

DEAN'S CORNER E-NEWSLETTER

Texas College of Osteopathic Medicine

September 30, 2005

Well this has indeed been a busy week. Last Friday we had a great time ushering in our newest students during our White Coat ceremony. The "White Coat Ceremony" is an auspicious experience as students enter health related programs and medical school. In the presence of family, guests, and faculty members, students are welcomed into the medical community by leaders of the medical center and ceremonially "cloaked" with their white coat.

By establishing this meaningful ritual at the beginning of medical school, we hope students will become aware of their responsibilities from the first day of training. It encourages them to enter into a psychological contract in which they accept the obligations inherent in the practice of medicine: to be excellent in science, to be compassionate, and to lead lives of "uprightness and honor." The message transmitted is that doctors and other professionals should "care" as well as "cure."

Enthusiasm for the White Coat Ceremony continues to grow. In 1994, The Arnold P. Gold Foundation sponsored the first of these ceremonies. Now the number is more than 100 schools. The Foundation's goal is that medical schools will make the White Coat Ceremony the highlight of their student orientation programs.

We have begun another tradition at TCOM, that of tying our alumni reunion weekend to the Ceremony. We had almost 100 alumni return for the event, the alumni dinner on Friday night, a reunion CME program Saturday, and the TCOM 35th Birthday Celebration Gala Saturday night.

In addition, the Gala was a great success for the school on all fronts! All in attendance had a great time at the Renaissance Worthington Hotel. We had over 600 UNTHSC faculty and staff, alumni, students, and community leaders in attendance!! This was the largest gala event the Health Science Center has seen. In addition, the gala helped raise almost \$200,000 for TCOM and the HSC. These funds will be used to establish a total of 5 scholarships for the Texas College of Osteopathic Medicine's 2 schools, as well as establish a Dean's Award for faculty recognition. Next big milestone for TCOM will be the 40th, in 2010! My thanks and appreciation goes out to the Office of Institutional Advancement, the President's Office, the student body of TCOM, and of course the Office of the Dean TCOM who all helped to make this program the success it was!

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

TABLE OF CONTENTS

| | |
|--|----|
| Student Affairs:..... | 2 |
| Clinical Affairs / Faculty Practice: | 3 |
| Educational Programs: | 4 |
| Academic Affairs:..... | 4 |
| Clinical Research: | 4 |
| PA Studies:..... | 5 |
| Science and Health News: | 6 |
| Health Policy News: | 10 |
| Research and Funding Opportunities:..... | 12 |
| Quotes: | 17 |

Student Affairs:

Thomas Moorman, Ed.D.

Associate Vice President for Student Affairs

White Coat and Convocation

Mark your calendars for Friday, September 23 at 2:00 PM. We will be welcoming our largest class of medical students in the history of TCOM. Former President of the UNT Health Science Center, Dr. David Richards, will be the keynote speaker. It is going to be a wonderful celebration of our history.

Careers in Medicine

The Office of Clinical Affairs and the Division of Student Affairs are working together to implement the AAMC's program, Careers in Medicine. This program helps medical students determine their interest and skills as they move toward selecting a field within medicine they wish to practice.

Mentoring through TOMA

Dr. Kenneth Bayles, President of TOMA has challenged Texas D.O.s to become mentors for the incoming medical students at TCOM. Dr. Bayles is working with the Student Development Office to develop and implement this program for the class of 2009.

Clinical Affairs / Faculty Practice:

Robert Adams, D.O.

Senior Associate Dean for Clinical Affairs/Chief Medical Officer

Recently, I've toured several of the JPS Community Medicine sites. As you know, starting October 1st, we will be responsible for providing patient services at these locations. I was quite impressed by what I found at these clinics. I was also impressed by the dedication of the people who work in these clinics providing these services. Many of the clinics are at locations that combine other services important to the patients, such as WIC, MHMR, pharmacy services and dental services. Truly, they have been developed as centers that serve the communities where they're located. Without this infrastructure of services, many people would be unable to obtain the medical services they need. Many of these services provide their patients the bare necessities that allow them a tolerable life. Of particular note was the Community Health Partnership Center on East Lancaster that is supported by a variety of agencies including the Salvation Army. In addition to the services mentioned above, this center also provides housing for women and children and an on-site detox program. JPS is involved in more than 25 community and school based clinics in Tarrant County. Our Community Medicine Division of Family Medicine will be an integral part of the delivery of services to this network and the patients that they serve.

