

DEAN'S CORNER E-NEWSLETTER

Texas College of Osteopathic Medicine

July 31, 2004

Once again I would like to welcome the entering classes for both the DO and PA studies programs. Our academic year has begun with 130 new medical students and 28 new PAS students. Curricular evolution is continuing in both programs to assure that we are preparing the best professionals for practice in the 21st century.

Since 1944, UNCF has grown to become the nation's oldest and most successful minority higher education assistance organization. Their mission is to enhance the quality of education by raising operating funds for 39 member colleges and universities, providing financial assistance to deserving students and increasing access to technology for students and faculty at historically black colleges and universities (HBCUs).

The 2004 WALK/RUN FOR EDUCATION (walkathon) is scheduled for Saturday, September 25th at General Worth Square in downtown Fort Worth, 801 Main Street (9th @ Main). Registration starts at 7:30 am, and Walk/Run begins at 9:00 am. Prizes will be awarded to walkers/runners with the most money raised.

We need UNTHSC faculty, staff and students to participate in walk/run activities and sponsor opportunities (in kind support). Your assistance will support UNCF to raise funds as it hosts the only walk/run that supports historically black colleges and universities. For more information on UNCF visit the website at www.uncf.org.

Please call Liz Davis @ Ext. 2483 or Ruthie Washington @ Ext. 2690 if you have questions. Thank you in advance for your support.

Based on the continued growth of the size of this newsletter, and the recommendations of many readers, we will add a hyperlink table of contents following my remarks.

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

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Student Affairs:

Thomas Moorman, Ed.D.

Associate Vice President for Student Affairs

The Division of Student Affairs is proud to welcome the Medical student Class of 2008 and the Physician Assistant Class of 2007. These students will begin their training on August 2, 2004.

Everyone is invited to the Campus Wide Ranchland Welcome scheduled for August 20. There will be fun, food, and friends. This is a family event for all students, staff, and faculty of the health science center. It is a wonderful opportunity to mix and mingle. Contact the Student Development Office for additional information (817) 735-5006.

The Division of Student Affairs will be hosting some student focus group lunches to discuss campus services beginning in September. If you are interested in signing up for one of these lunches, contact the Student Affairs Office at (817) 735-2505.

Clinical Affairs / Faculty Practice:

Robert Adams, D.O.

Senior Associate Dean for Clinical Affairs/Chief Medical Officer

As we near the end of the current fiscal year and plan for the next, the members of the group practice should take a minute to reflect on where we've been successful and where we've fallen short. Since we're in the final stages of budget preparation, it's important to note that the practice will be profitable for the year. The financial picture is slightly different than anticipated as only three departments were profitable at the end of June and it's doubtful that any will achieve the budgeted revenue targets. Nonetheless, budgetary management has served us well and will allow the profit we expect. We hope other departments will turn profitable by year-end. We know that everyone is working hard in the varied activities of the departments and we can demonstrate that roughly 50% of the providers are more productive clinically this year than last year. We're also happy to report that the business services continue to improve and that we have achieved a best practice goal of more than 95% net collections. The year has also seen other notable accomplishments. Early this fall we expect to have expanded radiology services on

campus with the opening of an imaging center (initially CT and plain film) in the new Biotech building. We will open the new Eagle Ranch clinic this fall and move the existing Saginaw clinic to this site. Although not currently determined, we will have other specialties represented at this clinic as well. The group practice officially changed its name to the University of North Texas Physicians Group and we will begin to publicize this during the coming year. Our cardiology division has assumed responsibility for the contract to provide services at JPS and provided oversight in the opening of a new cath lab (congratulations to Dr. Marty Weis for these achievements).

The coming year provides new opportunities and expectations. We must continue to monitor existing revenues and identify new opportunities for additional revenues going forward if the practice is to grow as desired. Inherent to this is the continued exploration of collaborative opportunities in the community. We are exploring the opportunity to open a new multispecialty clinic in the Ridgmar Mall area during the coming year. We have several critical faculty recruitment needs and hope this will be our most successful year ever for recruiting. Our existing contract for billing services with Siemens expires at the end of next fiscal year and we have begun the process of evaluating systems so that we can select the one that best serves our needs. Of course, very important to our practice will be the outcome of OMCT's current search for a new partner.

