

DEAN'S

CORNER E-NEWSLETTER

*Texas College of Osteopathic Medicine
January 22, 2004*

As we begin this new year, we find numerous challenges facing this country: our troops are deployed in several locations around the world; despite the beginning of an economic recovery, large states continue to struggle with fiscal issues; new legislation to revamp the Medicare system will begin although funding may become an issue; we are entering a Presidential election year; just to name a few.

Within the Texas College of Osteopathic Medicine, I am faced, like my counterparts at the other Texas medical schools, with the fiscal realities of the reduced state support of our academic programs. I met last week with the student government leaders from both the DO and PAS programs and discussed our fiscal situation. Although we have made critical decisions over the past 12 months that have reduced or eliminated some positions and programs, but in such a manner as to be transparent to our academic programs, fiscal challenges remain. However, with the need to enhance or improve some of our academic courses, I anticipate a need to increase tuition to assure programmatic success. These increases would not exceed a total of 20% over the current sum of tuition and fees for each program. I understand that this will be a significant increase; however our programs still remain priced at some of the lowest costs in the country. Plans for use of the tuition increases would include investment towards:

- Completion of the simulation program.
- Develop standardized patient program.
- Physical plant enhancement.
- Committed academic core faculty.
- Increased clinical rotation sites.
- Increased graduate medical education programs.
- Strategic growth.

Certainly this amount of tuition is only a partial way of increasing programmatic funding, and we will continue to enhance our finances through our various funding streams. I did supply more complete documents to your student leaders, who will be sharing the information soon, if not already. I regret that we are placed in this position, but we are trying to anticipate these needed increases early, so that they can be recorded for next year's financial aid requests.

The new Faculty Bylaws are now on the WEB! Go to the UNTHSC Intranet site, Policies and Procedures, scroll down the list to Faculty Bylaws.

If you have any questions or comments regarding the contents of the bylaws contact Dr. Robert Kaman, Chair of the Faculty Bylaws committee.

Please supply any pertinent information to my office (deantcom@hsc.unt.edu) by Thursday, for inclusion in this Newsletter.

Student Affairs: (Dr. Thomas Moorman)

Interim Associate Vice President for Student Affairs

Dr. Mitchell Forman, Associate Vice President for Student Affairs, has accepted a new position as the Dean of Touro University - College of Osteopathic Medicine in Las Vegas, Nevada. He will be the founding dean of this brand new medical school. Dr. Forman has served the UNT Health Science Center for over 11 years and will be dearly missed by our faculty, staff, and students. He has been a true mentor and friend to many. In his absence, Dr. Thomas Moorman will be the Interim Assistant Vice President for Student Affairs.

The Division of Student Affairs is celebrating two new members of our team. Eryn Loney is the new Coordinator for Academic Support and Bobbie Ann Adair is the new Student Development Coordinator.

Eryn Loney will be joining Peg Dansereau in the office of Academic Support. Together, they will be working to increase and further develop the tutoring program, group study sessions, and specialized workshops available to students. Eryn has a Master's degree from Texas Christian University and has been working in higher education for 12 years.

Bobbie Ann Adair is joining forces with Rynn Sloan to provide leadership workshops, orientation programs, and other extracurricular activities for students. Bobbie Ann is a recent Master's degree graduate from the University of New Haven in Connecticut.

Clinical Affairs / Faculty Practice: (Dr. Robert Adams)

Associate Dean for Clinical Affairs/Chief Medical Officer

No report submitted

Academic Affairs/Graduate Medical Education: (Dr. Don Peska)

Associate Dean for Academic Affairs

Statewide Enthusiasm. The Office of Academic Affairs continues to receive inquiries from around the state regarding the process to dual accredit ACGME postgraduate training programs. Dual accreditation is an initiative of the American Osteopathic Association that seeks to recapture osteopathic identity in graduates that, for reasons of availability or geography, obtain training in allopathic programs. Through an expedited

process, the AOA is willing to grant accreditation of those programs thereby allowing osteopathic graduates the opportunity to sit for osteopathic specialty certification. Those programs that have made inquiry have worked with our graduates in the past and have been pleased by their depth of knowledge and the quality of their performance. In short, they would like to attract more interest from TCOM students to visit their community and consider training in their facilities. For TCOM we have the opportunity to support the state's mandate to retain as many graduates as possible within the State of Texas. These initiatives also open up training sites for our undergraduate clinical rotations. The health science center continues to work with the Texas Osteopathic Medical Association to identify such opportunities around the state and further the prestige and prevalence of osteopathic medicine in the State of Texas.

