University of Massachusetts MEDICAL SCHOOL
UMassMemorial HEALTH CARE

SPRING 2011

DEVELOPMENTS

From the University of Massachusetts Medical School and UMass Memorial Health Care

Produced by the UMass Medicine Development Office

Leadership Message

IN DECEMBER 2010, the Central Massachusetts community came together to celebrate and support UMass Medical School and UMass Memorial Medical Center in an extraordinary display of generosity. The second annual Winter Ball exceeded our goals, as well as set a precedent for fundraising events in the region. We are most grateful to the dedicated group of community leaders who formed the Winter Ball Steering Committee, "dreamed big" and carried out their ambitious plans with energy and commitment. Also, we acknowledge with gratitude the sponsors and individuals whose generosity made the success of the evening possible.

The 2010 Winter Ball is a striking example of the power of philanthropy to effect meaningful change. Charitable donations are often the tipping point for institutions, making possible the achievement of a great vision, including: scholarships that make an aspiring physician's dream accessible; endowed faculty chairs that attract innovators who pursue unique and bold ideas; and program and equipment funds that give health care professionals the tools they need to save lives.

Those attending the Winter Ball shared in an excitement that went beyond the funds raised that evening. They became partners in our mission to advance the health and well-being of the people in the commonwealth and the world. Like the Winter Ball Steering Committee, we continue to dream big. But to sustain those dreams and bring them to fruition, we need the generosity and commitment of the community. We invite you to dream with us and gratefully ask you to participate in the power of philanthropy.

Michael F. Collins, MD
Chancellor, UMass Medical School
Senior Vice President for the Health Sciences
University of Massachusetts

John G. O'Brien
President and CEO
UMass Memorial Health Care

Charles J. Pagnam
Vice Chancellor for Development

UMass Medicine Development Office
333 South Street
Shrewsbury, MA 01545
www.umassmed.edu/development

To learn more about supporting medical research, patient care and medical education initiatives at UMass Memorial Health Care and UMass Medical School, please contact us at 508-856-5520 or e-mail giving@umassmed.edu.

To make a gift online, please go to w3.umassmed.edu/onlinedonation

The Academic Medical Center—Caring for the community now, expanding the horizon for better health in the future

As a patient, you may experience the scope of our academic medical center through the cutting-edge treatment, care and compassion of our physicians, nurses and health care professionals—an annual physical with your primary care physician, a member of the UMass Memorial Medical Group; diagnostic tests at one of the UMass Memorial MRI facilities; critical care at one of the community hospitals that is overseen by a specialist at the UMass Memorial Medical Center via our innovative *e*ICU program; rehabilitation at Fairlawn Rehabilitation Hospital after orthopedic surgery with our Musculoskeletal Center of Excellence; or participation in a cancer drug trial in the light-filled infusion center overlooking Lake Quinsigamond in the Cancer Center of Excellence.

As a member of the community, your experience may be the familiar icons of the UMass Memorial Medical Center hospital campuses—University, Memorial and Hahnemann; the close-to-home location of the Barre Family Health Center; one of the system-owned community hospitals—Clinton, Marlborough, Wing Memorial and HealthAlliance; or the buildings on the

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UMASS MEMORIAL HEALTH CARE

The largest health care system in central Massachusetts and the second largest health care system in the commonwealth

Only Level I adult and pediatric trauma center in Central New England

Busiest single helicopter service in the country

1,125 licensed beds

262,929 system-wide emergency room visits

10,000 medically underserved children treated through the Ronald McDonald Care Mobile at 16 elementary schools and 10 neighborhood sites

12,366 employees

1,000 employed physicians in over 80 locations in 22 municipalities

600+ private practice physicians

538 residents and fellows

45 physicians at 3 federally qualified health centers

5 owned hospitals and 8 affiliated hospitals

Other Services and Programs
UMass Memorial at Southborough
UMass Memorial Medical Group at Milford
Community Healthlink
UMass Memorial Labs
Fairlawn Rehabilitation Hospital and Outpatient Center
UMass Memorial Home Health and Hospice
MRI Facilities

$2 billion in revenue

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

School of Medicine
50 accredited residency and fellowship programs
538 residents and fellows
427 MD & 59 MD/PhD students
3,290 alumni

Graduate School of Biomedical Sciences
395 students
638 alumni

Graduate School of Nursing
218 students
861 alumni

6,900 employees
3,046 faculty members (basic science, clinical and nursing)

Innovation, Discovery and Service Enterprises
Commonwealth Medicine
MassBiologics

$1 billion in revenue
Total annual research funding $255 million as of June 30, 2010

Statistics represent data available as of March 2011, except where otherwise noted