The day after I finished touring these community clinics, hurricane Katrina hit the gulf coast. As the aftermath of New Orleans unfolded, it provided greater insight into the importance a community infrastructure of services is to the people who rely on them. Many of these peoples' lives depend on these services and without them, we witnessed the chaos that quickly developed. While this catastrophe was of a magnitude that overwhelmed every system available, it still provides an understanding of the fragile existence that many people live with in all communities and the important needs that are served by community services, like the ones we're now involved in.

The reality of the desperate situation that developed for the people along the gulf coast was emphasized as Fort Worth began receiving many of them into temporary shelters over labor day weekend. People throughout Fort Worth responded to volunteer their assistance. UNTHSC established a medical triage area at Will Rogers and provided their support around the clock to provide for these people in need. I want to thank everyone who participated in this response. We have been told by the health departments that our triage area was the most organized and best staffed center in the city. We have continued to provide medical services for our "guests" from New Orleans. We have staffed a nurse triage table for the past two weeks and provided shuttles to our clinics for medical services. Our Family Medicine and General Medicine clinics have opened additional clinics to help provide medical care. The willingness of people to provide their time, and the genuine spirit of giving by all who volunteered has been extraordinary. Again, thanks to all who have been so willing to work.

I thought it was important to share these thoughts on my last three weeks because, to me, it illustrates the importance of what we do. We take care of people. People whose life can be better because of what we are able to provide them and our community. Thanks to all of you for making the Health Science Center such a great place to be a part of, and such a valuable resource to Fort Worth.

Educational Programs:

Don Peska, D.O.

Associate Dean for Educational Programs

The Texas OPTI is pleased to welcome the Brazos Valley Family Medicine Foundation as a new member. Their residency program is based in Bryan, Texas and has a long history of excellence in training family physicians for rural practice. Of historical note, Dr. Nancy Dickey, past president of the American Medical Association and current Vice-Chancellor of Health Affairs for Texas A&M University Health Science Center was the founder and first director of the residency. We look forward to their participation as an OPTI partner and affiliate of TCOM.

The Texas OPTI also announces AOA approval of the residency in Psychiatry at John Peter Smith Hospital and formal approval of the residency in General Vascular Surgery at Plaza Medical Center. In a frequently challenging healthcare market, we are pleased to be able to continue to develop new opportunities for osteopathic graduates in the State of Texas.

As a final note, during a recent AOA inspection, the Texas OPTI received commendations for its training program in Osteopathic Manipulative Medicine and for its research initiatives. We want to congratulate Drs. Stoll and Clearfield for their efforts in this regard and thank all of the staff and faculty that participated in the inspection.

Academic Affairs:

Bruce Dubin, D.O., J.D.

*Associate Dean for Academic Affairs
Medical Education*

(No article this month)

Clinical Research:

Michael Clearfield, D.O.

Associate Dean for Clinical Research

As we come to the end of another fiscal year I am proud to announce that we have continued to grow the clinical research program to new heights. I will be able to announce the total funding next month but we have already surpassed last year and have set a new standard for clinical research at TCOM.

As mentioned last month several grants were received which included a HRSA grant for Predoctoral training with Dr. Coleridge as PI, a second year of funding for DREAMS with Dr.

Spellman as PI and an additional 4 years of infrastructure support for the ORC with Dr. Stoll as PI.

This month we have received notice of funding for two grants from the NIH. Dr. John Licciardone has received a K24-Midcareer Investigator 5 year Award in Osteopathic Medicine funded for \$778,231. To my knowledge this is the first NIH award given to anyone in our profession for career development in osteopathic medicine. This acknowledgement of Dr. Licciardone's accomplishments is a significant step forward not only for Dr. Licciardone but also for our institution as well as our profession. I think we all need to give Dr. Licciardone a hearty congratulation for this tremendous accomplishment. I would be remiss if I did not also include a similar hearty congratulation for both Doctors Stoll and Dr. Palmarozzi for their unwavering support of Dr. Licciardone as chairs of the departments for which he served.