Medical Education: (Bruce Dubin, D.O.)

Associate Dean for Medical Education

Recent work by course directors, the phase directors group, and the Department of Medical Education has centered upon preparing TCOM students for the upcoming COMLEX-PE examination that will begin during the 2004-2005 academic year. This is a new assessment tool developed by the National Board of Osteopathic Medical Examiners. It is a separate component of part II of the Comprehensive Osteopathic Medical Licensure Examination (COMLEX - II).

The examination measures doctor-patient communication skills; medical history-taking; physical examination skills; osteopathic manipulative treatment; written communication skills in the form of a "SOAP" note; and aspects of clinical problem-solving; differential diagnosis; and the formulation of a therapeutic plan. These skills are all assessed in the context of clinical encounters with standardized patients.

During the examination, each candidate will have approximately 12 simulated clinical encounters with standardized patients that are modeled on visits to outpatient primary care settings. Each simulated encounter lasts 13 minutes, allowing the candidate to evaluate and treat the patient according to the patient's presenting complaint. After the encounter, the candidate completes a written "SOAP" note.

Exercises will continue to be developed and assessment tools will continue to be refined that will allow TCOM student performance to meet and exceed the rigors of this new and important assessment tool. It is anticipated that the increased use of technology and patient simulation will enhance student performance in this examination.

Clinical Research: (Dr. Michael Clearfield)

Associate Dean for Clinical Research

Research appreciation day is coming up soon, Friday April 2nd. I am pleased to announce that our Keynote speaker will be David Kaufman DO. Dr. Kaufman is

currently Professor and Chair, Department of Neurology and Ophthalmology, at Michigan State University. Dr. Kaufman was the 2003 recipient of the Louisa Burns Memorial Lecture at the AOA and gave a spectacular presentation. It would be worth all our time to plan to attend his lecture at our institution.

I hope to see all our departments, residency programs and institutes participate in this year's RAD. Formal requests will be forthcoming and I will keep you informed of key dates for abstract deadlines.

[PA Studies: \(PA Hank Lemke\)](#)

PA Studies Faculty Departure

PA staff, faculty, and students join in offering well wishes to Carolyn Telford, PA-C, Assistant Professor, who resigned this month from her position as Clinical Education Coordinator. Carolyn accepted a new part-time position at a local clinic in Fort Worth. She looks back upon her experiences at UNTHSC with fondness, while adding that her new position will provide her with more time to spend with her children and family.

PA Admissions Gearing Back Up in New Year

The PA program is looking for volunteers willing to assist with interviewing prospective candidates for the PA Class of 2007. After recently welcoming back Kim Hoang, who returns a new mother, to relieve a logjam of applicants waiting to be interviewed, interviews will begin again next week. This year the PA program received over 400 applications for the entering class scheduled to matriculate in the Fall.

[Science and Health News:](#)

The New York Times

Drug Companies Get Too Close for Med School's Comfort

By DAN SHAPIRO

Published: January 20, 2004

One of our psychiatry residents smiles and leans against the wall. A woman, a few years younger, stops filling the mailboxes with pens and sheets of paper advertising a new antidepressant and faces him squarely. Her voice is melodic and bouncing. Her eyes open wide and she laughs at something. He smiles. He moves to scratch his cheek and she makes the same movement, they are scratching in unison now. They remind me of a flirting couple on a first date.

He has completed medical school and is in the second of four years of psychiatric training. Assuming all goes as planned, in a few years he will be licensed as a psychiatrist.