Kings privileged to share their good fortune

For Judy and Tony King, philanthropy is an investment in the health of the local community—a commitment that they have sustained for nearly three decades. As leadership donors over the years, they have made their gifts "close to home" by supporting medical research and clinical care at UMass Medical School and UMass Memorial. The Kings' recent gift to the Ambulatory Care Center is helping to assure patients access to the highest

Judy and Tony King

quality health care in the most state-of the-art environment, and most importantly, impacting the people of the communities in which they live and work. They recognize that a strong and vibrant health care system is absolutely critical for our community, but also they understand that health care organizations, like our academic health sciences center, rely on the philanthropic investment of generous community donors. Judy and Tony King are pleased to be able to support our clinical initiatives and programs and feel privileged to share their good fortune to benefit others. ■

Research into 3D imaging offers hope of improved breast cancer detection

UMass Medical School is one of only five institutions in the country investigating new techniques for producing three-dimensional images of breast cancer tissue using dedicated breast computed tomography (CT). In addition to eliminating the uncomfortable compression from mammography, this new technology has the potential to increase the rate of detection of breast cancer, decrease false positive results and improve treatment strategies.

Stephen J. Glick, PhD, professor of radiology, and colleague Andrew Karellas, PhD, professor of radiology, have received more than $3 million in National Institutes of Health funding to investigate the feasibility of a dedicated breast CT system, which takes low-dose images from multiple points of view through breast tissue. These images are combined to produce a 3D illustration of the breast that provides radiologists a better diagnostic tool for identifying potentially cancerous lesions.

"These images provide us with exquisite detail of the tissue anatomy that we would otherwise not have," said Dr. Glick. "It could help us identify masses and microcalcifications at an earlier stage when they are most treatable."

Dr. Glick and Dr. Karellas are currently collaborating with researchers at the University of Rochester, where patients are being scanned under an experimental protocol with one of the prototype CT systems. To date, more than $165,000 has been raised to bring a prototype of the dedicated breast CT system to UMMS, including proceeds from the fund-a-need segment of the live auction at the UMass Medical School/UMass Memorial Winter Ball in December and from the Pink—Lighting the Way to a Cure annual breast cancer event in October. Among the generous contributions to Pink was a $25,000 gift from the William J. McKee Foundation.

If you are interested in learning how you can support these efforts, please call the Development Office at 508-856-5520 or e-mail giving@umassmed.edu. ■

The Academic Medical Center

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UMass Medical School campus—the Medical School, the Aaron Lazare Medical Research Building, the Ambulatory Care Center and the rising construction under way for the Albert Sherman Center. Beyond its physical presence in Central Massachusetts, the combined enterprise is a dynamic economic force, providing jobs and investment that have allowed the region to flourish.

As a donor committed to supporting basic research or finding a cure for a specific disease, your knowledge of the institution may be focused on the entrepreneurial and innovative minds of our scientists or the laboratories in which they test their ideas.

All of these personal encounters, physical structures and scientific endeavors represent the pioneering system-wide approach of UMass Memorial Health Care and UMass Medical School to caring for the health and well-being of the people of Central Massachusetts, the commonwealth and the world. As an academic medical center, the combined enterprise is strengthened by its integration of medical education, science and care, enabling it to care for the health of the community now while developing knowledge that will lead to better treatments and cures in the future. ■

Sherman Center

Since the first piece of steel rose on the **Albert Sherman Center** site on December 22, nearly 1,000 pieces have followed, marking a brisk pace of 49 pieces of structural steel erected on the site each working day. Steel on the upper section of the building, near the corner of Plantation Street and North Road, has now reached the sixth floor. Despite the challenges of the severe winter weather, construction remains on schedule for the 480,000-square-foot building, which will expand and unify UMass Medical School's Worcester campus, double its research capacity and support the school's new learner-centered curriculum. This interdisciplinary, state-of-the-art research and education facility will foster interaction and collaboration among scientists and promote innovation and synergies across disciplines.

Cystic Fibrosis Center a national model for integration of research and treatment that enhances patient quality of life

Sheldon Vigeant

Twenty-one-year-old college student Sheldon Vigeant's active life is grounded in seamlessly coordinated care—the result of a skillful team of specialists who harness the power of research and a balanced approach to care for the lives of cystic fibrosis (CF) patients and their families.

Vigeant and his identical twin brother are among 125 patients—from infants to people in their 60s—treated at the Cystic Fibrosis Center, which was founded in 1992 and is considered a benchmark model for other programs nationwide. Advances in nutritional support, medications and airway clearance techniques over the past 15-20 years have given clinicians more aggressive strategies for treating the incurable disease. With an expert staff of physicians, nutritionists, social workers, nurses, respiratory therapists and support staff, the center is widely recognized for excellent nutritional and pulmonary function outcomes, and participates in clinical trials of new medications on an ongoing basis.