As always, the activities are too numerous to mention all of them. We have moved forward during the past year and I expect the same next year. Everyone should look forward to continued success and be proud of what your efforts have allowed us to achieve.

Educational Programs:

Don Peska, D.O.

Associate Dean for Educational Programs

No contribution

Academic Affairs:

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

Associate Dean for Academic Affairs

History was made during the medical school and PA school orientation period this year at the Texas College of Osteopathic Medicine. TCOM has adopted the Core Disaster Life Support and Basic Disaster Life Support programs developed by a consortium of organizations and medical schools around the country. We have become the first medical school in the country to fully adopt these programs as part of our curriculum process!! In partnership with faculty from UT-Southwestern medical school, this program was provided to all incoming first year medical students and PA students as part of their curriculum and studies. The course was well received by students and all participants

will receive certification from the NDLS/AMA for their successful completion of this program.

Luibel Hall has now been wired for laptop computers and video-conferencing capability. Students will now be able to connect to the Internet in Luibel and access important information sites like MDConsult and Statref during presentations.

The video-conferencing capability was used for the first time during the orientation week, with greetings provided from Dr. Eugene Oliveri at Michigan State University and a presentation from Norman Gevitz, Ph.D., at Ohio University, on the history and future challenges of osteopathic medicine. This enhanced video-conferencing capability now allows groups of over 200 to interact with remote sites as if they were “right there in the classroom sitting next to you.” This will allow greater depth and variety to our educational programs here at TCOM.

Clinical Research:

Michael Clearfield, D.O.

Associate Dean for Clinical Research

This month's contribution will focus on the Diabetes Research and Metabolic Studies Center (DREAMS). As with the ORC this is a multi-disciplinary effort designed to utilize expertise from all three schools of the HSC led by Craig Spellman PhD DO as the overall PI. There are three major goals of the DREAMS center. The first goal is to establish a family based primary prevention program to help curtail the development of diabetes, obesity and metabolic syndrome targeting the Hispanic population of Tarrant County. The PI for this initiative is Ximena Rojas DPH from the school of Public Health with co-investigators representing all three schools (Drs. Hollen, McConathy, Spellman, Lacko, and Bae) The second goal is to determine the prevalence of traditional and emerging risk factors which include a variety of potential risk factors as well as utilizing the new electron beam CT scanner to detect cardiovascular disease in the Hispanic and non-Hispanic populations. In addition, several special populations will also be studied which includes bariatric surgery patients, individuals with sleep disorders and individuals presenting with acute coronary syndromes. These individuals will also have their risk factors evaluated and compared to the other groups. Co-investigators in this area include Drs. Adam Smith, Singh, Garcia, Carroll, Franks, Caffrey, Smith and Garner. The third goal is to utilize the databases and subject populations available for family studies and to develop a clinical intervention strategy to prevent the onset of vascular disease in patients with or at risk for diabetes, metabolic syndrome or obesity. Dr. Spellman heads this group with co-investigators including Drs, Rene and Franks. The funding for the first year of DREAMS is \$1,433,636 from the CDC. If you would like more information about DREAMS or if you would like to participate in this project you can contact myself or Drs. Spellman or McConathy for more information.

PA Studies:

[Hank Lemke, P.A.](#)

PA Program Admits Class of 2007 28 new PA students were admitted this month. The average age of the new class is 26 years old. 24 members of the class are female and 35% of the class has declared American Indian, Alaskan Native, Asians; and/or Hispanic heritage. The average GPA of the entering class is 3.54 and the average science GPA is 3.41. The students have taken an average of 67 credit hours of science instruction. All of the matriculates are Texas residents and they were selected from 100 candidates interviewed and 460 applications in the 2003-04 application year. The majority of the new students hold a bachelor's degree (75%) of which the most popular field of undergraduate study was Biology. Texas A&M was again the top feeder school for second year in a row.