When he starts practicing independently he will write thousands of prescriptions every year; he already writes hundreds. She is "detailing him," teaching him new uses for her company's antidepressant.

My office sits just outside the mailboxes and I've been watching her. She's been lurking, slowly filling the mailboxes. He is the third resident she has "detailed" in an hour.

Our psychiatry department at the University of Arizona is divided over these interactions. On one hand, a number of professors and a few residents have grown concerned that the department is allowing the pharmaceutical industry to teach our residents to embrace newer, more expensive drugs. On the other, many residents have argued against restrictions, suggesting that they should learn to respond to the marketing now and that prohibiting contact would leave them unprepared for the future. A minority have argued that academic freedom gives the faculty and residents the right to speak with whomever they choose.

There have been debates in a grand rounds forum, in faculty meetings, and in the weekly resident lunch. In response, our department head recently formed a committee to draft a new policy governing relationships with the pharmaceutical industry.

Drug company representatives are a major presence. They sponsor Journal Club (where trainees learn to review new data and research); they pay for many of our weekly speakers and regularly offer free dinners for the residents and faculty. They enjoy free access to our mailboxes and regularly detail our trainees in their offices, hallways and in our little kitchen.

This is not uncommon. Meredith Rosenthal at the Harvard School of Public Health reported in *The New England Journal of Medicine* that the industry spends roughly \$15.7 billion annually marketing medications, with \$4.8 billion dedicated to detailing individual physicians, or roughly \$6,000 to \$11,000 a doctor a year.

Studies indicate that most physicians meet with pharmaceutical representatives four times a month.

Studies also reveal that most physicians erroneously believe the representatives do not influence prescribing habits.

When doctors and trainees meet with reps, they change their prescribing habits and are far more likely to prescribe the drugs described, even when they are more expensive or have no benefit over alternatives. They are also more willing to request illogical changes to hospital guidelines that govern which drugs can be prescribed.

Estimates suggest that roughly \$1 billion was spent advertising antidepressants to health professionals in 2000.

More than 400 psychiatrists were asked by Dr. Timothy Peterson and his colleagues at Harvard to describe their beliefs about antidepressants. More than half said they believed that newer agents were more effective than older antidepressants known as tricyclic antidepressants and that newer antidepressants, called selective serotonin reuptake inhibitors, or S.S.R.I.'s, had fewer side effects than generic S.S.R.I.'s.

But studies conducted at Oxford, Duke, the University of Manchester and the Canadian Coordinating Office for Health Technology that used a statistical strategy called meta-analysis to combine the results of hundreds of independent studies found that S.S.R.I.'s were as effective as tricyclic antidepressants or slightly less effective. They also revealed that S.S.R.I.'s were tolerated by slightly more patients but had as many side effects.

In an 2002 article, Dr. Peterson wrote: "Despite the lack of evidence of a significant difference in efficacy between older and newer agents, clinicians perceive the newer agents to be more efficacious — these findings are significant as they highlight the discrepancy between empirical evidence and clinical practices and suggest that other factors influence clinicians' medication choices in the treatment of depression."

The effect is easy to see in our department. The antidepressants fluoxetine, known popularly as Prozac, and paroxetine, known as Paxil, are now generic and cost patients and insurers pennies a day. Newer, rival drugs including sertraline (Zoloft), escitalopram (Lexapro) and Venlafaxine (Effexor) are 5 to 20 times as expensive.

In the last seven years, I have watched our residents prescribe the newest medications almost exclusively.

While doctors' prescriptions are based on more than efficacy and cost — they must also consider potential drug interactions, lethality of the drug if overdosed, the patient's prior history and patient preference — the abandonment of older medications by our residents cannot be justified given available data.

Programs that limit contact between industry and trainees do result in changes in behavior and attitudes.

In 2001, Dr. Brendan McCormick of the University of Toronto and his colleagues published a study in *The Journal of the American Medical Association*. The research compared internal medicine residents at McMaster University, who were prohibited from meeting with drug representatives during training, with trainees at the University of Toronto, across town, who had no such limitations.