"We have a very holistic approach and are very family-centered," explains Dottie Page, MSN, FNP, coordinator of the center. "Because so many of us have been here so long we work well together and know the families and what they are able to do to manage the disease. We figure out how to help each patient function best in their community and manage their disease the best they can." Their approach includes visits to homes and schools by Page and/or social worker Connie Kazarian to sort out issues when things are not working well for a patient.

> "My care team does not let my health define me and helps me lead as normal a life as possible."
>
> Sheldon Vigeant

For Vigeant, who was diagnosed with CF as an infant, that continuity of care has paid invaluable dividends. "My care team does not let my health define me and helps me lead as normal a life as possible," he says. "I've seen Dr. O'Sullivan and the same nurses since I was a baby. The familiar faces give me more faith in the care I receive." ■

NARRATIVES CAPTURE THE ESSENCE OF LIFE AS A PHYSICIAN

"Jamie," a 10-month old child and patient of Michael Ennis, MD, was found unresponsive and succumbed, most likely to Sudden Infant Death Syndrome. Reflecting on receiving word of Jamie's death and attending to the family, Dr. Ennis, associate professor of family medicine & community health and assistant dean for student advising at UMass Medical School, wrote about his experience in a thought-provoking essay, excerpted here.

"The death of a child always seems so inexplicable, so unfair…I wondered what I should do. Go to St. Blank's, a hospital where I had no clinical privileges … Doctors save lives; there was no life to save…Anyway, there was a conference room full of third-year clerks waiting for me…My presence at that class was essential. Despite my rationalizations…I turned my bike toward St. Blank's."

ENNIS LATER REFLECTS ON WHAT HAPPENED IN BETWEEN HEADING TO THE HOSPITAL AND GETTING BACK TO HIS STUDENTS

"…Upon learning of my patient's death, I had thought that my role as the PCP was irrelevant. Now… I felt exalted as the family's doctor. My role …was the essence of what I believed a physician should do…We so seldom have the opportunity to cure, yet almost always there is the chance to minister to the sick and bereaved.

"…when I returned to teach the clerkship students, I told them everything that had happened. As I look back now, I wonder if my recounting the events may have taught them about a dimension of doctoring perhaps more important than the formal curriculum they missed when I no-showed. It certainly taught me."

Associate Professor of Family Medicine & Community Health, Hahnemann Family Medicine Residency Director and Thursday Morning Memos founder Hugh Silk, MD, (left) and fourth-year medical student Kara Keating Bench, MPH, are enthusiastic proponents of narrative medicine. Keating Bench was introduced to Thursday Morning Memos during her family medicine rotation at Hahnemann.

Ennis' story "Primary Care Ride," which was published in the journal *Family Medicine*, is an example of narrative medicine, a concept embraced by the Department of Family Medicine & Community Health's Thursday Morning Memos —a series of reflective essays written by department students, residents and faculty.

Narrative medicine overturns the traditional notion that maintaining emotional distance from patients is what protects caregivers from becoming traumatized by their difficult work. "The telling of our stories is how we in the medical community make peace with bad outcomes, honor patient relationships and process the meaning in our work," said Associate Professor of Family Medicine & Community Health Hugh Silk, MD, who originated Thursday Morning Memos in his role as director of education at the UMMS Hahnemann Family Health Center residency program. "These stories have been praised as 'inspiring,' 'rejuvenating' and 'rewarding,'" Silk said.

Further hoping to expand the reach of Thursday Morning Memos, Silk is seeking grant funding to bring the program to other medical schools in collaboration with the Family Medicine Educational Consortium.

To read Ennis' complete essay and a sampling of Thursday Morning Memos, visit http://www.umassmed.edu/fmch/residencies/publications.aspx.

Pictured are members of the cancer team: (from left) Stephanie Rondeau, MSN, ACNP; Syed Quadri, MD, MSc; Angela Sabol, MSN, ACNP; Karl Fabian Uy, MD; and Geoffrey Graeber, MD.

Ensuring the best outcomes for lung cancer patients through expanded surgical service, early detection and clinical trials

When a patient is facing a lung cancer diagnosis, it is important to know that the UMass Medicine Cancer Center of Excellence offers close-to-home access to world-class thoracic surgery expertise and compassionate, coordinated care, as well as opportunities to participate in cutting-edge clinical trials. In addition to the program at UMass Memorial Medical Center, UMass Memorial has introduced thoracic surgery programs at two of its community hospitals, HealthAlliance Hospital in Leominster and Fitchburg, and Marlborough Hospital.

Lung cancer stands on the cusp of dramatic change, as newly released data from a landmark study found that annual CT scans of current and former heavy smokers reduced their risk of death from lung cancer by 20 percent, with the potential to save 30,000 lives per year. Early detection is critical. "Accurate staging of lung cancer is a critical factor in selecting treatment options, determining a prognosis and ensuring the best possible outcome for each patient," said Geoffrey Graeber, MD, chief of thoracic surgery, who leads one of the most experienced thoracic surgery teams in New England.

