to play a key role in the development of urinary tract infections, aspiration pneumonias, and antimicrobial resistance.

The overall goal of the proposed research plan as a Williams Scholar is to understand the magnitude of the risk of infections and antimicrobial resistance attributable to

commonly used devices, characterize molecular epidemiology of resistant pathogens, and identify the barriers to implementation of infection control practices. These investigations will lead to the development of practical, effective, and focused infection control strategies to reduce infections and resistant pathogens such as methicillin-resistant *Staphylococcus aureus* and vancomycin-resistant enterococci in nursing homes. To this end, I will collaborate with the Division of Infectious Diseases, School of Public Health, and Center for Molecular and Clinical Epidemiology of Infectious Diseases (MAC-EPID) at the University of Michigan.

While I have successfully completed my clinical and research training in geriatrics and have taken final courses for a master's degree in epidemiology, this ASP-American Geriatrics Society Foundation for Health in Aging Award has given me a great opportunity to learn practical implementation of infection control principles and specific molecular epidemiology techniques to characterize antimicrobial resistance. Besides achieving my career goal to be an independent investigator as an epidemiologist and outcomes researcher, my collaboration with the Division of Infectious Diseases and School of Public Health will also be ideal to attract both infectious diseases and geriatrics fellows interested in infectious diseases research in older adults.



2006 AWARD INFORMATION

ASP-AMERICAN ACADEMY OF ALLERGY, ASTHMA, AND IMMUNOLOGY-GERIATRICS DEVELOPMENT INITIATIVE JUNIOR FACULTY DEVELOPMENT AWARD

CONTACT	Jerome Schultz
TELEPHONE	(414) 272-6071
EMAIL	jschultz@aaaai.org
INTERNET	www.aaaai.org
DEADLINE	October 15, 2005

AMERICAN SOCIETY OF CLINICAL ONCOLOGY- ASP-JUNIOR DEVELOPMENT AWARD IN GERIATRIC ONCOLOGY

CONTACT	Michal Gradoville
TELEPHONE	(703) 519-1426
EMAIL	grants@asco.org
INTERNET	www.asco.org
DEADLINE	November 9, 2005

THE AMERICAN COLLEGE OF RHEUMATOLOGY RESEARCH AND EDUCATION FOUNDATION-ASP JUNIOR CAREER DEVELOPMENT AWARD IN GERIATRIC MEDICINE

CONTACT	Angela Christopher
TELEPHONE	(404) 633-3777
EMAIL	ref@rheumatology.org
INTERNET	www.rheumatology.org
DEADLINE	August 1, 2005

AMERICAN SOCIETY OF NEPHROLOGY-ASP-JUNIOR DEVELOPMENT AWARD IN GERIATRIC NEPHROLOGY

CONTACT	Susan Owens
TELEPHONE	(202) 659-0599
EMAIL	sowens@asn-online.org
INTERNET	www.asn-online.org
DEADLINE	March 10, 2006

AMERICAN DIABETES ASSOCIATION-ASP-YOUNG INVESTIGATOR INNOVATION AWARD IN GERIATRIC ENDOCRINOLOGY

CONTACT	Scott Campbell, PhD
TELEPHONE	(703) 299-2089
EMAIL	scampbell@diabetes.org
INTERNET	www.diabetes.org
DEADLINE	January 15, 2006

ASP-CHEST FOUNDATION OF THE AMERICAN COLLEGE OF CHEST PHYSICIANS-GERIATRIC DEVELOPMENT RESEARCH AWARD

CONTACT	Sue Ciezadlo
TELEPHONE	(847) 498-8363
EMAIL	sciezadlo@chestnet.org
INTERNET	www.chestnet.org
DEADLINE	March 31, 2006

2006 AWARD INFORMATION

ASP-INFECTIOUS DISEASES SOCIETY OF AMERICA-YOUNG INVESTIGATOR AWARD IN GERIATRICS

CONTACT	Morit Chatlynne
TELEPHONE	(703) 299-0200
EMAIL	mchatlynne@idsociety.org
INTERNET	www.idsociety.org
DEADLINE	April 1, 2006

SOCIETY OF GERIATRIC CARDIOLOGY-ASP-AMERICAN HEART ASSOCIATION CAREER DEVELOPMENT AWARD IN GERIATRIC CARDIOLOGY

CONTACT	Society of Geriatric Cardiology
TELEPHONE	(301) 581-3449
EMAIL	etblackmon@sgcard.org
INTERNET	www.sgcard.org
DEADLINE	January 2006

ASP-AMERICAN GERIATRICS SOCIETY FOUNDATION FOR HEALTH IN AGING AWARD

CONTACT	Sara Reinthaler
TELEPHONE	(212) 308-1414
EMAIL	sreinthaler@americangeriatrics.org
INTERNET	www.americangeriatrics.org
DEADLINE	January 10, 2006

ABOUT THE AWARDS

Each research award is funded at a level between \$50,000 and \$75,000 per year for two to four years. The funding may support the salary of the recipient, the purchase of supplies, the salaries of technical personnel, and other resources necessary to complete the research project. Funding may not be used for indirect costs or to acquire administrative or clerical support.

Awards also include travel grants, which must be used to attend two meetings of the American Geriatrics Society (one per year for the two initial years of the grant) and one meeting of the sponsoring subspecialty organization in the second year of the grant.

For more information on the background of the awards, see "Expanding Geriatrics into Subspecialty Internal Medicine Healthcare, Research and Education: Caring for Older Adults and the T. Franklin Williams Career Development Awards" published in the October 15, 2002, edition of *The American Journal of Medicine*.