After training, when they were free to meet with whomever they chose, the McMaster trainees had less contact with company representatives and were less likely to find such contact helpful.

In 1999, in response to growing concern in academic medicine, most pharmaceutical companies voluntarily adopted American Medical Association policies restricting lavish gift-giving to doctors. Some training programs went further, developing strict policies that limit access to medical students and residents. Policies adopted by the University of Michigan, the University of Iowa and New York-Presbyterian Hospital, among others, have restricted pharmaceutical sponsorship of educational activities, have limited or completely eliminated their representatives' contact with trainees and have restricted gifts and where they can be displayed.

Unfortunately many programs have failed to address the issue.

In his Pulitzer Prize-winning book for 1984, "The Social Transformation of American Medicine," Dr. Paul Starr, the Princeton sociologist, argued that doctors won legitimacy during the early 20th century by aggressively taking on charlatans who offered cures and remedies. At the time, the American Medical Association argued that only doctors were objective enough to evaluate the benefits of competing medications. While there were other factors, the association leveraged physician objectivity to garner greater independence in practice, higher salaries and the legitimacy doctors have enjoyed since.

If medical schools are unwilling to separate trainees from pharmaceutical company representatives, we risk the appearance of being "bought and sold."

This is sure to lead to governmental regulation and greater erosion of independence. And it should.

[Health Policy News:](#)

MedPAC Recommends Full Market Basket Update For Hospitals, 2.5 Percent Update for Physicians

At its Jan. 14-15 meeting, the Medicare Payment Advisory Commission (MedPAC) approved its recommendations on Medicare payment updates and other issues that will be included in the Commission's March 2004 Report and Recommendations to the Congress. Unlike past years, the Commission did not address indirect medical education (IME) payments or other issues specific to teaching hospitals. The Commission recommended that base rates under the inpatient prospective payment system (PPS) be raised in FY 2005 by the increase in the hospital market basket. After a discussion of the update and its implications for beneficiary access, the commissioners unanimously voted to recommend a 2.5 percent update for physicians for CY 2005, which represents CMS projected inflation of 3.4 percent less 0.9 percentage points to reflect anticipated productivity gains.

NIH Panel Delivers Recommendations On Intramural Clinical Research

A blue ribbon panel appointed by National Institutes of Health Director Elias Zerhouni, M.D., recommends restructuring NIH's intramural clinical research programs. Panel chair Edward J. Benz, Jr. M.D., president of the Dana-Farber Cancer Institute in Boston, presented these findings at the Jan. 12 meeting of the NIH's Advisory Committee to the Director. The panel calls for creation of a single, high-level oversight committee for intramural clinical research, an external advisory committee, and a new position of NIH Deputy Director for Clinical Research in the Office of Intramural Research.

CBO Disputes Effectiveness, Equity of Medical Liability Reforms

A Jan. 8 Congressional Budget Office (CBO) study finds that, while medical liability reforms could reduce malpractice insurance premiums by an average of 25 percent to 30 percent nationwide, they would reduce overall healthcare spending by only 0.4 percent to 0.5 percent. This contradicts existing assumptions that tort reform would generate significant healthcare savings by reducing the practice of "defensive medicine."

Specter to Hold Hearing On NIH Consulting Deals

The Senate Labor-HHS-Education Appropriations Subcommittee, chaired by Arlen Specter (R-Pa.), will hold a hearing Jan. 22 on allegations surrounding conflicts of interest at the National Institutes of Health made in a Dec. 8, 2003, Los Angeles Times story. The tentative witness list includes NIH Director Elias Zerhouni, M.D., former NIH Acting Director Ruth Kirschstein M.D., NIH Clinical Center Director John Gallin, M.D., and National Institute of Arthritis and Musculoskeletal and Skin Diseases Director Stephen Katz, M.D., as well as HHS deputy ethics attorney Ed Swindell, and a representative from the Office of Government Ethics.