A dedicated patient navigator carefully guides lung cancer patients through the diagnosis and treatment process, expediting timely care. Each patient's individualized plan is built by a team of specialists who collaborate on the patient's optimal care, based on access to the comprehensive array of today's most advanced diagnostic and treatment resources available.

An essential part of care is giving patients access to promising treatments through clinical trials, and UMass Memorial in conjunction with the Medical School currently offers trials for every stage of lung cancer. They include immunotherapy for patients with early-stage, non-small cell lung cancer (NSCLC), anti-angiogenic chemotherapy for patients with intermediate-stage NSCLC, and chemotherapy for patients with metastatic NSCLC. Patients and families also have extensive support to address their emotional, social and spiritual needs. ■

WINTER Ball

University of Massachusetts Medical School
UMass Memorial Medical Center

Over 340 guests came together to celebrate the second annual UMass Medical School/UMass Memorial Winter Ball at Mechanics Hall in December, raising a record-breaking total for the programs in the Ambulatory Care Center. The Winter Ball Steering Committee was led by co-chairs Mike and Dot Tsotsis and Dave and Jodi Brunelle. Our five gold corporate sponsors, in addition to ten silver, thirteen bronze and three evening sponsors contributed to the outstanding success of the evening, which included a cocktail reception and dinner, silent and live auctions, and dancing.

Gold Sponsors

Berry, a division of Suffolk
Consigli Construction Foundation
Crothall Services Group
Morrison Management Specialists
Public Consulting Group

Silver Sponsors

ACS, a Xerox Company
Benefit Development Group
Fallon Community Health Plan
Greenwood Industries
MedMetrics Health Partners/ Public Sector Partners
Mirick O'Connell Attorneys at Law
North Pointe Investment Partners
Telegram & Gazette
Unum
Vital Emergency Services in collaboration with MedStar Ambulance

For more information on the 2011 Winter Ball and how you can participate, please contact the UMass Medicine Development Office at 508-856-5520.

At the forefront in transforming primary care

Pictured are members of the UMass Memorial Barry Family Center clinical care team.

Strategies to help patients take charge of their health are rapidly evolving, and policy experts and clinicians at UMass Medical School and UMass Memorial Health Care are leading the transformation with work on the Massachusetts Patient-Centered Medical Home (PCMH) Initiative, a state-sponsored medical home demonstration.

This new medical home model aims to put more resources in the hands of primary care practices while encouraging them to build teams to improve patient outcomes and satisfaction and, ultimately, reduce spending. "The patient-centered medical home is at the forefront of where primary care needs to go and is going," said Judith Steinberg, MD, MPH, interim chief medical officer of Commonwealth Medicine and interim director of the Center for Health Policy and Research (CHPR). Dr. Steinberg's team, along with the other project team members, is leading activities related to the PCMH initiative, providing technical assistance to 46 practice sites statewide.

Patients at the UMass Memorial Barre Family Health Center meanwhile are beginning to see and feel what a patient-centered medical home will be. The Barre Center is one of several UMass Memorial state-selected demonstration sites. "The goal of this effort is a center where patients taking part in the demonstration are empowered to set goals for their care and have an enhanced relationship with their physician-led team of clinicians," says Medical Director Stephen T. Earls, MD.

Kiosks in the Barre waiting room are the first examples of technology linking patients with "doctor-directed" education. Clinical staff members are developing registries to help track and better care for patients with chronic diseases, such as diabetes, asthma, coronary artery disease and hypertension. Over the course of the three-year demonstration project, the team hopes to develop tools such as e-visits through which engaged patients can receive assistance when a face-to-face visit is not necessary.

"It is exciting that Commonwealth Medicine, UMass Medical School and UMass Memorial have such a prominent role in experimenting with the medical home to transform primary care practice and health care delivery," said Dr. Steinberg. ■

Characteristics of a patient-centered medical home

- Patient/family-centered care is delivered with respect and provides patients, families and caregivers with choices.
- Multidisciplinary team-based approach to care that places an emphasis on effective team communication, collaboration and role definition.
- Planned visits and follow-up care rather than episodic, reactive care.
- Patient tracking via Electronic Health Record or other patient registry with patient-specific reminders.
- Care coordination, including referral and transition management.
- Integrated care management focused on high-risk patients.
- Patient and family education on both primary preventive care and on self-management of chronic illness.
- Self-management support by all members of the practice team to assist the patient and/or family/caregiver with the challenges of ongoing self-management.
- Involvement of the patient in goal setting, action planning, problem solving and follow-up.
- Evidence-based care delivery.
- Integration of quality improvement strategies.
- Easy and flexible access, including alternatives to face-to-face visits, such as e-mail and telephone calls.