The second NIH trial is the SMART trial (The Strategic Management of Anti-Retroviral Therapy) which is the largest HIV study to date. Dr. Stephen Weis is the PI of this trial which is being conducted at the Public Health Department. The inclusion of this trial underscores the tremendous respect as a researcher that Dr. Weis has at a national level. The Public Health research efforts have expanded from the groundbreaking TB research to now HIV. Another hearty congratulation is due Dr. Weis who continues to set the bar for clinical research not only at TCOM but for the profession as a whole. I would also be remiss if I did not acknowledge Dr. Troutman as chair of the Medicine department for his unwavering support of Dr. Weis' research efforts.

Lastly, you have until October 17 to submit your proposals for Intramural faculty Research Seed Grants. This program is intended to provide seed funding (\$10-15,000) for projects that are to become self-supporting through extramural sponsorship. Please send one signed original and an identical electronic copy of your proposal to Glenn Dillion Ph.D. at the Office of Research and Biotechnology at UNTHSC (gdillion@hsc.unt.edu)

PA Studies:

Hank Lemke, P.A.

New NHSC Ambassador on UNTHSC Campus

Last July, Mr. Hank Lemke, PA-C, Director of PA Studies and Vice-Chairman in the Department of Medical Education, attended the first-ever nationwide conference for National Health Service Corps (NHSC) Ambassadors held in Washington D.C. He attended the conference to learn more about the NHSC and his new role as a volunteer NHSC Ambassador on the UNTHSC campus. The NHSC uses campus-based volunteers to inform and recruit potential scholars and graduates from a variety of healthcare disciplines, including physicians and physician assistants that are interested in NHSC scholarship and loan reimbursement opportunities available through the NHSC. The goal of the NHSC conference was to inform NHSC Ambassadors about the opportunities and elaborate on strategies for encouraging and developing an interdisciplinary workforce of NHSC scholars to help meet the underserved primary healthcare needs of the Nation. To date, the NHSC Ambassador program stands at 594

individuals and growing. Presently, the Texas College of Osteopathic Medicine boasts two D.O. students who are NHSC Scholarship recipients; one was a PA before entering medical school. Mr. Lemke is the first NHSC Ambassador on the UNTHSC campus.

Content Advisors Needed

Class of 2008 PA students are currently looking for faculty members that are interested in working with them on their master's projects as Content Advisors. All students enrolled in the Masters of PA Studies (MPAS) degree program are required to complete a research project prior to graduation that includes developing a prospectus and submitting a 15-20 page project report complete with references. In doing so, the students develop independent study habits and expand their appreciation for research in advancing healthcare. In the past, PA students' projects have ranged from a current literature review focusing on a clinically-related question to new research. In either event, we always try to link each student with a faculty member who shares their research interest and who will also serve as their "content advisor." We need more faculty members who are willing and interested in serving in this role. Perhaps you have an ongoing research project that could easily be tied into one of our student's goals. If you are interested in serving as a Content Advisor, or if you have ongoing research that you think one of our students might benefit from, please contact Dr. Olive Chen, Coordinator of Research Studies in the PA Program at Ext. 817-735-0203 today.

Science and Health News:

Panel Backs Drug Amid Conflict Concerns

New York Times

[September 10, 2005]

By STEPHANIE SAUL

Questions about potential conflicts of interest continue to dog the federal drug approval process. A Food and Drug Administration advisory panel in Silver Spring, Md., recommended approval yesterday of the Bristol-Myers Squibb diabetes drug, Pargluva, deciding that its benefits outweighed its potentially serious heart risks. But no cardiologist was present for the vote.

The panel's cardiologist, Dr. Jorge Plutzky, was in Boston attending to patients, he said yesterday in a telephone interview. One reason he skipped the meeting, he said, was a potential conflict of interest: he has conducted extensive research on PPAR-agonists, the class of drugs being debated.

"I suspected that at the end of the day, I would not be able to sit in on it," said Dr. Plutzky, who has served as a consultant for Bristol-Myers, according to disclosures in his research papers.

The absence of the only heart doctor on the Pargluva advisory panel is but one illustration of how conflicts of interest can affect the deliberations of F.D.A. panels, in which outside committees help the agency decide whether to approve new drugs.

The 8 to 1 vote to endorse Pargluva was the second advisory vote this week in favor of a new diabetes treatment. On Thursday, a panel with some of the same members voted to recommend Exubera, a new inhaled form of insulin developed by Pfizer in partnership with Sanofi-Aventis and Nektar Therapeutics.

Both panel votes raised conflict-of-interest issues, according to an analysis by the Center for Science in the Public Interest, a Washington consumer group that has pushed to end such conflicts. Several members of the Pargluva panel who, unlike Dr. Plutzky, participated, had conflicts that were disclosed to the F.D.A.