On the Hill

The House and Senate will return to Washington Jan. 20 to convene the second session of the 108th Congress. Both chambers are set to meet at noon. The first order of business for the Senate will be to resume consideration of the conference report to accompany H.R. 2673 the FY 2004 Consolidated Appropriations bill, with a vote on the motion to close further debate on the conference report scheduled to occur at 3 p.m.

Rep. Ralph Hall (Texas) announced Jan. 2 his intention to run for reelection in 2004 as a Republican. The 12-term Democrat served as the ranking member of the House Science Committee and as a member of the House Energy and Commerce Committee. Rep. Bart Gordon (D-Tenn.) is expected to become the ranking member of the Science Committee. Rep. Hall's switch brings the overall party breakdown to 229 Republicans, 204 Democrats, and 1 Independent, with 1 vacancy.

New Year Brings Gloomy Budget Predictions

The new year finds Washington engaged in that favorite post-holiday past-time of guessing what will be in the president's budget. The FY 2005 budget is scheduled for official release on Feb. 2. Amid growing talk about reducing the budget deficit and controlling federal spending, most of the early rumors have been pessimistic. At the same time, speculation continues about the fate of the consolidated omnibus appropriation (H.R. 2673), which includes FY 2004 funding for the Labor-HHS-Education and VA-HUD appropriations bills.

NIH to Address Ethics Concerns

National Institutes of Health Director Elias Zerhouni, M.D., has prepared a plan to address charges of conflict of interest directed at the agency. Details of the plan were described in a Dec. 23 letter to House Energy and Commerce Committee Chairman Billy Tauzin (R-La.) requesting an opportunity to brief the chairman personally on Dr. Zerhouni's plans "to respond to concerns about implementation of ethics rules at NIH."

NIH Issues Final Rule on Peer Review Committees

After several years in process, the Department of Health and Human Services (DHHS) and NIH have finalized revised regulations on the conduct of scientific peer review of NIH research grants and R&D contracts (69 Federal Register 272). When first proposed in September 2000, the regulations were needed to clarify the status and requirements for peer review study sections, which differ from NIH advisory councils or similar bodies that are subject to the Federal Advisory Committees Act. Notable revisions in the new regulations pertain to reviewers' Conflicts of Interest, and establish wide-ranging criteria for determining "real" and "apparent" conflicts.

Health Care Personnel Added as "First Responders"

A presidential directive issued Dec. 17 expands the definition of first responder within the Homeland Security Act of 2002 (P.L. 107-296) to

include "emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, recovery operations." This change broadens the types of health care workers considered on the front lines during a terrorist attack, disaster or other emergency to include hospitals and non-emergency personnel, making them eligible for federal first responder funding.

AHRQ Releases National Health Care Reports

The Agency for Healthcare Research and Quality (AHRQ) announced Dec. 22 the release of two reports that measure the quality of health care and health care disparities in America. The reports, the National Healthcare Quality Report, and the National Healthcare Disparities Report, provide baseline measures for health care quality and differences in use of services.

VA CARES Report Delayed

The Chairman of the Department of Veterans Affairs' (VA) Capital Asset Realignment for Enhanced Services (CARES) Commission announced Dec. 22 that the panel needed more time to complete its analysis of the materials generated from the commission's 38 regional meetings.

Research and Funding Opportunities:

NIH Guide for Grants and Contracts - Week Of January 9, 2004

<http://grants.nih.gov/grants/guide/2004/04.01.09/index.html>

NOTICES

SMALL BUSINESS INNOVATION RESEARCH (SBIR) AND SMALL BUSINESS TECHNOLOGY TRANSFER (STTR) GRANT PROGRAMS
(NOT-OD-04-016)

National Institutes of Health

Centers for Disease Control and Prevention

Food and Drug Administration

INDEX: HEALTH; DISEASE CONTROL, PREVENTION; FOOD, DRUG

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-016.html>

EXTENSION OF RESPONSE DEADLINE FOR INTERAGENCY REGISTRY OF MECHANICAL CIRCULATORY SUPPORT FOR END-STAGE HEART FAILURE
REQUEST FOR INFORMATION

(NOT-HL-04-104)