ELIGIBILITY

All eligible award candidates must have a faculty appointment as of July 1, 2006. Candidates must have completed a subspecialty internal medicine fellowship leading to certification by the American Board of Internal Medicine and be within four years of a first faculty appointment.

At a minimum, award recipients must:

- Commit 75 percent of their professional effort to research activities.
- Develop and implement a basic, clinical, translational, or health services research project focused on a geriatric aspect of the subspecialty.
- Generate and implement a career development plan with mentors from geriatric medicine and their subspecialty. The plan must include organizing and interacting with a mentorship team comprised, at a minimum, of a geriatrician, a subspecialist in the applicant's field, and one other member; the applicant's research mentor must be the leader of this team. The plan must include specific measures for the continued involvement of the applicant in structured geriatrics activities including, for example, developing appropriate educational resources, teaching the geriatric medicine aspects of the applicant's subspecialty, or developing subspecialty clinical services focused on geriatric patients.

Other requirements will apply according to the society's award guidelines.

AMERICAN COLLEGE OF RHEUMATOLOGY RESEARCH AND EDUCATION FOUNDATION-ASP-JUNIOR CAREER DEVELOPMENT AWARD IN GERIATRIC MEDICINE



Award Recipient:

TRACY NGUYEN-OGHALAI, MD
UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON

PROJECT:

THE IMPACT OF ARTHRITIS ON STROKE RECOVERY

MENTORSHIP TEAM:

EMILIO GONZALEZ, MD JAMES GOODWIN, MD

KENNETH OTTENBACHER, PHD

Starting in 2002, Medicare reimbursement for rehabilitation hospitalization changed from a fee-for-service system to a prospective payment system (PPS) based on case-mix groups. PPS allows for higher payment based on comorbidities, but osteoarthritis and rheumatoid arthritis are not among those comorbidities that triggers increased reimbursement. Joint pain and swelling, common in these two conditions, are known to interfere with activities of daily living and are likely to interfere with strengthening and range of motion exercises for stroke rehabilitation. The functional recovery of hospital patients with osteoarthritis or rheumatoid arthritis may be delayed, and length of rehabilitation might be longer and more costly.

In this proposal, I seek to determine the impact of osteoarthritis and rheumatoid arthritis on functional recovery from stroke. I hypothesize that osteoarthritis and rheumatoid arthritis significantly delay this recovery and that the influence of age on this impact is significant. I propose to perform a retrospective analysis of a large national registry of standardized information on medical rehabilitation inpatients in the United States. Findings from this study will help clarify the impact of osteoarthritis and rheumatoid arthritis on functional recovery from stroke and have direct implications for Medicare and Medicaid reimbursement policy.

The American College of Rheumatology Research and Education Foundation-ASP Junior Career Development Award in Geriatric Medicine will allow me dedicated time to further my training in geriatrics and clinical sciences. My

long-term career goal is to become a clinician-scientist with expertise in health outcomes research. To achieve my long-term goal, I need more training in research using large databases. The following short-term goals are means to achieve my long-term career objective:

1. To develop competency in health outcome research using a large database, I plan to acquire the formal training, skills, and experience necessary to conduct health outcomes research using a national database. I am currently enrolled in the PhD program in the Department of Preventive Medicine and Community Health at University of Texas Medical Branch. In addition, my research projects will provide me with experience using a large national database.
2. To further my training in geriatric medicine, I plan to attend weekly lecture series in clinical gerontology, geriatrics grand rounds, and formal classes (e.g. "Aging and Health"). I will develop an outpatient clinic in geriatrics and rheumatology, which has the practical advantage of increasing access to rheumatology care for older persons who may have difficulty arranging for transportation to separate geriatric and rheumatology clinics. My primary mentor, James Goodwin, MD, will also staff the clinic, providing me with valuable training in geriatrics. Also, the annual meetings of the American Geriatrics Society will provide me with a unique opportunity to learn geriatric medicine and to network with researchers in aging.



AMERICAN COLLEGE OF RHEUMATOLOGY RESEARCH AND EDUCATION FOUNDATION-ASP-JUNIOR CAREER DEVELOPMENT AWARD IN GERIATRIC MEDICINE



Award Recipient:

VEENA RANGANATH, MD

GEFFEN SCHOOL OF MEDICINE AT THE UNIVERSITY OF CALIFORNIA, LOS ANGELES

PROJECT:

CHARACTERISTICS AND OUTCOMES IN SERO-POSITIVE LATE-ONSET RHEUMATOID ARTHRITIS PATIENTS WHO START A NEW DISEASE MODIFYING ANTI-RHEUMATIC DRUG

MENTORSHIP TEAM:

DANIEL FURST, MD

THEODORE HAHN, MD

HAROLD PAULUS, MD

Rheumatoid arthritis (RA) is an autoimmune disease causing a symmetric inflammatory arthritis of unclear etiology. Approximately one-third of RA patients are above the age of 65 at the onset of the disease. The incidence of RA increases dramatically with age, with a five-fold increase in incidence from the age of 35 to 75 (20 versus 100 per 100,000). Much controversy revolves around clearly delineating older onset RA patients and younger onset RA patients. Some studies have shown that elderly onset RA patients are more likely to have acute onset of symptoms, involvement of large proximal joints, polymyalgia rheumatica (PMR)-like symptoms, equal female and male distribution, more constitutional symptoms, lower frequency of positive rheumatoid factor (RF), and higher erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) in comparison to their younger counterparts. This suggests that the disease process of the elderly onset RA patient is distinctly different and implies that this subgroup requires different treatment.