"The public's faith in the integrity of the process is undermined when one-third of an advisory committee's membership has significant financial ties to the company seeking the product's approval," said Merrill Goozner, director of the center's Integrity in Science project.

In a news release yesterday, the center said three of the Exubera committee's nine members had previously consulted or spoken for Pfizer or Nektar Therapeutics. One other member of that panel - the acting chairman - held stock in the Pfizer, the center said, but the news release did not note that he voted against Exubera. One of the panel members participated, but did not vote, as result of his industry ties.

Two of the doctors who were granted waivers for Thursday's meeting participated again in yesterday's panel meeting on Pargluva. A third waiver was granted yesterday, as well, to a physician who has consulted or spoken for competitors of Bristol-Myers Squibb.

The issue of potential conflicts by drug reviewers is currently alive on Capitol Hill, where the House has narrowly adopted legislation that would bar scientists with drug industry ties from participating in F.D.A. panels. Senator Richard J. Durbin, an Illinois Democrat, has promised to introduce a similar measure when the Senate takes up the F.D.A. appropriations bill, as early as next week.

An F.D.A. spokeswoman, Susan Cruzan, defended the decision to hold yesterday's Pargluva hearing without the presence of a cardiologist, saying that the remaining panelists had sufficient expertise. Ms. Cruzan declined to comment on Dr. Plutzky because he did not participate.

The appearance of conflicts of interest is a complex issue, according to Dr. Plutzky, who noted that the scientists most knowledgeable about drugs being reviewed are often those who have received research grants from drug companies.

"Ultimately, the F.D.A. needs to have a source of valid and rigorous information," he said yesterday.

Bristol-Myers would co-market Pargluva with Merck if it the F.D.A. acts on the panel's recommendation by approving the drug. Pargula is designed to control blood sugar and, at the same time, reduce triglycerides, a form of fat found in the blood. Diabetics also frequently have high triglyceride levels.

The consumer group Public Citizen argued during yesterday's hearing against Pargluva's approval, citing increased cardiovascular deaths among the drug's users in clinical trials.

But Bristol-Myers said that benefits of the drug - lower blood sugar and triglycerides - outweighed any risks. In effort to address safety concerns, Bristol-Myers said it planned to conduct a 15,000-patient safety study following the drug's approval, which could come later this year.

The panel's endorsement yesterday ended a good week for Bristol-Myers. On Tuesday, a separate advisory panel cleared Orencia, a new injectable treatment for rheumatoid arthritis, also developed by the company. Analysts have said that combined sales of the two drugs could surpass \$2 billion by 2008. Those sales would be vital to Bristol, which has lost patent protection on several of its major products.

Medicare | Experts Advise MedPAC on Incentives for Proposed Medicare Pay-for-Performance System

[Sep 12, 2005]

If Medicare adopts a pay-for-performance reimbursement system, officials should not lower payments to providers that do not meet the quality standards, a group of quality measurement specialists advised the Medicare Payment Advisory Commission on Friday, CQ HealthBeat reports. MedPAC and several members of Congress have recommended that CMS alter the Medicare reimbursement system to provide financial incentives for providers to improve care. MedPAC's plan calls for high performers to receive 1% to 2% higher reimbursements that would be offset by lower payments to below-average performers. Samuel Nussbaum, chief medical officer for WellPoint, said at a forum sponsored by MedPAC that payment reductions to doctors performing below average would decrease the likelihood that they would invest in information technology. He also said that increasing payments to physicians performing above average by 1% to 2% is not enough of an incentive for them to improve care. Nussbaum recommended increased payments of 10% for primary care physicians, 5% for specialists and 2% for hospitals, based on relative income. Jack Ebeler, CEO of Alliance of Community Health Plans, said that instead of maintaining a constant payment fund, CMS should add "new money" to the system. Margaret O'Kane, president of the National Committee for Quality Assurance, also said new money should be added to the payment fund and urged adoption of NCQA's quality measures as the basis for a pay-for-performance system for Medicare Advantage plans (CQ HealthBeat [1], 9/9).