National Heart, Lung, and Blood Institute

INDEX: HEART, LUNG, BLOOD

<http://grants.nih.gov/grants/guide/notice-files/NOT-HL-04-104.html>

NOTICE OF LIMITED COMPETITION: NCMHD ENDOWMENT PROGRAM FOR
INCREASING RESEARCH AND TRAINING CAPACITY IN SECTION 736
HEALTH PROFESSIONS SCHOOLS
(NOT-MD-04-003)

National Center on Minority Health and Health Disparities

INDEX: MINORITY HEALTH, HEALTH DISPARITIES

<http://grants.nih.gov/grants/guide/notice-files/NOT-MD-04-003.html>

REQUESTS FOR APPLICATIONS

INNOVATIVE TECHNOLOGIES FOR MOLECULAR ANALYSIS OF CANCER
(SBIR/STTR)

(RFA-CA-05-006)

National Cancer Institute

INDEX: CANCER

APPLICATION RECEIPT DATES: March 10, 2004; June 17, 2004; October 18, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-05-006.html>

APPLICATION OF EMERGING TECHNOLOGIES FOR CANCER RESEARCH
(SBIR/STTR)

(RFA-CA-05-007)

National Cancer Institute

INDEX: CANCER

APPLICATION RECEIPT DATES: March 10, 2004; June 17, 2004; October 18, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-05-007.html>

INNOVATIONS IN CANCER SAMPLE PREPARATION (SBIR/STTR)

(RFA-CA-05-008)

National Cancer Institute

INDEX: CANCER

APPLICATION RECEIPT DATES: March 10, 2004; June 17, 2004; October 18, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-05-008.html>

CONSEQUENCES OF MARIJUANA USE ON THE DEVELOPING BRAIN

(RFA-DA-04-016)

National Institute on Drug Abuse

INDEX: DRUG ABUSE

APPLICATION RECEIPT DATE: April 16, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-04-016.html>

TECHNOLOGIES TO FIND FUNCTIONAL ELEMENTS IN GENOMIC DNA

(RFA-HG-04-001)

National Human Genome Research Institute

INDEX: HUMAN GENOME RESEARCH

APPLICATION RECEIPT DATE: March 23, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HG-04-001.html>

INTERNATIONAL STUDIES IN HEALTH AND ECONOMIC DEVELOPMENT
(ISHED)

(RFA-TW-04-003)

Fogarty International Center

INDEX: FOGARTY

APPLICATION RECEIPT DATE: February 11, 2004

<http://grants.nih.gov/grants/guide/rfa-files/RFA-TW-04-003.html>

PROGRAM ANNOUNCEMENTS

NCI COMPETING CONTINUATION SBIR/STTR PHASE II GRANTS FOR CANCER
DIAGNOSIS, PREVENTION AND TREATMENT

(PA-04-047)

National Cancer Institute

INDEX: CANCER

APPLICATION RECEIPT DATES: Multiple Receipt Dates, refer to announcement

<http://grants.nih.gov/grants/guide/pa-files/PA-04-047.html>

ALCOHOL ABUSE AND HIV/AIDS IN RESOURCE-POOR SOCIETIES

(PA-04-048)

National Institute on Alcohol Abuse and Alcoholism

INDEX: ALCOHOL ABUSE, ALCOHOLISM

APPLICATION RECEIPT DATES: Multiple Receipt Dates, refer to announcement

<http://grants.nih.gov/grants/guide/pa-files/PA-04-048.html>

REPRODUCTIVE GENETICS AND EPIGENETICS

(PA-04-049)

National Institute of Child Health and Human Development

INDEX: CHILD HEALTH, HUMAN DEVELOPMENT

APPLICATION RECEIPT DATES: Multiple Receipt Dates, refer to announcement

<http://grants.nih.gov/grants/guide/pa-files/PA-04-049.html>

NIH Guide for Grants and Contracts - Week Of December 5, 2003

<http://grants.nih.gov/grants/guide/2003/03.12.05/index.html>

NOTICES

FINDINGS OF SCIENTIFIC MISCONDUCT

(NOT-OD-04-010)