However, our preliminary work using a strictly defined, RF positive early RA prospective cohort has suggested that older and younger onset RA patients have similar baseline characteristics, symptom duration, and disease activity when correcting for factors that normally occur during the aging process. This preliminary work suggests that both older and younger RF+ RA cohorts share the same disease process and therefore should not be treated as distinctly different groups. We propose to evaluate RF positive older and younger onset RA patients in large RA cohorts (approximately 15,000 patients total) for baseline characteristics, responses to therapy,

and adverse events. The specific objectives of this study are to:

1. Investigate baseline characteristics of RF positive younger and elderly onset RA patients with the same disease duration after adjusting for age-related processes;
2. compare the treatment outcomes and adverse events of RF positive older and younger onset RA patients with the same disease duration in three large databases.

The American College of Rheumatology Research and Education Foundation-ASP-Junior Career Development Award in Geriatric Medicine will allow me to develop the skills necessary to become an independent investigator who can design and carry out objective and comprehensive clinical studies. There is a need for geriatric rheumatologists interested in the kind of clinical research that will clearly delineate and tailor therapies for the elderly. As a part of my career development, I will be obtaining a Masters in Clinical Research at the University of California, Los Angeles (UCLA) during the time of this award. I will also be participating in the geriatric research seminars as well as attending selected lectures in the geriatric lecture series at UCLA. This award will help me to heighten awareness of geriatric rheumatological issues through development of educational activities for rheumatologists, geriatricians, and fellows in both fields. Ultimately, the T. Franklin Williams Award and the support of my mentors will enable me to build a solid foundation to grow into an independent clinical scientist in the field of geriatric rheumatology.



AMERICAN SOCIETY OF NEPHROLOGY-ASP-JUNIOR DEVELOPMENT AWARD IN GERIATRIC NEPHROLOGY

Award Recipient:



MARK SWIDLER, MD
MOUNT SINAI SCHOOL OF MEDICINE

PROJECT:

CHARACTERIZATION OF FRAILITY IN OLDER PATIENTS WITH CHRONIC KIDNEY DISEASE ON DIALYSIS: CORRELATIONS WITH DISABILITY AND INFLAMMATION

MENTORSHIP TEAM:

ALBERT SIU, MD

JAIME URIBARRI, MD

JONATHAN WINSTON, MD

The relationship between frailty, functional status, and inflammation in the geriatric population with chronic kidney disease (CKD) is an area of growing significance. The geriatric syndrome of frailty is a wasting syndrome whose major characteristics include muscle weakness, weight loss, and functional decline with increased risk for major cardiovascular events, falls, disability, and death. It has a biological basis and is associated with increased levels of inflammatory biomarkers.

Clarification of frailty and functional disability is important in the elderly with CKD, especially those with end-stage renal disease (ESRD) on dialysis, a rapidly growing segment. Uremia and the dialytic procedure represent micro-inflammatory environments where endothelial dysfunction, chronic repetitive inflammation, and oxidant stress contribute to the malnutrition and excessive cardiovascular morbidity in ESRD. Additionally, Advanced Glycation Endproducts (AGEs) known to increase with the aging process, diabetes, and renal failure have been hypothesized to be triggers or catalysts of the oxidative (glycoxidation) stress and inflammatory states associated with these conditions.

CKD, ESRD, and dialysis may contribute to or accelerate the expression and progression of frailty and disability in predisposed subsets of the geriatric population. Alternatively, frail patients may bring a particular inflammatory and oxidative milieu that will enhance the development and progression of CKD. CKD can be viewed as a “silent co-morbidity” interacting with the biology of frailty to affect functional outcomes. Identifying these populations and controlling the inflammatory and oxidative stress burden may limit the manifestations and consequences of frailty. Equally important is whether the frailty syndrome and its associated biomarkers have prognostic value in renal clinical practice and could help patients and families make decisions regarding the

direction of their care as well as leading to more individually tailored dialysis prescriptions based on the frailty and inflammatory/oxidative burden.

The objectives of this ASN-ASP research project are to:

1. Estimate the frequency of the geriatric syndrome of frailty, functional disability, and intervening health events in a cohort of outpatient elderly dialysis patients.
2. Determine the association between levels of biomarkers of inflammation, specifically CRP and AGEs, and frailty.
3. Obtain pilot data to determine if frailty and levels of CRP and AGEs are predictors of survival and the development or worsening of functional disability in the context of intervening health events in the dialysis population.

The support of the American Society of Nephrology-ASP-Junior Development Award in Geriatric Nephrology will allow me to pursue independent research and support my long-term objective to contribute to the development of a new multidisciplinary field that incorporates the principles of geriatrics, nephrology, and palliative medicine into the subspecialty of geriatric nephrology and renal palliative medicine. Using the experience and knowledge base I acquired during my geriatrics fellowship, my academic goals will include the development and dissemination of evidenced-based geriatric nephrology and renal palliative medicine teaching modules, guidelines, and updates. This endeavor will add to the growing field of geriatric subspecialties that are now crucial for the care of the exploding older population with complex medical and surgical issues that require the integration of diverse knowledge bases and collaboration and communication among multiple health care professionals.

ASP-INFECTIOUS DISEASES SOCIETY OF AMERICA-YOUNG INVESTIGATOR AWARD IN GERIATRICS



Award Recipient:

STEPHEN WEBER, MD
UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE

PROJECT:

ANTIMICROBIAL RESISTANCE AND FUNCTIONAL STATUS IN HOSPITALIZED ELDERLY PATIENTS

MENTORSHIP TEAM:

DAVID MELTZER, MD

DAVID PITRAK, MD

GREG SACHS, MD

While it is recognized that the elderly disproportionately suffer the consequences of healthcare-associated infections, considerably less is known about the specific incidence and consequences of infections caused by antimicrobial resistant pathogens in this vulnerable population. Specifically, insufficient attention has been given to the relationship between resistance and the unique social, clinical, and biological features of the elderly. Important among these is functional status, a valuable prognostic indicator and an important outcome measure in the elderly.