Home Health Care Reimbursements

In related news, a new study required by the 2003 Medicare law found that flaws in the Medicare "case-mix adjustor" system allow some home health care providers to treat sicker patients to increase profits, analysts said at a MedPAC meeting on Thursday. The case-mix system alters payments to home health providers based on how sick patients are, with the intention of boosting payments to providers who are required to provide more services to sicker patients. The study found a "weak relationship" in which some providers with high case mixes -- meaning they have higher costs and thus higher payments -- also had higher profits than providers with low case mixes, CQ HealthBeat reports. The study speculated that some home health agencies might seek out higher-cost cases for the increased reimbursements but then undertreat the patients to increase profit margins. MedPAC commissioners said the study should have focused more on "how precisely case mix varied with an agency's actual costs" to help determine whether the payment system should change, CQ HealthBeat reports (CQ HealthBeat [2], 9/9).

CMS Seeking Proposals

CMS Administrator Mark McClellan announced on Friday that the agency is soliciting proposals from groups that have ideas for enacting a major change in the health care system "at the area or regional level," CQ HealthBeat reports. The program, called for under the 2003 Medicare law, seeks to "use innovative payments to improve health and reduce costs for everyone in an area, not just for Medicare beneficiaries, but for all Americans." CMS is seeking proposals that combine financial incentives for complying with "evidence-based" clinical practice guidelines; use of IT to improve treatment; and improved decision-making with patients. Groups that wish to participate in the pilot program will not receive increased Medicare payments to implement their ideas because savings they generate should offset start-up costs, the solicitation for proposals says. CMS also stipulated that "projects must be replicable and exportable to other locations or organizations and must have the ultimate potential to transform the health care delivery system in this country." CMS set a Jan. 30, 2006, deadline for proposal submission but said it will give organizations until Sept. 29, 2006, to develop their proposals (CQ HealthBeat [3], 9/9).

Prescription Drug Benefit

Several articles recently examined issues related to the upcoming launch of the new Medicare prescription drug benefit on Jan. 1, 2006. Summaries of the articles appear below.

Media General/Winston-Salem Journal: The Media General/Journal on Monday examined the expected costs for beneficiaries of the new drug benefit as CMS prepares to announce which companies will offer prescription drug plans. According to a study by the Kaiser Family Foundation, the average person will pay 28% less out of pocket for prescription drugs under the new Medicare benefit, but the figure does not include the estimated average monthly premium of \$32. Some experts also have expressed concern about the estimated seven million beneficiaries

who will have to pay the full cost of medications in the so-called "donut hole" in the benefit between \$2,250 and \$5,100 (Mussenden, Media General/Winston-Salem Journal, 9/12).

Pittsburgh Post-Gazette: The Post-Gazette in a two-part series on Sunday and Monday examined how the launch of the drug benefit will affect beneficiaries and insurers. In the first part on Sunday, the Post-Gazette examined the "avalanche of information" beneficiaries are facing as they enroll in the new benefit. Some experts have expressed concern that the large number of drug plans that will be offered in some regions will cause confusion among beneficiaries (Fahy, Pittsburgh Post-Gazette, 9/11). In the second part of the series, the Post-Gazette examined how health insurers, pharmacies and pharmacy benefit managers are "are positioning themselves to profit" from the new benefit. The article examines how the benefit providers are preparing for the launch and which types of PDPs -- including Medicare Advantage plans, PPOs and stand-alone plans -- will be offered under the new program (Snowbeck, Pittsburgh Post-Gazette, 9/12).

Health Policy News:

House, Senate Consider Delays To Budget Reconciliation

In their first week back from August recess, House and Senate Republican leaders are considering whether to delay the budget reconciliation process to allow time to prepare disaster relief legislative packages associated with Hurricane Katrina. The FY 2006 budget resolution (H.Con.Res. 95) set a Sept. 16 deadline for congressional committees to report budget reconciliation proposals to the House and Senate Budget Committees. On Sept. 8, House Majority Leader Tom DeLay (R-Texas) said, "Entitlement reform is still one of the highest priorities of the House this fall. However, due to the events of the last 10 days, it has been replaced as the number one priority. Therefore, we will likely postpone consideration of these very important reforms for a number of weeks*."

Senate HELP Committee Approves Higher Education Bill

The Senate Health, Education, Labor, and Pensions (HELP) Committee Sept. 8 unanimously approved legislation to reauthorize the 1998 Higher Education Act. Chairman Michael B. Enzi (R-Wyo.) and Ranking Member Edward M. Kennedy (D-Mass.) introduced the "Higher Education Amendments Act of 2005" (S.1614) Sept. 6.