Source: Adapted from the definition of a medical home provided by the Massachusetts Patient-Centered Medical Home Initiative.

Medical teams hone their lifesaving skills with SimBaby, a gift from the Paul C. and Gladys W. Richards Charitable Foundation

Imagine this. A six-month-old baby is rushed to the Pediatric Intensive Care Unit (PICU) from the Emergency Department. Scot T. Bateman, MD, clinical associate professor of pediatrics, stands at the foot of the small bed and calls a "code." Suddenly, a half dozen doctors, nurses and critical care technicians appear in the room, crowding around the small bed to ask questions and assess vital signs as the team works quickly but methodically to stabilize the child.

Dr. Bateman suddenly calls out, "Stop! You're done. Good job, another life saved."

All of this activity was a drill, and the infant at the center of it all was SimBaby, a full-body infant mannequin with realistic anatomy and clinical functionality that incorporates software and interactive technology, giving learners the opportunity to practice safely the emergency treatment of patients. After Bateman called an end to the code, the team gathered around him to discuss not only the procedures they used, but as importantly, how they communicated and worked together.

Every Tuesday morning a SimBaby code is called in the PICU, providing the team an opportunity to build their skills and confidence without the pressure of a real life-and-death situation.

An invaluable asset of the UMass Medical School Simulation Center, SimBaby was a gift from the Paul C. and Gladys W. Richards Charitable Foundation. Roberta Carlin and Linda Arman, trustees of the Foundation, have been supporting the Simulation Center for a number of years, funding the purchase of not only SimBaby and SimNewB (a newborn version), but also Harvey, an adult-sized mannequin that replicates the physical symptoms of more than 30 cardiopulmonary conditions.

"This is why we bought them—to help future doctors and nurses learn," said Carlin. "The technology is fascinating, and we're really delighted to be able to support medical education this way."

View a video of a Tuesday morning code here at www.umassmed.edu/news/video/2010/simbaby_training.aspx. ■

Roberta Carlin (left), and Linda Arman, trustees of the Paul C. and Gladys W. Richards Charitable Foundation, look at the SimBaby, a full-body infant mannequin with realistic anatomy and clinical functionality that helps residents and nurses train for real-life crises.

NOTABLE GRANTS IN...

SUICIDE PREVENTION

THANKS TO A $12 MILLION GRANT from the National Institute of Mental Health, the Department of Medicine is conducting a multi-site study aimed at improving suicide prevention in hospital emergency department patients. Emergency room physicians are on the front lines of treating the majority of life-threatening and medically severe suicide attempts, and also the first to see the less medically severe suicide attempts.

Edwin Boudreaux, PhD

Edwin Boudreaux, PhD, professor of emergency medicine, psychiatry and quantitative health sciences, is leading a team of colleagues conducting the Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE) trial, which is expected to enroll 1,400 participants over five years. The study is asking two main questions: Does universal screening increase the detection of suicidality? And, can care for patients be improved to reduce attempted and completed suicides?

The study will be coordinated jointly by investigators at UMass Medical School and Emergency Medicine Network (EMNet) and conducted at eight sites nationally, representing broad geographic regions and patient demographics. "We believe we may have an opportunity to impact suicide by connecting with patients while they're in the ED," said Boudreaux.

JOINT REPLACEMENT OUTCOMES

Through a $12 million grant from the Agency for Healthcare Research and Quality (AHQR), UMMS is leading a multi-center research study aimed at examining total joint replacement (TJR) surgery and associated quality of life improvements.

Each year, more than 700,000 adults in the United States have knee or hip replacement surgery to eliminate pain, and regain joint function and mobility lost to advanced arthritis. Through an in-depth outcomes assessment of TJR surgery, UMMS will establish a nationwide registry of 33,000 diverse patients treated by 130 orthopedic surgeons in various practice settings, including six high-volume centers, nationwide. Investigators will research joint replacement failure and technical or mechanical issues; the impact of the replacement on the patient's mobility, function, pain and quality of life; the value of TJR in younger patients; and disparities in TJR use among certain ethnic, socioeconomic or demographic groups.

Patricia D. Franklin, MD, MBA, MPH

The study's principal investigator, Patricia D. Franklin, MD, MBA, MPH, the Joy McCann Professor for Women in Medicine, professor of orthopedics & physical rehabilitation and family medicine & community health, whose focus is patient-centered outcomes research, said, "We consider the surgery a failure if it doesn't provide pain relief or improved mobility or function for the patient. We want to do a better job of measuring the real human outcome of joint replacement."

New option for stroke prevention

THE FINDINGS FROM A LANDMARK clinical trial that carotid stents have excellent safety and long-term results as a method to reduce the risk for stroke is good news for neurosurgeon Ajay Wakhloo, MD, PhD, director of neurointerventional radiology/endovascular neurosurgery at UMass Memorial Medical Center.