Science and Health News:

Wall Street Journal Examines Health Coverage at Whole Foods Market

[Jun 23, 2004]

The *Wall Street Journal* on Wednesday examined Texas-based grocery chain [Whole Foods Market](#)'s consumer-driven health plan, which "encourages its 30,000 or so workers to feel a bit of the pain every time a doctor sends out a bill." Whole Foods, one of the nation's fastest-growing grocery chains, is one of the largest companies to offer only a consumer-driven health plan, making it "a case study in the impact of such a plan on an entire work force," the *Journal* reports. Currently, fewer than 1% of insured U.S. residents are enrolled in a consumer-driven health plan, Steve Davis, managing editor of the newsletter *Inside Consumer-Directed Care*, said. However, the plans are "fast gaining the attention of employers looking for new strategies for reining in insurance costs," according to the *Journal*. According to the *Journal*, Whole Foods decided to use a consumer-driven plan to give "employees more of a financial stake in what they pay for medical care in hopes of slowing the growth in medical costs." Whole Foods founder and CEO John Mackey considered such a plan based on a book called "Patient Power," which was published by [Cato Institute](#) in 1992 and advocated high-deductible health plans. In 2002, Whole Foods' self-insured health plan was "essentially insolvent," and to offset health costs, the company had to take a five-cents-per-share charge to earnings that year, the *Journal* reports.

Plan Design

Under the Whole Foods health plan, full-time single workers pay no premiums and workers with spouses and dependents pay premiums only during the first five years of full-time employment. Workers receive an account for medical expenses to which Whole Foods contributes \$300 to \$1,800 per year, depending on length of employment. Employees present a debit card to medical providers, and money is drawn out of the account. Workers pay "relatively hefty" deductibles of \$500 for prescriptions and \$1,000 for all other medical costs, according to the *Journal*. After employees reach the

deductible, the health plan "operates more like a traditional one" and covers 80% of most medical expenses, the *Journal* reports. The company assumes 100% of medical costs after employees reach an annual out-of-pocket spending limit. Any remaining employer contributions carry over to the next year. But unlike some other consumer-driven health plans, the Whole Foods plan does not allow employees to add tax-free contributions to the account. The plan also covers prenatal care and includes incentives for employees to use physicians and hospitals in the plan's network.

Plan Results

According to the *Journal*, the initial results from the new plan "have been dramatic." The plan is "inducing [Whole Foods employees] to take responsibility for cutting costs by buying generic drugs, asking for fee waivers on lab tests and other procedures, and keeping a closer eye on what doctors charge for their services," the *Journal* reports. Because most employees do not have to pay premiums, about 95% of Whole Foods' eligible workforce is enrolled in the plan, compared with 65% enrollment in 2002 under Whole Foods' more traditional health insurance plan. Many employees had opted out of the previous health plan in exchange for accruing additional vacation days. Overall medical claim costs in 2003 decreased 13%, and hospital admissions decreased 22% from 2002. For 2003, only 10% of Whole Foods employees spent all the funds in their health savings accounts; for the remaining 90% of employees, a total of \$14 million, or \$560 per account, rolled over into their 2004 accounts. That \$14 million "will act as a future damper" on the company's health costs, as employees who have larger account balances are less likely to pressure the company to enhance health benefits, the *Journal* reports. Whole Foods in 2003 spent the same amount per employee on health insurance, including contributions to employee health care accounts, as it did in 2002, officials say.

Tradeoffs

To pay for the new plan, employees had to agree to a reduction in other benefits, including fewer vacation days for some and lower employer contributions to 401(k) plans. The largest "drawback" under the new plan is that employees with chronic conditions, who have "little choice about how often they go to the doctor," can "take a big hit," the *Journal* reports. According to the *Journal*, employees at other companies that institute consumer-driven health plans similar to the Whole Foods plan "might see worse results" because Whole Foods' employees generally are healthier and younger than other workers. Some observers contend that consumer-driven plans could cause employees to "skimp on their own care in order to save money for a rainy day," but it will be "years before anyone knows whether that concern is warranted," according to the *Journal* (Lieber, *Wall Street Journal*, 6/23).

2003 DATA FINDS MODEST INCREASES IN PHYSICIAN COMPENSATION FOR MOST SPECIALTIES

-- Financial Data Reveals Groups in the Northern Region Still Operating at a Loss

<http://mailiwant.com/links.jsp?linkid=14357&subid=753643&campid=136903&type=0>

ALEXANDRIA VA USA -- MEDICAL INDUSTRY E-MAIL NEWS SERVICE(TM) --
AUG 02 2004 -- According to findings in the American Medical Group Association's

2004 Medical Group Compensation & Financial Survey, most specialties saw modest increases in compensation in 2003. Median compensation and gross productivity for physicians has generally increased over the past 4 years. However, only certain high demand specialties saw major increases in median compensation during 2003.