House, Senate Higher Ed Bills Fall Short of Savings Targets

Proposals to reauthorize the Higher Education Act (HEA) under consideration in both the House and Senate reportedly will fall short of the budget savings targets mandated in the final FY 2006 budget agreement. The FY 2006 budget resolution (H.Con.Res. 95) included instructions to both the House Committee on Education and the Workforce and the Senate Committee on Health,

Education, Labor, and Pensions (HELP) to identify \$12.65 billion in savings over the next 5 years.

Federal Court Upholds Rejection of EST Patents

A Federal appeals court Sept. 7 issued an important ruling upholding the U.S. Patent and Trademark Office's (PTO's) rejection of a patent application on certain Expressed Sequence Tags (ESTs). The AAMC, the National Academy of Sciences, and other academic and scientific organizations had joined Eli Lilly and Company in an amicus brief supporting the PTO's position, which has now been affirmed by the Court of Appeals for the Federal Circuit.

President to Appoint Pellegrino to Head Bioethics Council

The White House announced Sept. 7 that the President intends to appoint Edmund D. Pellegrino, M.D., to chair the President's Council on Bioethics. Dr. Pellegrino is Professor Emeritus of Medicine and Medical Ethics, a Senior Research Scholar of the Kennedy Institute of Ethics, and Adjunct Professor of Philosophy at Georgetown University. He is the former Director of the Center for the Advanced Study of Ethics and founder of the Center for Clinical Bioethics at Georgetown University. Leon R. Kass, M.D., who has chaired the Council since it was created by Executive Order in 2001, is expected to step down in October.

AAMC Urges Conferees to Oppose Animal Research Amendment

In a Sept. 29 letter to the House and Senate conferees for the FY 2006 Agriculture Appropriations bill (H.R. 2744), AAMC President Jordan J. Cohen, M.D., urged conferees to delete an amendment that would hinder the acquisition of certain animals needed for biomedical research. The amendment, sponsored by Senator Daniel Akaka (D-Hawaii), was included in the Senate-passed version of the bill; there is no similar provision in the House bill. The amendment would prohibit facilities that purchase animals from Class B dealers from receiving funding from the U.S. Department of Agriculture (USDA) or the Food and Drug Administration (FDA).

Congress Approves Stopgap Funding Bill

The Senate Sept. 30 passed by voice vote a stopgap funding measure (H.J.Res. 68) to keep federal programs running through Nov. 18, clearing the bill for the President. The bill, known as a continuing resolution or CR, will provide funds for those programs supported by appropriations bills not enacted prior to the Oct. 1 start of the federal fiscal year. The House passed the CR Sept. 29 by a vote of 348-65. For agencies such as HHS for which the Senate has not yet passed a bill, the funding rate under the CR is at the lower of the FY 2005 current rate or the House-passed level.

NIH Creates New Office of Portfolio Analysis and Strategic Initiatives

NIH Sept. 28 published a Federal Register notice formally creating the Office of Portfolio Analysis and Strategic Initiatives (OPASI) within the Office of the Director of NIH. The notice further creates three branches within the new entity: the Division of Resource Development and Analysis, the Division of Strategic Coordination, and the Division of Evaluation and Systematic Assessments. In addition, Dr. Zerhouni is transferring the NIH Roadmap Initiative function from the immediate Office of the Director into OPASI.

Research and Funding Opportunities:

NIH Guide for Grants and Contracts - Week Of September 9, 2005

<http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=09-09-05>

Notices

NIH Announces A Grants Query Report To Identify NIH Contact Information For Grantees Affected By Hurricane Katrina
(NOT-OD-05-077)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-077.html>

Delayed Receipt Dates for Principal Investigators who Assist in Recovery Efforts for Hurricane Katrina

(NOT-OD-05-076)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-076.html>

NIH Grantees Affected by Hurricane Katrina

(NOT-OD-05-074)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-074.html>

NIH Announces Plans to Eliminate Mailing of Paper Notifications: Summary Statements & Peer Review Outcome Letters

(NOT-OD-05-075)

National Institutes of Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-075.html>

Announcing the NIA Aged Non-Human Primate Tissue Bank

(NOT-AG-05-008)

National Institute on Aging

<http://grants.nih.gov/grants/guide/notice-files/NOT-AG-05-008.html>

Support for Muscular Dystrophy Workshops and Research Conferences
(NOT-AR-05-008)