"This latest study shows that less invasive endovascular treatment is a viable option to surgery in a wider patient population," said Dr. Wakhloo, who has performed more than 2,000 carotid stent placements since 1991.

Stents used to prop open plaque-clogged carotid arteries help reduce the risk of stroke as safely and effectively as traditional surgery in appropriately selected patients, according to the results of a 10-year, federally funded study, the Carotid Revascularization Endarterectomy versus Stenting Trial (CREST). CREST found that the neurostents reduce stroke risk less invasively and with shorter hospitalizations for patients. The carotid arteries are the major source of blood flow to the brain, and the buildup of cholesterol in the wall of the carotid artery is one cause of stroke. Carotid artery stenting involves threading a stent and expanding a small protective device in the artery to widen the blocked area and capture any dislodged plaque caused by built-up cholesterol.

While Dr. Wakhloo is encouraged by the study, he stresses that patient selection is a key factor in achieving successful outcomes. "The age of the patient, co-morbidities—all go into the equation, and it's never black and white," he explains. "We evaluate, understand the risks and tailor treatment of the individual needs of each person. The technology has matured along with our experience. The outcome-benefit level is equal to that of surgery in patients without stroke symptoms, and that is quite impressive." ■

Ajay Wakhloo, MD, PhD, is encouraged by the CREST findings

Endovascular Coiling: A patient's story

In May 2009, UMass Memorial employee Bill Delaney suffered a burst cerebral aneurysm at home. After first receiving immediate treatment at a local community hospital in Webster, he was rushed to the Emergency Department at the Medical Center's University Campus and into Dr. Wakhloo's care. "Thirteen days later, I was home with no rehabilitation needed and no long-term side effects from this noninvasive (endovascular coiling) procedure," said Mr. Delaney. "Looking back on this, I feel amazed at the outcome and my future! I am back to work with no restrictions or limits. I guess I was in the right place at the right time and all the stars were lined up in my favor."

Panera Bread proud to support 2010 Walk to Cure Cancer

Panera Bread, flagship sponsor of the 2010 Walk to Cure Cancer, presented its $10,000 check in support of the UMass Medicine Cancer Center of Excellence. Pictured above, from left to right, are Bob Perella, corporate relations officer, UMass Medicine development office; Mitch Roberts, co-owner of PR Restaurants and Rob Jenkins, general manager, Panera Bread of Westborough; Alan Rosmarin, MD, chief, division of hematology/oncology and deputy director of the UMass Medicine Cancer Center of Excellence; and Tamara Hampton, manager of the Walk. The 2011 Cancer Walk in support of the UMass Medicine Cancer Center of Excellence will take place on September 25, 2011, with a new start time of 10 am.

HEALTH ADVICE

Nutrition and Diabetes

TAKING CARE OF YOUR DIABETES is a team effort, and the most important member of the team is YOU. Your primary care doctor, endocrinologist, diabetes educator and dietician, are there to help you. And, healthy, nutritional habits are one of the most important steps that you can take to control your diabetes.

WHAT SHOULD YOU EAT?

It is best if each meal and snack has a variety of foods.

Remember that you need enough carbohydrates in your diet.

When you can, eat vegetables and fruits in their natural states. They are better at satisfying your hunger and they are much healthier.

Carbohydrates and protein make the best snacks as they digest within three hours.

Some healthy choices to consider:

Carbohydrates

Vegetables; Fruits (all kinds); Whole-grain breads, cereals and legumes (such as lentils or kidney beans); Skim or low-fat milk and yogurt

Proteins

Lean meats; Fish and seafood; Other protein sources
(low-fat cheese; eggs/egg substitutes, peanut butter or soy protein products)

These foods should be limited:

Sweets (e.g., candy, desserts, jelly, syrups) can make your blood sugar go too high, too fast.

High-fat foods (e.g., butter, fatty meats, cheese, ice cream) can clog up your blood vessels and make you gain weight.

WHEN SHOULD YOU EAT?

Space your meals evenly, about four to five hours apart.

Eat your meals on time to fuel your body.

Consistently eat the same amount of total carbohydrates at the same times every day. This will help your blood sugar stay in your healthy target range.

If you take medication to help control your blood sugar level, the doses are planned to work with your meal and snack times.