The survey also found that groups in the Northern Region were operating on average at a loss of \$3,477 per physician.

Compensation findings may point to an increased demand for surgical and some medical specialties, with a subsequent decline in the need for primary care physicians. For the period 2003-04, the survey found that physicians specializing in cardiology (9.19 %-11.97%), dermatology (16.71%), gastroenterology (12.34%), and pathology (13.51%), experienced the largest increases in compensation.

Among those specialties that have seen the lowest increases over the past year are neurology (1.67%), general surgery (0.33%) and orthopedic surgery (1.24%). During the past 4 years (2000-03), the rate of increase has been particularly low in some specialties: for example, family medicine (7.05%), neurology (6.28%), gynecology and obstetrics (4.61%), and orthopedic surgery (4.12%).

"Over the past few years, we have seen dramatic increases in certain high-demand specialties, while the increases for general practitioners have become increasingly smaller," stated Donald W. Fisher, Ph.D., AMGA's President & CEO. "Last year, we actually saw declines in compensation for some specialties, notably internal medicine [-1.81%] and emergency care [-1.42%]. Fortunately, we did not see such declines this year, although the increases were very slight in many cases."

The section of the survey that examines financial operations found that groups in the Northern Region were operating with an average loss of \$3,477 per physician (median performance per physician). Groups in the Southern Region on average made a modest \$570 per physician, while groups in the Eastern and Western regions were performing better, at \$2,080 and \$1,530 per physician, respectively.

"This continues a trend for many groups in the Northern and Southern regions," said Fisher. "In 2003, the median loss for groups in the Northern Region was \$2,392 per physician, and for groups in the Southern Region the median loss was \$894. So, there has been improvement among groups in the Southern Region. However, the data indicate that enormous financial challenges still face the industry, particularly in certain regions of the country. That said, many medical groups are finding ways to rise to those challenges."

Fisher also pointed out one of the major factors affecting physician compensation: "One component contributing significantly to the miniscule rates of increases for certain specialties continues to be the impact of malpractice premiums on the financial solvency of physicians. While the compensation rates remain essentially flat, malpractice premiums continue to increase at skyrocketing rates. Medical liability reform would certainly help offset these shifts in more positive directions."

AMGA's 2004 Medical Group Compensation & Financial Survey includes salary and productivity data on physicians in 98 specialties, 25 other health care provider positions and 20 administrative positions. This information is broken down and presented by the size of the group, location of the group, and total relative value units (RVUs), a standard method of determining productivity.

The survey contains compensation and productivity data from approx. 30,500 medical group physicians throughout the US, and is intended to assist various management levels in evaluating and comparing current physician compensation and productivity levels, trends, plus relationships between compensation and productivity.

The 18th annual AMGA compensation and productivity survey was conducted by the national accounting firm of RSM McGladrey, Inc. This year, AMGA revised its nationally recognized compensation survey by adding additional financial information previously available in AMGA's Medical Group Financial Operations Survey, as well as data specific to the academic/faculty practice environment.

Health Policy News:

Inpatient Final Rule Addresses Resident Limits, Preliminary Year Issue

The final FY 2005 Inpatient Prospective Payment System (PPS) rule, including regulations regarding the Medicare resident limit redistribution program, was published Aug. 2 on the Centers for Medicare and Medicaid Services (CMS) Web site. The final rule, to be published in the Federal Register on Aug. 11, also clarifies CMS' policy for hospitals training residents in specialties that require a broad-based, general clinical training year (the so-called "preliminary year" issue).

COGME Recommends Expansion of Physician Workforce

After an extended discussion and some minor modifications, the Council on Graduate Medical Education (COGME) July 28 endorsed the "Physician Workforce Policy Guidelines for the U.S. for 2000 - 2020." The report concludes that the nation is likely to face a significant shortage of physicians over the next 15 years and recommends an increase in the number of new physicians being educated and trained in the US.

NIH Declines March-In Petition on Norvir

The National Institutes of Health (NIH) Aug. 4 decided against a petition by patient and consumer activists to make the patented HIV-drug, Norvir (trademark for ritonavir) available for competitive manufacture and pricing.