National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Institute of Child Health and Human Development
National Institute of Neurological Disorders and Stroke
Office of Rare Diseases

<http://grants.nih.gov/grants/guide/notice-files/NOT-AR-05-008.html>

Notice of Intent to Publish a Request for Applications (RFA) titled: Social Neuroscience
(NOT-DA-05-011)

National Institute on Drug Abuse

<http://grants.nih.gov/grants/guide/notice-files/NOT-DA-05-011.html>

Notice of a Technical Assistance Workshop for Individuals Interested in Submitting an
Application to RFA-DA-06-001

(NOT-DA-05-012)

National Institute on Drug Abuse

<http://grants.nih.gov/grants/guide/notice-files/NOT-DA-05-012.html>

Funds Available for Administrative Supplements for Research on Medical Countermeasures to
Chemical Terrorism

(NOT-ES-06-001)

National Institute of Environmental Health Sciences

<http://grants.nih.gov/grants/guide/notice-files/NOT-ES-06-001.html>

Notice of Extension: PAR-02-133 - Rapid Assessment Post-Impact of Disaster
(RAPID)

(NOT-MH-05-018)

National Institute of Mental Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-MH-05-018.html>

Notice of Institutional Clinical and Translational Science Award RFA and Pre-Submission
Meeting

(NOT-RM-05-013)

NIH Roadmap Initiatives

National Center for Research Resources

<http://grants.nih.gov/grants/guide/notice-files/NOT-RM-05-013.html>

Requests for Applications

Completion of a Comprehensive Mouse Knockout Resource
(RFA-HG-05-007)

National Human Genome Research Institute

National Cancer Institute

National Center for Research Resources

National Eye Institute
National Heart, Lung, and Blood Institute
National Institute on Aging
National Institute on Alcohol Abuse and Alcoholism
National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Institute of Child Health and Human Development
National Institute on Drug Abuse
National Institute on Deafness and Other Communication Disorders
National Institute of Dental and Craniofacial Research
National Institute of Environmental Health Sciences
National Institute of Mental Health
National Institute of Neurological Disorders and Stroke
Application Receipt Date(s): November 22, 2005
<http://grants.nih.gov/grants/guide/rfa-files/RFA-HG-05-007.html>

A Data Coordination Center for the Knockout Mouse Project (KOMP)
(RFA-HG-05-008)
National Human Genome Research Institute
Application Receipt Date(s): November 22, 2005
<http://grants.nih.gov/grants/guide/rfa-files/RFA-HG-05-008.html>

Collaborative Research on Mental and Neurological Disorders
(RFA-MH-06-003)
National Institute of Mental Health
National Institute of Neurological Disorders and Stroke
Application Receipt Date(s): November 18, 2005
<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-06-003.html>

Program Announcements

Recent HIV Infection: New Prevention Challenges and Opportunities
(PA-05-164)
National Institute of Mental Health
National Institute on Drug Abuse
National Institute of Nursing Research
Application Receipt Date(s): Multiple dates, see announcement.
<http://grants.nih.gov/grants/guide/pa-files/PA-05-164.html>

NINDS Exploratory/Developmental Projects in Translational Research
(PAR-05-157)
National Institute of Neurological Disorders and Stroke
Application Receipt Date(s): Multiple dates, see announcement.
<http://grants.nih.gov/grants/guide/pa-files/PAR-05-157.html>

NINDS Cooperative Program in Translational Research
(PAR-05-158)

National Institute of Neurological Disorders and Stroke
Application Receipt Date(s): Multiple dates, see announcement.
<http://grants.nih.gov/grants/guide/pa-files/PAR-05-158.html>

NINDS Cooperative Small Business Awards In Translational Research (SBIR)
(PAR-05-159)

National Institute of Neurological Disorders and Stroke
Application Receipt Date(s): Multiple dates, see announcement.
<http://grants.nih.gov/grants/guide/pa-files/PAR-05-159.html>

NINDS Mentored Research and Clinical Scientist Development Awards in Translational
Research
(PAR-05-160)

National Institute of Neurological Disorders and Stroke
Application Receipt Date(s): Multiple dates, see announcement.
<http://grants.nih.gov/grants/guide/pa-files/PAR-05-160.html>

Centers of Excellence in Genomic Science (CEGS)
(PAR-05-163)