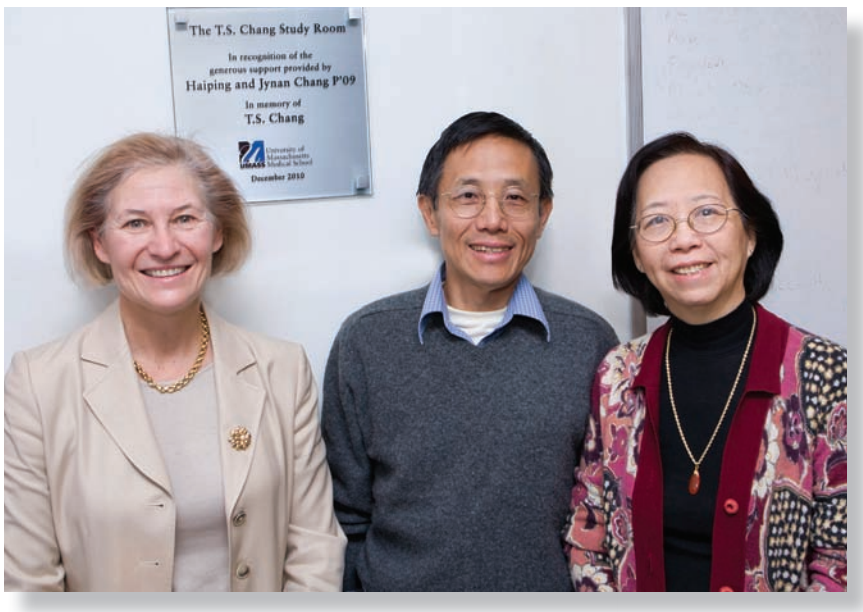
Do not ever skip meals. You cannot afford to have your blood sugar level drop too low.

HOW MUCH SHOULD YOU EAT?

When you have diabetes, portion sizes are very important. Eating the right amounts of food will help you manage your blood sugar level and provide proper nutrition. Your dietician will discuss specific portion sizes with you.

The Diabetes Center of Excellence takes an 'eyes-to-toes' approach, offering comprehensive, coordinated care to help people with diabetes better manage their disease.

To learn more about programs and services available, call 508-334-3206. ■



Changs help sustain excellence in medical education

Haiping and Jynan Chang P'09, parents of Allen Chang, MD '09, joined Michele Pugnaire, MD, senior associate dean for educational affairs, to celebrate the naming of the T.S. Chang Study Room. The Changs' interest in sustaining excellence in education prompted them to express their gratitude for their son's education with a generous gift supporting the renovation of a group study room equipped with state-of-the-art computer and audiovisual technology designed to foster team learning.

Calendar of Events

Second-Year Oath Ceremony

Tuesday, April 5, 6 pm

MECHANICS HALL, 321 Main Street, Worcester

The School of Medicine Class of 2013 will reflect on the ethical and professional responsibilities of becoming a physician. The ceremony includes an address by a speaker invited by the class, followed by students' recitation of the oath that they have written.

For more information, contact Lanny Hilgar at lanny.hilgar@umassmed.edu or 508-856-2680

Annual Parents Dinner

Thursday, April 14, 6 pm

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, Worcester

This annual gathering offers parents of School of Medicine (SOM) students the opportunity to meet and connect with each other and school leadership. The Parents Association will also host a silent auction in support of the SOM Medical Education Fund.

For more information, contact Diana Tsotsis in the Office of Alumni and Parent Relations at 508-856-1593 or e-mail diana.tsotsis@umassmed.edu

The 18th Annual Teddy Bear Clinic

Saturday, April 16, 10 am to 3 pm

GREENDALE MALL, 7 Neponset Street, Worcester

Families can enjoy games and entertainment at 30 interactive booths. Kids can dress up like a surgeon, have a stuffed toy examined or hop aboard an ambulance.

To learn more about this fun, educational event, visit www.umassmemorial.org

Atrial Fibrillation Program

Thursday, April 28, 6:30 to 8:30 pm

HOAGLAND-PINCUS CONFERENCE CENTER, 222 Maple Avenue, Shrewsbury

This free educational seminar, sponsored by the UMass Memorial Atrial Fibrillation Treatment Program, helps people recognize the risk factors, symptoms and treatment of atrial fibrillation. Free risk screening, free parking, light refreshments served.

To register, call 508-421-1199 with number of attendees or visit www.umassmemorial.org

Development Council Spring Meeting

Tuesday, May 3, 4 pm

UNIVERSITY OF MASSACHUSETTS, MEDICAL SCHOOL, Worcester

Hudson Hoagland Society Annual Meeting

Wednesday, May 11, 6 pm

HOAGLAND PINCUS CONFERENCE CENTER
222 Maple Avenue, Shrewsbury

Hudson Hoagland Society members are invited to a cocktail reception in recognition of their commitment to advancing biomedical research at UMass Medical School. Robert Brown Jr., DPhil, MD will deliver the keynote presentation. Society members will receive further details.

For more information, call Kate Gomes at the UMass Medicine Development Office at 508-856-1994 or e-mail kate.gomes@umassmed.edu

School of Medicine Alumni Reunion

Saturday, May 14

UNIVERSITY OF MASSACHUSETTS, MEDICAL SCHOOL, Worcester

Celebrating School of Medicine Classes '76, '81, '86, '91, '96, '01 and '06

Alumni are encouraged to visit the alumni online community at **www.NetworkUMass.com/Medical** to reconnect with classmates and friends and begin to celebrate Reunion together.