OMB Revises Deficit Estimate

A "strong" economic performance during the first quarter of the year has led the Office of Management and Budget (OMB) to reduce its estimate of the FY 2004 budget deficit to \$445 billion. The new estimate, which was released July 30 as part of OMB's annual "mid-session review," is \$76 billion less than the \$521 billion deficit projected by the Administration as part of its FY 2005 budget submission to Congress. OMB noted a 3.9 percent growth in the real gross domestic product (GDP) and stated "all indications point to further solid growth for the remainder of the year."

AHRQ Advisory Council Addresses Agency Future; Health IT

The Agency for Healthcare Research and Quality (AHRQ) National Advisory Council (NAC) met July 30 for the second of three meetings held each year. Following an update from AHRQ Director Carolyn Clancy, M.D., NAC Chairman Arthur Garson, Jr., M.D., M.P.H., dean and vice president of the University of Virginia Medical School, led the group in a Future Vision Exercise, designed to guide the agency as it shifts its focus to implementation of evidence-based medicine and care.

NEAL NAMED TO COORDINATING BOARD: Gov. Rick Perry appointed Nancy Neal of Lubbock to the Texas Higher Education Coordinating Board. A past president of the TMA Alliance, Mrs. Neal will serve on the panel that sets Texas' higher education policy through Aug. 31, 2007.

Senate Committee Critical of Bioterrorism Programs

The Senate Health, Education, Labor and Pensions Committee held a July 22 hearing to examine the bioterrorism preparedness programs administered by the Department of Health and Human Services (HHS). Chairman Judd Gregg (R-N.H.) criticized the Health Resources and Services Administration (HRSA) hospital bioterrorism preparedness program and the Centers for Disease Control and Prevention (CDC) state bioterrorism preparedness program for not getting funding to the facilities that make up the front line of defense against a potential attack.

CMS Proposes Policy to Implement MMA Provisions on Care for Undocumented Immigrants

The Centers for Medicare and Medicaid Services (CMS) July 22 released a proposed payment methodology to implement a requirement in Section 1011 of the Medicare Modernization Act (MMA), which requires the agency to reimburse hospitals, physicians and ambulance services directly for emergency services provided to undocumented immigrants. Section 1011 of the MMA provides \$250 million a year for FYs 2005 - 2008 to help providers defray the cost of meeting federal requirements under the Emergency Medical Treatment and Labor Act (EMTALA) to provide care to stabilize patients regardless of insurance status or ability to pay.

New GAO Report Addresses VA Part-Time Physicians Time and Attendance Documentation

The Government Accountability Office (GAO) July 21 released a new report, "VA Medical Centers: Internal Controls Over Selected Operating Functions Needs Improvement" that concludes that Department of Veterans Affairs (VA) part-time physician time and attendance were not always documented according to policy.

House Panel Explores Barriers, Incentives for Adoption of Health Information Technology

Health information technology (HIT) was the topic of a July 22 hearing held by the House Energy and Commerce Subcommittee on Health. According to a statement by full Committee Chairman Joe Barton (R-Texas), a transition to electronic medical records could save about \$140 billion a year. Calling the potential savings "staggering" and arguing that electronic records "could go a long way toward slowing the tremendous growth in healthcare costs," Chairman Barton remarked that "patients should not have to bear the increased risk of medical errors and pay the inflated costs that result from the use of antiquated health information systems."

Health Information Technology Bills Introduced in House and Senate

New legislation has been introduced in both chambers of Congress to provide guidance and resources for implementing health information technology through a combination of grants, loans, and payment incentives to promote adoption of information technologies.

In the Senate, Judd Gregg's (R-N.H.) "National Health Information Technology Adoption Act" (S. 2710) would help hospitals, physician

groups, and other providers fund "Local Health Information Infrastructures" similar to the regionally linked systems in Indianapolis and Santa Barbara. On the House side, Representative Patrick Kennedy's (D-R.I.) legislation, the "Josie King Act of 2004" (H.R. 4880), establishes nearly \$3 billion in various grants for the development, implementation, and expansion of regional "health information exchanges."