The aims of my study are to:

1. Determine if the proportion of bacteria that are resistant to antimicrobial agents recovered from hospitalized elderly patients is different than the proportion from hospitalized non-elderly patients.
2. Determine if functional status is independently associated with the incidence of colonization or infection with resistant gram-positive bacteria among hospitalized elderly patients.
3. Determine if colonization or infection with resistant gram-positive bacteria in hospitalized elderly patients is independently associated with poor outcomes.

The first component of the study, a retrospective review of clinical microbiology results, will for the first time provide an assessment of the scope of resistance specifically among the hospitalized elderly. The product of this analysis is a prototype antimicrobial susceptibility reference (antibiogram) specifically for elderly patients. Such dedicated decision-making aids will be an important component of improving the care of this population.

Next, the influence of functional status on the incidence of colonization and infection with methicillin-resistant *Staphylococcus aureus* and vancomycin-resistant enterococci among a cohort of elderly inpatients will be examined. Quantification of this risk will facilitate the identification of high risk patients and provide insight into the unique epidemiology of resistance among the elderly, which should permit for the design of more rational prevention strategies.

Finally, the outcome of resistant gram-positive infections among a cohort of elderly patients will be assessed. Because elderly patients tend to value quality of life at least as much as simply prolonged survival, alteration in functional status will be considered as a key outcome measure.

This research represents only one element of my comprehensive introduction to geriatric medicine. To familiarize myself with the vocabulary, metrics, and clinical skills necessary to geriatricians, I will attend an intensive seminar series organized for geriatrics fellows and will be an active participant at the teaching conferences of the Section of Geriatrics. In addition, I will see elderly patients with infections regularly at one of several geriatrics clinics. I plan to develop a training curriculum for infectious diseases and geriatrics fellows, residents, and students focusing on issues of infection among elderly patients. Particular emphasis will be placed on the prevention and management of health care-associated infection. As a hospital epidemiologist, I intend to develop infection control initiatives and policies that are more sensitive to the needs of elderly patients.

In my future work, I plan to explore the clinical significance of colonization with resistant bacteria in the elderly and the role of endogenous flora in protecting these patients from infection. I look forward to applying the findings of my research at the bedside both as a clinician and epidemiologist, innovating in the manner in which elderly patients at risk for or infected with resistant pathogens are managed.

RECIPIENT:	Adrian F. Hernandez, MD <i>Assistant Professor</i> Division of Cardiology Department of Medicine Duke University School of Medicine PO Box 17969 Durham, NC 27710
TELEPHONE:	(919) 668-7515
FAX:	(919) 668-7058
EMAIL:	hern014@mc.duke.edu
PROJECT:	"Heart Failure and Major Noncardiac Surgery"
AWARD:	Society of Geriatric Cardiology-ASP-American Heart Association Career Development Award in Geriatric Cardiology
RECIPIENT:	Arti Hurria, MD <i>Clinical Assistant Physician</i> Breast Cancer Medicine Service Department of Medicine Memorial Sloan-Kettering Cancer Center 1275 York Avenue New York, NY 10021
TELEPHONE:	(212) 639-3263
FAX:	(646) 422-2231
EMAIL:	hurriaa@mskcc.org
PROJECT:	"Development of a Cancer-Specific Geriatric Assessment"
AWARD:	American Society of Clinical Oncology-ASP-Junior Development Award in Geriatric Oncology
RECIPIENT:	Sameer K. Mathur, MD, PhD Division of Allergy, Pulmonary, and Critical Care Medicine Department of Medicine University of Wisconsin Medical School K4/910 CSC 600 Highland Avenue Madison, WI 53792
TELEPHONE:	(608) 263-1104
FAX:	(608) 263-3104
EMAIL:	sk.mathur@hosp.wisc.edu
PROJECT:	"Effects of Atopy and Immunosenescence on Regulation of T-cell Activity"
AWARD:	ASP-American Academy of Allergy, Asthma, and Immunology Geriatric Development Initiative Junior Faculty Development Award
RECIPIENT:	Reena Mehra, MD <i>Assistant Professor</i> Division of Pulmonary and Critical Care Department of Medicine Case Western Reserve University School of Medicine 11100 Euclid Avenue Cleveland, OH 44106
TELEPHONE:	(216) 844-8489
FAX:	(216) 844-8708

