

## Jason Clark



Clinical Research Training Program  
National Institute of Diabetes and Digestive and Kidney Diseases  
4<sup>th</sup> year medical student at Duke University School of Medicine  
B.A.-Psychology, Emory University  
Hometown: Cincinnati, Ohio

My name is Jason Clark. I grew up in Cincinnati, Ohio and earned a BA in Psychology from Emory University in 2002. I taught in inner city Atlanta with *Teach for America* before beginning Duke University School of Medicine in 2004.

I participated in the Clinical Research Training Program (CRTP) from 2006-2007, after past fellow Erica Taylor's enthusiasm about the program compelled me to apply.

I worked on several projects related to fibrosis and skin disease during the research year. I conducted genetic studies with familial keloids as my primary project with mentor Dr. Jeffrey Kopp, a nephrologist. I had become interested in keloids during a dermatology clerkship at Duke after learning that these disfiguring lesions, disproportionately prevalent in African and Asian populations, were first described nearly 3000 years ago in ancient Egypt, yet contemporary medical therapies have limited efficacy and high rates of recurrence. Moreover, only four papers have investigated keloid inheritance since 1806 when the word entered the medical literature. Surprised so little was known about this health disparity, I sought a project hoping to contribute to the field.

I think trainees can maximize their year with passion for the project, mentor accessibility and management style as foremost considerations. I came to the National Institutes of Health (NIH) with very little research experience so finding a mentor who would be generous with his/her research expertise was especially important to me. I can not envision a better balance of accessibility, autonomy and guidance from my mentor.

As a CRTP fellow, I recruited families with keloids for travel to NIH where we conducted skin exams to characterize lesions by location, onset age, precipitating stimulus and symptomatology. We collected DNA samples for a genome-wide scan and linkage analysis, seeking loci and ultimately to identify genes responsible for this highly

morbid condition. It is my hope that with a better understanding of keloid pathogenesis, targeted therapies will emerge.

One of my favorite aspects of work at NIH has been that every day is different. My daily activities have varied from patient screening to paper writing, from clinical examination to pedigree analysis, from authoring protocol amendments to leading conference calls with contractors or collaborators. I have had so many opportunities at NIH. Where else would a medical student study wound healing with a nephrologist, cancer with a dermatologist, and propose proof of concept clinical trials with industry?

Medical school sensitized me to the importance of evidence-based medicine in clinical decision-making; this year has shown me how exciting the process of uncovering that evidence, i.e. clinical research, can actually be. When you interview with the discoverer of Hepatitis C, or discuss methods with the geneticist who cloned the gene for Hartnup disease, you know you have accessed something special. Scientists here know what you are asking before you finish speaking, they generate ideas with a zeal that is palpable and they conduct their lives and labs at a pace that has been both refreshing and inspiring.

I hope to contribute even a fraction of this skill set as I pursue residency training in dermatology at an institution committed to advancing clinical practice and narrowing health disparities. I finished my CRTP year inspired that a career that combines teaching, research, and clinical practice is not only possible but, in fact, desirable. I find myself already envisioning ways to return to NIH for clinical electives, lectures, and research opportunities in my fourth year and beyond.

A lot has been said about the offerings of the District of Columbia and Bethesda and I found it all to be true. Recently I saw fellow CRTP participants present their years work and graduate. Seeing my work-out, study, lunch-time partners, friends and colleagues, present their research as young investigators, reminds me that there are 29 other “success stories” at NIH this year, stories that start with tireless labor and end with productivity and discovery. The CRTP opportunity is pervasive; success is collective.