National Human Genome Research Institute
National Institute of Mental Health
Application Receipt Date(s): Multiple dates, see announcement.
<http://grants.nih.gov/grants/guide/pa-files/PAR-05-163.html>

NIH Guide for Grants and Contracts - Week of September 16, 2005
<http://grants.nih.gov/grants/guide/WeeklyIndex.cfm?WeekEnding=09-16-05>

Notices

Issues Related to Grantees/Grants Affected by Hurricane Katrina: Questions and Answers
(NOT-OD-05-078)
National Institutes of Health
<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-078.html>

Notice of Mechanism for Time-Sensitive Research Opportunities: PAR-05-150, Expansion to
Include Alcohol and Drug Abuse Research Pertaining to Hurricane Katrina
(NOT-DA-05-013)
National Institute on Drug Abuse
National Institute on Alcohol Abuse and Alcoholism
National Institute of Mental Health
<http://grants.nih.gov/grants/guide/notice-files/NOT-DA-05-013.html>

Clarification of Receipt Date Requirements for PAR-04-062, the "NIDCD Small Grant Program
(R03)"
(NOT-DC-05-003)
National Institute on Deafness and Other Communication Disorders

<http://grants.nih.gov/grants/guide/notice-files/NOT-DC-05-003.html>

Clarification of Foreign Eligibility for RFA-DK-05-008 Mouse Metabolic Phenotyping Centers Consortium

(NOT-DK-05-018)

National Institute of Diabetes and Digestive and Kidney Diseases National Heart, Lung, and Blood Institute

<http://grants.nih.gov/grants/guide/notice-files/NOT-DK-05-018.html>

Notice of Weight Loss in Obese Adults with Cardiovascular Risk Factors: Clinical Interventions (NOT-HL-06-104)

National Heart, Lung, and Blood Institute

<http://grants.nih.gov/grants/guide/notice-files/NOT-HL-06-104.html>

New NHLBI Contact Information for PA-00-020 "Independent Scientist Award (K02)"

(NOT-HL-06-105)

National Heart, Lung, and Blood Institute

<http://grants.nih.gov/grants/guide/notice-files/NOT-HL-06-105.html>

Clarification of IND Requirements for PAR-05-010 - Cooperative Drug Development Group (CDDG) for the Treatment of Mental Illness

(NOT-MH-05-017)

National Institute of Mental Health

<http://grants.nih.gov/grants/guide/notice-files/NOT-MH-05-017.html>

Requests for Applications

Development and Improvement of Inbred ES Cell Lines for Use in Generation of Mouse Mutants

(RFA-DA-06-009)

National Institute on Drug Abuse

National Center for Research Resources

National Human Genome Research Institute

National Institute on Aging

National Institute on Alcohol Abuse and Alcoholism

National Institute of Child Health and Human Development

National Institute on Deafness and Other Communication Disorders

National Institute of Dental and Craniofacial Research

National Institute of Diabetes and Digestive and Kidney Diseases

National Institute of Mental Health

National Institute of Neurological Disorders and Stroke

Application Receipt Date(s): November 22, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-06-009.html>

Human Temporal Bone Consortium for Research Resource Enhancement

(RFA-DC-06-001)

National Institute on Deafness and Other Communication Disorders

Application Receipt Date(s): February 21, 2006

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DC-06-001.html>

Pilot Testing of Electronic Prescribing Standards - Cooperative Agreements

(RFA-HS-06-001)

Agency for Healthcare Research and Quality

Centers for Medicare and Medicaid Services

Application Receipt Date(s): October 25, 2005

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-06-001.html>

Program Announcements

Exploratory Studies in Cancer Detection, Diagnosis, and Prognosis

(PA-05-165)

National Cancer Institute

Application Receipt Date(s): Multiple dates, see announcement.

<http://grants.nih.gov/grants/guide/pa-files/PA-05-165.html>

Quotes:

The toughest thing about success is that you've got to keep on being a success.

Irving Berlin

I've had enough success for two lifetimes, my success is talent put together with hard work and luck.

Kareem Abdul-Jabbar

Success is to be measured not so much by the position that one has reached in life as by the obstacles which he has overcome.

Booker T. Washington

Marc

Marc B. Hahn, DO

Dean

Texas College of Osteopathic Medicine

University of North Texas-Health Science Center

3500 Camp Bowie Boulevard

Fort Worth, Texas 76107-2699

817-735-2416 or 2244

facsimile 817-735-2486