EMAIL:	mehrar@ameritech.net
PROJECT:	"Sleep Disordered-Breathing and Cardiac Arrhythmia Associations with Alcohol Use and Dependence in Elderly Men"
AWARD:	ASP-CHEST Foundation of the American College of Chest Physicians Geriatric Development Research Award
RECIPIENT:	Lona Mody, MD <i>Assistant Professor</i> Division of Geriatric Medicine Department of Internal Medicine University of Michigan Medical School 11G-GRECC Ann Arbor VA Healthcare System 2215 Fuller Road Ann Arbor, MI 48105
TELEPHONE:	(734) 761-7686
FAX:	(734) 761-7489
EMAIL:	lonamody@umich.edu
PROJECT:	"Antimicrobial Resistance in Nursing Homes: Implications for Indwelling Device Use"
AWARD:	ASP-American Geriatrics Society Foundation for Health in Aging Award
RECIPIENT:	Tracy Nguyen-Oghalai, MD <i>Assistant Professor</i> Division of Rheumatology Department of Internal Medicine University of Texas Medical Branch at Galveston 301 University Boulevard Galveston, TX 77555-1165
TELEPHONE:	(409) 772-2863
FAX:	(409) 772-7355
EMAIL:	trangyue@utmb.edu
PROJECT:	"The Impact of Arthritis on Stroke Recovery"
AWARD:	American College of Rheumatology Research and Education Foundation-ASP-Junior Career Development Award in Geriatric Medicine
RECIPIENT:	Veena Ranganath, MD <i>Clinical Instructor</i> Division of Rheumatology Department of Internal Medicine Geffen School of Medicine at the University of California, Los Angeles 1000 Veteran Avenue Room 32-59 Rehabilitation Center Los Angeles, CA 90095
TELEPHONE:	(310) 825-4745
FAX:	(310) 206-8606
EMAIL:	vranganath@mednet.ucla.edu
PROJECT:	"Characteristics and Outcomes in Sero-Positive Late-Onset Rheumatoid Arthritis Patients who Start a New Disease Modifying Anti-Rheumatic Drug"
AWARD:	American College of Rheumatology Research and Education Foundation-ASP-Junior Career Development Award in Geriatric Medicine

<p>RECIPIENT: Mark Swidler, MD <i>Assistant Professor</i> Division of Nephrology Department of Medicine Mount Sinai School of Medicine Box 1243 One Gustave L. Levy Place New York, NY 10029</p> <p>TELEPHONE: (212) 241-0429 FAX: (212) 987-0389 EMAIL: mark.swidler@msnyuhealth.org PROJECT: "Characterization of Frailty in Older Patients with Chronic Kidney Disease on Dialysis: Correlations with Disability and Inflammation" AWARD: American Society of Nephrology-ASP-Junior Development Award in Geriatric Nephrology</p>	<p>RECIPIENT: Manjula Kurella, MD <i>Clinical Fellow</i> Division of Nephrology Department of Medicine University of California, San Francisco School of Medicine 3333 California Street Suite 430 San Francisco, CA 94118-1211</p> <p>TELEPHONE: (415) 476-2172 FAX: (415) 476-3381 EMAIL: kurella@itsa.ucsf.edu PROJECT: "Cognitive Function in Elderly Persons with Chronic Kidney Disease" AWARD: American Society of Nephrology-ASP Junior Development Award in Geriatric Nephrology</p>
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<p>RECIPIENT: Stephen Weber, MD <i>Assistant Professor</i> Division of Infectious Diseases Department of Medicine University of Chicago Pritzker School of Medicine 5841 South Maryland Avenue MC5065 Chicago, IL 60637</p> <p>TELEPHONE: (773) 702-6776 FAX: (773) 702-8998 EMAIL: sgweber@medicine.bsd.chicago.edu PROJECT: "Antimicrobial Resistance and Functional Status in Hospitalized Elderly Patients" AWARD: ASP-Infectious Diseases Society of America-Young Investigator Award in Geriatrics</p>	<p>RECIPIENT: Lee E. Morrow, MD <i>Assistant Professor</i> Division of Pulmonary and Critical Care Medicine Department of Medicine Creighton University School of Medicine 601 North 30th Street Suite 3820 Omaha, NE 68131</p> <p>TELEPHONE: (402) 449-4486 FAX: (402) 280-5256 EMAIL: lmorrow@creighton.edu PROJECT: "A Multidisciplinary Intervention to Optimize the Recovery of Elderly Patients Hospitalized with Community Acquired Pneumonia" AWARD: ASP-CHEST Foundation of the American College of Chest Physicians Geriatric Development Research Award</p>
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2004 T. FRANKLIN WILLIAMS SCHOLARS