For more information, contact Diana Tsotsis in the Office of Alumni and Parent Relations at diana.tsotsis@umassmed.edu or 508-856-1593

Commencement

Sunday, June 5, Noon

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, Worcester
For more information, contact Lanny Hilgar at lanny.hilgar@umassmed.edu or 508-856-2680

UMass Medicine Walk to Cure Cancer Kick-off Breakfast

Thursday, June 16, Registration: 7:30 am Program 8 - 9am

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, Worcester

This annual kick-off for the 2011 Walk is an opportunity for team leaders to learn more about the Walk and medical breakthroughs happening at the UMass Medicine Cancer Center of Excellence.

DEVELOPMENTS
From the University of Massachusetts Medical School and UMass Memorial Health Care

University of Massachusetts MEDICAL SCHOOL
UMassMemorial HEALTH CARE

UMass Medicine Development Office
333 South Street
Shrewsbury, MA 01545

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NEWS BRIEFS

■ Davis and Green recognized by the European Molecular Biology Organization

Two UMMS researchers have been recognized by the European Molecular Biology Organization (EMBO) for their outstanding research contributions in molecular biology. Roger J. Davis, PhD, Howard Hughes Medical Institute Investigator, the H. Arthur Smith Chair in Cancer Research and professor of molecular medicine and biochemistry & molecular pharmacology, and Michael R. Green, MD, PhD, Howard Hughes Medical Institute Investigator, the Lambi and Sarah Adams Chair in Genetic Research and professor of molecular medicine and biochemistry & molecular pharmacology, have been elected associate members of the EMBO, a lifelong honor that places them among the world's leading molecular biologists.

■ Trial tests therapy that may protect transplanted livers from hepatitis C

Researchers at MassBiologics of the UMass Medical School have begun a Phase II clinical trial testing the ability of a human monoclonal antibody to prevent hepatitis C virus (HCV) infection of a donor liver in transplant patients.

■ Scientist wins award for tackling devastating brain disease in kids

Miguel Sena-Esteves, PhD, associate professor of neurology, was presented with the annual "See the Light" award from the Mathew Forbes Romer Foundation in recognition of his leadership in the fight against children's genetic diseases of the brain. Dr. Sena-Esteves is investigating the potential of using gene therapy techniques to replace the faulty gene that causes Tay-Sachs disease, a devastating neurological disorder that causes deterioration of mental and physical abilities in children.

■ UMass Memorial Medical Center granted Medal of Honor for Organ Donation

For the fifth consecutive year, the Medical Center received the Medal of Honor for Organ Donation from the U.S. Department of Health and Human Services. The medal is awarded to hospitals that sustain national organ donation goals. In 2010 alone, more than 80 people on the national transplant waiting list received a transplant due to the compassion of Medical Center families and the support of UMass Memorial and New England Organ Bank staff.

■ UMass Memorial Consumer Choice #1 hospital

National Research Corporation announced that UMass Memorial Medical Center was selected by community members as a "2010/11 Consumer Choice #1" hospital, consistently recognized for the past seven years. The award identifies hospitals which health care consumers have chosen as having the highest quality and image in more than 250 markets throughout the U.S.

■ Cardiac Surgery Program continues to excel

The UMass Memorial Cardiac Surgery Program was recognized by the Society of Thoracic Surgeons (STS) with its three-star designation, the highest rating given, for the fifth year in a row. The comprehensive rating system allows for comparisons regarding the quality of cardiac surgery among hospitals across the country. Only 12 percent of the nearly 1,000 heart programs nationwide that participate receive this designation.

■ UMass Medical School launches UMassMedNow

Stories highlighting the people, research, accomplishments and impact of the Medical School can be seen daily at UMassMedNow, an interactive media news site. Check out www.umassmed.edu/news.

■ Medical Center earns number one ranking by Visicu

UMass Memorial Medical Center continues to rank number one for overall intensive care unit (ICU) quality of care by the VISICU *e*ICU® Quality Consortium based on the 2010 fourth quarter's VISICU quality benchmarking report. UMass Memorial has achieved this number-one ranking since June 2007.

■ Palliative Care earns ESMO accreditation

After a rigorous evaluation process, UMass Memorial Medical Center received accreditation by the European Society for Medical Oncology (ESMO) as an ESMO Designated Center of Integrated Oncology and Palliative Care. The Cancer Center was recognized for its commitment to providing excellent palliative care to patients. UMass Memorial joins the Cleveland Clinic as the only two United States hospitals with this designation.

Contact Information:
UMass Memorial Medical Center
508-334-1000
www.umassmemorial.org

UMass Medical School
508-856-8989
www.umassmed.edu