Department of Health and Human Services

INDEX: HEALTH, HUMAN SERVICES

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-010.html>

FINDINGS OF SCIENTIFIC MISCONDUCT

(NOT-OD-04-011)

Department of Health and Human Services

INDEX: HEALTH, HUMAN SERVICES

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-011.html>

FINDINGS OF SCIENTIFIC MISCONDUCT

(NOT-OD-04-012)

Department of Health and Human Services

INDEX: HEALTH, HUMAN SERVICES

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-04-012.html>

RFP ANNOUNCEMENT: DEVELOPMENT OF IMMUNE MONITORING
REAGENTS AND MHC TYPING

TECHNOLOGIES FOR NON-HUMAN PRIMATES - NIH-NIAID-DAIT-04-24

(NOT-AI-04-007)

National Institute of Allergy and Infectious Diseases

INDEX: ALLERGY, INFECTIOUS DISEASES

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-04-007.html>

INACTIVATION OF NIAID PROGRAM ANNOUNCEMENT PA-02-146

(NOT-AI-04-008)

National Institute of Allergy and Infectious Diseases

INDEX: ALLERGY, INFECTIOUS DISEASES

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-04-008.html>

INACTIVATION OF NIAID PROGRAM ANNOUNCEMENT PA-01-055

(NOT-AI-04-009)

National Institute of Allergy and Infectious Diseases

INDEX: ALLERGY, INFECTIOUS DISEASES

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-04-009.html>

INACTIVATION OF NIAID PROGRAM ANNOUNCEMENT PA-01-113

(NOT-AI-04-010)

National Institute of Allergy and Infectious Diseases

INDEX: ALLERGY, INFECTIOUS DISEASES

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-04-010.html>

INACTIVATION OF PROGRAM ANNOUNCEMENT PA-02-172

(NOT-AI-04-011)

National Institute of Allergy and Infectious Diseases

INDEX: ALLERGY, INFECTIOUS DISEASES

<http://grants.nih.gov/grants/guide/notice-files/NOT-AI-04-011.html>

ADDENDUM TO PAR-03-177, HUMAN EMBRYONIC STEM CELL RESEARCH
RESOURCE

INFRASTRUCTURE ENHANCEMENT AWARD

(NOT-HL-04-102)

National Heart, Lung, and Blood Institute

INDEX: HEART, LUNG, BLOOD

<http://grants.nih.gov/grants/guide/notice-files/NOT-HL-04-102.html>

INTERAGENCY REGISTRY OF MECHANICAL CIRCULATORY SUPPORT FOR
END-STAGE HEART

FAILURE

(NOT-HL-04-103)

National Heart, Lung, and Blood Institute

INDEX: HEART, LUNG, BLOOD

<http://grants.nih.gov/grants/guide/notice-files/NOT-HL-04-103.html>

ANNOUNCEMENT OF REQUEST FOR PROPOSALS: INDUCIBLE MOUSE
MODELS OF SPINAL

MUSCULAR ATROPHY (SMA)

(NOT-NS-04-004)

National Institute of Neurological Disorders and Stroke

INDEX: NEUROLOGICAL DISORDERS, STROKE

<http://grants.nih.gov/grants/guide/notice-files/NOT-NS-04-004.html>

REQUESTS FOR APPLICATIONS

MEDICATIONS DEVELOPMENT TO TREAT ALCOHOLISM (SBIR/STTR)

(RFA-AA-04-002)

National Institute of Alcohol Abuse and Alcoholism

INDEX: ALCOHOL ABUSE, ALCOHOLISM

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-04-002.html>

RESEARCH ON CRYSTAL DEPOSITION ARTHROPATHIES

(RFA-AR-04-006)

National Institute of Arthritis and Musculoskeletal and Skin Diseases

National Institute on Aging

INDEX: ARTHRITIS, MUSCULOSKELETAL, SKIN DISEASES; AGING

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AR-04-006.html>

INTEGRATIVE CANCER BIOLOGY PROGRAMS

(RFA-CA-04-013)