<p>RECIPIENT: Maureen K. Bolon, MD <i>Assistant Professor</i> Division of Infectious Diseases Department of Medicine Northwestern University Feinberg School of Medicine 676 North Saint Clair Street Suite 200 Chicago, IL 60611</p> <p>TELEPHONE: (312) 695-5059 FAX: (312) 695-5088 EMAIL: m-bolon@northwestern.edu PROJECT: "Improving Antimicrobial Use and Associated Outcomes among the Elderly Hospitalized Population" AWARD: ASP-Infectious Diseases Society of America-Young Investigator Award in Geriatrics</p>	<p>RECIPIENT: Cathy A. Petti, MD <i>Assistant Professor</i> Division & Infectious Diseases Department of Internal Medicine University of Utah School of Medicine 50 North Medical Drive Salt Lake City, UT 84132</p> <p>TELEPHONE: (801) 583-2787 ext. 2045 FAX: (801) 584-5207 EMAIL: cathy.petty@aruplab.com PROJECT: "Prosthetic Joint Infections in the Elderly: Laboratory Detection and Management" AWARD: ASP-Infectious Diseases Society of America-Young Investigator Award in Geriatrics</p>
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<p>RECIPIENT: Rajagopal V. Sekhar, MD <i>Assistant Professor</i> Division of Endocrinology, Diabetes, and Metabolism Department of Medicine Baylor College of Medicine One Baylor Plaza N520 Houston, TX 77030</p> <p>TELEPHONE: (713) 798-3788 FAX: (713) 798-4585 EMAIL: rv_sekhar@hotmail.com PROJECT: "The Effect of Type 2 Diabetes and Aging on Glutathione Synthesis and Oxidative Stress" AWARD: American Diabetes Association-ASP-Young Investigator Innovation Award in Geriatric Endocrinology</p>	<p>RECIPIENT: Michele Basche, MD <i>Assistant Professor</i> Division of Oncology University of Colorado School of Medicine Anschutz Cancer Pavilion 1665 North Ursula Street Mail Stop: F704 Aurora, CO 80010-0510</p> <p>TELEPHONE: (720) 848-0449 FAX: (720) 848-1411 EMAIL: michele.basche@uchsc.edu PROJECT: "A Phase I/II Clinical Trial of Capecitabine with Oxaliplatin in Patients 70 Years of Age or Older with Metastatic Colorectal Cancer" AWARD: American Society of Clinical Oncology-ASP-Junior Development Award in Geriatric Oncology</p>
<p>RECIPIENT: Eric S. White, MD <i>Assistant Professor</i> Division of Pulmonary Disease and Critical Care Medicine Department of Internal Medicine University of Michigan Medical School 6301 MSRB III/0642 1150 West Medical Center Drive Ann Arbor, MI 48109-0642</p> <p>TELEPHONE: (734) 936-7934 FAX: (734) 764-4556 EMAIL: docew@umich.edu PROJECT: "The Role of Fibronectin in Pulmonary Fibrosis" AWARD: ASP-CHEST Foundation of the American College of Chest Physicians Geriatric Development Research Award</p>	<p>RECIPIENT: Paula Busse, MD <i>Instructor</i> Division of Immunology Department of Medicine Mount Sinai School of Medicine 1425 Madison Avenue Room 11-20 New York, NY 10029</p> <p>TELEPHONE: (212) 659-9262 FAX: (212) 987-5593 EMAIL: paula.busse@mssm.edu PROJECT: "The Role of Chronic Allergen Exposure on the Expression of the Major Mucus Producing Gene in the Airways, MUC05AC, in Older Mice, and Development of a Murine Model of Elderly-Onset Atopic Asthma" AWARD: ASP-American Academy of Allergy, Asthma, and Immunology-Geriatric Development Initiative Junior Faculty Development Award</p>
<p>RECIPIENT: Wolfgang C. Winkelmayr, MD <i>Assistant Professor</i> Division of Pharmacoepidemiology and Pharmacoeconomics Department of Medicine Harvard Medical School Brigham and Women's Hospital 1620 Tremont Street Suite 3030 Boston, MA 02120</p> <p>TELEPHONE: (617) 278-0930 FAX: (617) 232-8602 EMAIL: wwinkelmayr@partners.org PROJECT: "Cardiovascular Medication Use in Elderly Dialysis Patients" AWARD: American Society of Nephrology-ASP-Junior Development Award in Geriatric Nephrology</p>	<p>RECIPIENT: Annette Chang, MD <i>Assistant Professor</i> Division of Endocrinology Department of Internal Medicine University of Michigan Medical School 3920 Taubman Center 1500 East Medical Center Drive Ann Arbor, MI 48109-0354</p> <p>TELEPHONE: (734) 936-5504 FAX: (734) 936-9240 EMAIL: annchang@umich.edu PROJECT: "Effect of Age on Hepatic Glucose Production and Beta Cell Function" AWARD: American Diabetes Association-ASP Young Investigator Innovation Award in Geriatric Endocrinology</p>

<p>RECIPIENT:</p> <p>TELEPHONE:</p> <p>EMAIL:</p> <p>PROJECT:</p> <p>AWARD:</p>	<p>Brian K. Gehlbach, MD <i>Instructor</i> Division of Pulmonary and Critical Care Medicine Department of Medicine University of Chicago Pritzker School of Medicine 5841 South Maryland Avenue MC 6026 Chicago, IL 60637</p> <p>(773) 702-1856</p> <p>bgehlbac@medicine.bsd.uchicago.edu</p> <p>“Predicting Functional Decline and the Need for Long-Term Care in Elderly Critically Ill Patients”</p> <p>ASP-CHEST Foundation of the American College of Chest Physicians Geriatric Development Research Award</p>	<p>Room 311 101 Observatory Street Ann Arbor, MI 48109-0725</p> <p>TELEPHONE: (734) 615-3994</p> <p>FAX: (734) 615-4887</p> <p>EMAIL: jhsegal@umich.edu</p> <p>PROJECT: “Reducing the Vascular Access Morbidity for Elderly Patients on Hemodialysis”</p> <p>AWARD: American Society of Nephrology-ASP-Junior Development Award in Geriatric Nephrology</p>
<p>RECIPIENT:</p> <p>TELEPHONE:</p> <p>FAX:</p> <p>EMAIL:</p> <p>PROJECT:</p> <p>AWARD:</p>	<p>Karen Hansen, MD <i>Assistant Professor</i> Division of Rheumatology Department of Medicine University of Wisconsin Medical School William S. Middleton Veterans Hospital Room B5055 2500 Overlook Terrace Madison, WI 53705</p> <p>(608) 280-7056</p> <p>(608) 280-7140</p> <p>keh@medicine.wisc.edu</p> <p>“Hypovitaminosis D in Rheumatoid Arthritis: Prevalence and Benefits of Vitamin D3 Therapy”</p> <p>American College of Rheumatology Research and Education Foundation-ASP-Junior Career Development Award in Geriatric Medicine</p>	<p>Albert Shaw, MD, PhD <i>Assistant Professor</i> Division of Infectious Diseases Department of Internal Medicine Yale University School of Medicine 333 Cedar Street LCI 803 New Haven, CT 06520</p> <p>TELEPHONE: (203) 785-3571</p> <p>FAX: (203) 785-3864</p> <p>EMAIL: albert.shaw@yale.edu</p> <p>PROJECT: “Effects of Mutations in APP and Presenilin Associated with Alzheimer’s Disease on Lymphocyte Development and Function”</p> <p>AWARD: ASP-Infectious Diseases Society of America-Young Investigator Award in Geriatrics</p>
<p>RECIPIENT:</p> <p>TELEPHONE:</p> <p>FAX:</p> <p>EMAIL:</p> <p>PROJECT:</p> <p>AWARD:</p>	<p>Anthony M. Reginato, MD, PhD <i>Instructor</i> Division of Rheumatology Department of Medicine Harvard Medical School Massachusetts General Hospital 55 Fruit Street Bulfinch-165 Boston, MA 02114</p> <p>(617) 432-1762</p> <p>(617) 432-0638</p> <p>areginato@partners.org</p> <p>“Low-Density Lipoprotein Receptor-Related Protein 5 (LRP5) Mutations in Patients with Low Bone Mass, a Risk Factor for Osteoporosis”</p> <p>American College of Rheumatology Research and Education Foundation-ASP-Junior Career Development Award in Geriatric Medicine</p>	<p>Mark Unruh, MD <i>Assistant Professor</i> Division of Renal Medicine Department of Medicine University of Pittsburgh School of Medicine A919 Scaife Hall 3550 Terrace Street Pittsburgh, PA 15261</p> <p>TELEPHONE: (412) 647-6820</p> <p>FAX: (412) 648-9166</p> <p>EMAIL: unruhm@msx.dept-med.pitt.edu</p> <p>PROJECT: “Sleep and Function: Influences of Aging and Kidney Failure”</p> <p>AWARD: American Society of Nephrology-ASP-Junior Development Award in Geriatric Nephrology</p>
<p>RECIPIENT:</p> <p>TELEPHONE:</p> <p>FAX:</p> <p>EMAIL:</p> <p>PROJECT:</p> <p>AWARD:</p>	<p>Jonathan Segal, MD <i>Lecturer</i> Division of Nephrology Department of Internal Medicine University of Michigan Medical School Simpson Memorial Institute</p>	<p>Susan Zieman, MD <i>Assistant Professor</i> Division of Cardiology Department of Medicine Johns Hopkins University School of Medicine 600 North Wolfe Street Carnegie 538 Baltimore, MD 21287</p> <p>TELEPHONE: (410) 955-7376</p> <p>FAX: (410) 614-9190</p> <p>EMAIL: sizieman@jhmi.edu</p> <p>PROJECT: “The Effect of Vascular Stiffness on Endothelial Function”</p> <p>AWARD: ASP-Society for Geriatric Cardiology-Junior Career Development Award in Geriatric Medicine</p>

2002 T. FRANKLIN WILLIAMS SCHOLARS

RECIPIENT: **Keith Kaye, MD**
Assistant Professor
 Division of Infectious Diseases
 Department of Medicine
Duke University Medical Center
 Box 3152
 Durham, NC 27710

TELEPHONE: (919) 668-1720

FAX: (919) 684-3137

EMAIL: kaye0001@mc.duke.edu

PROJECT: "Patient Safety and Hospital-Acquired Infections in the Elderly"

AWARD: ASP-Infectious Diseases Society of America-Young Investigator Award in Geriatrics

RECIPIENT: **Margaret Pisani, MD**
Assistant Professor
 Division of Pulmonary and Critical Care Medicine
 Department of Internal Medicine
Yale University School of Medicine
 333 Cedar Street
 PO Box 208057
 New Haven, CT 06520-8057

TELEPHONE: (203) 785-7632

FAX: (203) 785-3826

EMAIL: margaret.pisani@yale.edu

PROJECT: "The Contribution of Psychoactive Drug Use in Poor Outcomes in Older ICU Patients"

AWARD: ASP-CHEST Foundation of the American College of Chest Physicians Geriatric Development Initiative Award

RECIPIENT: **Carol Saltoun, MD**
Assistant Professor
 Division of Allergy and Immunology
 Department of Medicine
Northwestern University Feinberg School of Medicine
 676 North Saint Clair Street
 Suite 14018
 Chicago, IL 60611

TELEPHONE: (312) 695-4000

FAX: (312) 695-4141

EMAIL: c-saltoun@northwestern.edu

PROJECT: "Improving Asthma Care in the Low-Income Elderly"

AWARD: ASP-American College of Allergy, Asthma, and Immunology-Geriatric Development Initiative Award

RECIPIENT: **Najia Shakoor, MD**
Assistant Professor
 Section of Rheumatology
 Department of Medicine
Rush Medical College of Rush University
 Rush-Presbyterian-St. Lukes Medical Center
 1725 West Harrison Street
 Suite 1017
 Chicago, IL 60612

TELEPHONE: (312) 942-8268

FAX: (312) 563-2267

EMAIL: Najia_Shakoor@rush.edu

PROJECT: "Muscle Strength, Proprioception, and Dynamic Joint Loading in the Aging Knee"

AWARD: American College of Rheumatology Research and Education Foundation-ASP-Junior Career Development Award in Geriatric Medicine