National Cancer Institute

INDEX: CANCER

<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-04-013.html>

PREVENTION RESEARCH FOR THE TRANSITION TO ADULTHOOD
(RFA-DA-04-013)

National Institute on Drug Abuse

INDEX: DRUG ABUSE

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-04-013.html>

MEDICATIONS DEVELOPMENT FOR CANNABIS-RELATED DISORDER
(RFA-DA-04-014)

National Institute on Drug Abuse

INDEX: DRUG ABUSE

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-04-014.html>

MULTIDISCIPLINARY APPROACH FOR RESEARCH ON ORAL
COMPLICATIONS OF HIV

INFECTION

(RFA-DE-05-003)

National Institute of Dental and Craniofacial Research

INDEX: DENTAL, CRANIOFACIAL RESEARCH

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DE-05-003.html>

CLINICAL ISLET TRANSPLANTATION: DATA COORDINATING CENTER
(RFA-DK-04-004)

National Institute of Diabetes and Digestive and Kidney Diseases

National Institute of Allergy and Infectious Diseases

INDEX: DIABETES, DIGESTIVE, KIDNEY DISEASES; ALLERGY, INFECTIOUS
DISEASES

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-04-004.html>

CLINICAL ISLET TRANSPLANTATION: CLINICAL CENTERS
(RFA-DK-04-005)

National Institute of Diabetes and Digestive and Kidney Diseases

National Institute of Allergy and Infectious Diseases

INDEX: DIABETES, DIGESTIVE, KIDNEY, DISEASES; ALLERGY, INFECTIOUS
DISEASES

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-04-005.html>

PROGRESSION OF CARDIOVASCULAR DISEASE IN TYPE 1 DIABETES
(RFA-HL-04-013)

National Heart, Lung, and Blood Institute

National Institute of Diabetes and Digestive and Kidney Diseases

INDEX: HEART, LUNG, BLOOD; DIABETES, DIGESTIVE, KIDNEY DISEASES

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-04-013.html>

SUPPLEMENTS FOR METHODOLOGICAL INNOVATIONS IN THE
BEHAVIORAL AND SOCIAL
SCIENCES

(RFA-RM-04-013)
National Institutes of Health
INDEX: HEALTH
<http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-04-013.html>

PROGRAM ANNOUNCEMENTS

REDUCING PRETERM & LOW BIRTH WEIGHT IN MINORITY FAMILIES
(PA-04-027)

National Institute of Nursing Research
National Institute of Child Health and Human Development
National Institute of Dental and Craniofacial Research
INDEX: NURSING; CHILD HEALTH, HUMAN DEVELOPMENT; DENTAL,
CRANIOFACIAL
RESEARCH
<http://grants.nih.gov/grants/guide/pa-files/PA-04-027.html>

COMPETING CONTINUATION AWARDS OF SBIR PHASE II GRANTS FOR
HEART, LUNG,
BLOOD,
AND SLEEP DISORDERS
(PA-04-028)

National Heart, Lung and Blood Institute
INDEX: HEART, LUNG, BLOOD
<http://grants.nih.gov/grants/guide/pa-files/PA-04-028.html>

NIOSH EXPLORATORY/DEVELOPMENTAL GRANT PROGRAM (R21)
(PA-04-030)

Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health
INDEX: DISEASE CONTROL, PREVENTION; OCCUPATIONAL SAFETY,
HEALTH
<http://grants.nih.gov/grants/guide/pa-files/PA-04-030.html>

NCRR SHARED INSTRUMENTATION GRANT (SIG) PROGRAM
(PAR-04-029)

National Center for Research Resources
INDEX: RESEARCH RESOURCES
<http://grants.nih.gov/grants/guide/pa-files/PAR-04-029.html>

Quotes

Opportunity is missed by most people because it is dressed in overalls and looks like work.

Thomas A. Edison

Laziness may appear attractive, but work gives satisfaction.

Anne Frank

There is joy in work. There is no happiness except in the realization that we have accomplished something.

Henry Ford

Marc

Marc B. Hahn, DO

Dean

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