ASP GERIATRICS COMMITTEE

<p>TELEPHONE: FAX: EMAIL:</p>	<p>Kevin P. High, MD (Chair) <i>Program Director</i> Division of Infectious Diseases Department of Internal Medicine Wake Forest University School of Medicine 100 Medical Center Boulevard Winston Salem, NC 27157-1042 (336) 716-4584 (336) 716-3825 khigh@wfubmc.edu</p>	<p>TELEPHONE: (615) 936-2795 FAX: (615) 936-1269 EMAIL: wes.ely@vanderbilt.edu</p>
<p>TELEPHONE: FAX: EMAIL:</p>	<p>Tomas Berl, MD <i>Chief</i> Division of Renal Diseases and Hypertension Department of Medicine University of Colorado School of Medicine 4200 East Ninth Avenue Box C281 Denver, CO 80262 (303) 315-7204 (303) 315-4852 tomas.berl@uchsc.edu</p>	<p>Paul A. Greenberger, MD <i>Program Director</i> Division of Allergy and Immunology Department of Internal Medicine Northwestern University Feinberg School of Medicine 303 East Chicago Avenue Suite 207 Chicago, IL 60611 (312) 695-4000 (312) 908-0205 p-greenberger@northwestern.edu</p>
<p>TELEPHONE: FAX: EMAIL:</p>	<p>Charles P. Clayton <i>Vice President for Policy</i> Association of Subspecialty Professors 2501 M Street, NW Suite 550 Washington, DC 20037-1325 (202) 861-6900 (202) 861-9731 cclayton@im.org</p>	<p>Karen E. Hall, MD, PhD <i>Clinical Assistant Professor</i> Division of Geriatric Medicine Department of Internal Medicine University of Michigan Medical School Ann Arbor VA Healthcare System 2215 Fuller Road GRECC 11-G Ann Arbor, MI 48105-2399 (734) 761-5564 (734) 761-7489 kehall@umich.edu</p>
<p>TELEPHONE: FAX: EMAIL:</p>	<p>Thomas Coffman, MD <i>Program Director and Chief</i> Division of Nephrology Department of Internal Medicine Duke University School of Medicine 00528 Duke South DUMC 3014 Durham, NC 27710 (919) 668-2321 (919) 660-6888 coffm002@mc.duke.edu</p>	<p>Jeffrey B. Halter, MD <i>Director</i> Division of Geriatric Medicine Department of Internal Medicine University of Michigan Medical School 1500 East Medical Center Drive Room 1111 CCGCB Ann Arbor, MI 48109-0926 (734) 763-4002 (734) 763-2064 jhalter@umich.edu</p>
<p>TELEPHONE: FAX: EMAIL:</p>	<p>E. Wesley Ely, MD <i>Associate Professor</i> Division of Allergy, Pulmonary, and Critical Care Medicine Department of Medicine Vanderbilt University School of Medicine Health Services Research Center 6109 Medical Center East Nashville, TN 37232-8300</p>	<p>William R. Hazzard, MD <i>Chief</i> Geriatrics and Extended Care Department of Medicine VA Puget Sound Health Care System (S-182-GEC) 1660 South Columbian Way Seattle, WA 98108 (206) 764-2723 (206) 764-2569 william.hazzard@med.va.gov</p>

<p>TELEPHONE: FAX: EMAIL:</p>	<p>Keith Kaye, MD <i>Assistant Professor</i> Division of Infectious Diseases Department of Medicine Duke University School of Medicine Duke University Medical Center Box 3152 Durham, NC 27710 (919) 668-1720 (919) 684-3137 kaye0001@mc.duke.edu</p>	<p>Irene S. Sonu <i>Grants Assistant</i> Association of Subspecialty Professors 2501 M Street, NW Suite 550 Washington, DC 20037-1325 TELEPHONE: (202) 861-6900 FAX: (202) 861-9731 EMAIL: isonu@im.org</p>
<p>TELEPHONE: FAX: EMAIL:</p>	<p>Nancy Lundebjerg <i>Associate Vice President, Professional Education and Special Projects</i> American Geriatrics Society Empire State Building 350 Fifth Avenue Suite 801 New York, NY 10118 (212) 308-1414 (212) 832-8646 nlundebjerg@americangeriatrics.org</p>	<p>Randall J. Urban, MD <i>Chair</i> Department of Internal Medicine University of Texas Medical Branch at Galveston 8.138 Medical Research Building, 1060 301 University Boulevard Galveston, TX 77555-1060 TELEPHONE: (409) 772-1923 FAX: (409) 772-8709 EMAIL: rurban@utmb.edu</p>
<p>TELEPHONE: FAX: EMAIL:</p>	<p>Joanne E. Mortimer, MD <i>Professor of Clinical Medicine</i> Division of Medical Oncology Department of Medicine University of California, San Diego, School of Medicine Moores UCSD Cancer Center 3855 Health Sciences Drive Suite 0987 La Jolla, CA 92093-0987 (858) 657-7029 (858) 657-8684 jemortimer@ucsd.edu</p>	<p>Nancy Woolard <i>Project Manager</i> Integrating Geriatrics into the Subspecialties of Internal Medicine Roena Kulynych Center for Memory & Cognition Research Wake Forest University School of Medicine Medical Center Boulevard Winston Salem, NC 27157-1207 TELEPHONE: (336) 713-8585 FAX: (336) 713-8800 EMAIL: nwoolard@wfubmc.edu</p>
<p>TELEPHONE: FAX: EMAIL:</p>	<p>Michael Rich, MD <i>Associate Professor</i> Division of Cardiology Department of Internal Medicine Washington University School of Medicine 660 South Euclid Avenue, Box 8086 St. Louis, MO 63110-1093 (314) 454-8146 (314) 454-5265 mrich@im.wustl.edu</p>	<p>Raymond Yung, MD <i>Associate Professor</i> Division of Geriatric Medicine Department of Internal Medicine University of Michigan Medical School Cancer/Geriatrics Center Room 5312 1500 East Medical Center Drive Ann Arbor, MI 48109-0940 TELEPHONE: (734) 764-2266 FAX: (734) 936-9220 EMAIL: ryung@umich.edu</p>

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Inquiries should be directed to:

Irene S. Sonu

Grants Assistant

Association of Subspecialty Professors

2501 M Street, NW

Suite 550

Washington, DC 20037-1325

T: (202) 861-6900

F: (202) 861-9731

E: isonu@im.org

W: www.im.org/ASP