Research and Funding Opportunities:

NIH Guide for Grants and Contracts - Week Of July 30, 2004
<http://grants.nih.gov/grants/guide/2004/04.07.30/index.html>

NOTICES

ADDENDUM TO RFA-AI-04-001
(NOT-AI-04-048)

National Institute of Allergy and Infectious Diseases
National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Institute of Diabetes and Digestive and Kidney Diseases
National Institute of Neurological Disorders and Stroke
INDEX: ALLERGY, INFECTIOUS DISEASES; ARTHRITIS, MUSCULOSKELETAL, SKIN DISEASES; DIABETES, DIGESTIVE, KIDNEY DISEASES; NEUROLOGICAL DISORDERS,
STROKE <http://grants.nih.gov/grants/guide/notice-files/NOT-AI-04-048.html>

ORAL RESEARCH DATA FROM THE WOMEN'S INTERAGENCY HIV STUDY (WIHS) AVAILABLE TO RESEARCHERS
(NOT-DE-04-007)

National Institute of Dental and Craniofacial Research
National Institute of Allergy and Infectious Diseases
INDEX: DENTAL, CRANIOFACIAL RESEARCH; ALLERGY, INFECTIOUS DISEASES
<http://grants.nih.gov/grants/guide/notice-files/NOT-DE-04-007.html>

ANNOUNCEMENT OF US-JAPAN BRAIN RESEARCH COOPERATION PROGRAM (BRCP) - THE US COMPONENT
(NOT-NS-04-014)

National Institute of Neurological Disorders and Stroke
National Institute of Mental Health
National Institute on Drug Abuse

National Institute on Deafness and Other Communication Disorders
National Institute of Dental and Craniofacial Research
National Institute of Child Health and Human Development
INDEX: NEUROLOGICAL DISORDERS, STROKE; MENTAL HEALTH; DRUG
ABUSE; DEAFNESS,
OTHER COMMUNICATION DISORDERS;
DENTAL, CRANIOFACIAL RESEARCH; CHILD HEALTH, HUMAN
DEVELOPMENT
<http://grants.nih.gov/grants/guide/notice-files/NOT-NS-04-014.html>

CHANGE IN RECEIPT DATES: RFA-RM-04-020 "MOLECULAR LIBRARIES
SCREENING
INSTRUMENTATION"
(NOT-RM-04-015)
National Institutes of Health
INDEX: HEALTH
<http://grants.nih.gov/grants/guide/notice-files/NOT-RM-04-015.html>

REQUESTS FOR APPLICATIONS

PHASE II COMPREHENSIVE ICOHR TA AIDS/TB
(RFA-TW-04-002)
United States Agency for International Development
Fogarty International Center
National Institute of Allergy and Infectious Diseases
National Institute on Drug Abuse
National Institute of Mental Health
Office of Global Health United States Agency for International Development
INDEX: GLOBAL HEALTH UNITED STATES AGENCY INTERNATIONAL
DEVELOPMENT;
FOGARTY; ALLERGY,
INFECTIOUS DISEASES; DRUG ABUSE; MENTAL HEALTH
APPLICATION RECEIPT DATE: December 20, 2004
<http://grants.nih.gov/grants/guide/rfa-files/RFA-TW-04-002.html>

PROGRAM ANNOUNCEMENTS

PILOT STUDIES: ORAL COMPLICATIONS OF CANCER THERAPIES
(PA-04-134)
National Institute of Dental and Craniofacial Research
National Cancer Institute
INDEX: DENTAL, CRANIOFACIAL RESEARCH; CANCER
APPLICATION RECEIPT DATE(S): Multiple dates, see announcement
<http://grants.nih.gov/grants/guide/pa-files/PA-04-134.html>

TOOLS FOR GENETIC AND GENOMIC STUDIES IN EMERGING MODEL

ORGANISMS

(PA-04-135)

National Institute of General Medical Sciences

INDEX: GENERAL MEDICAL SCIENCES

APPLICATION RECEIPT DATE(S): Multiple dates, see announcement

<http://grants.nih.gov/grants/guide/pa-files/PA-04-135.html>

PREDOCTORAL RESEARCH TRAINING IN BIOSTATISTICS

(PAR-04-132)

National Institute of General Medical Sciences

INDEX: GENERAL MEDICAL SCIENCES

APPLICATION RECEIPT DATES: October 14, 2004; September 10, 2005; September

10, 2006 <http://grants.nih.gov/grants/guide/pa-files/PAR-04-132.html>

CLINICAL TRIALS: ORAL COMPLICATIONS OF CANCER THERAPY

(PAR-04-133)

National Institute of Dental and Craniofacial Research

National Cancer Institute

INDEX: DENTAL, CRANIOFACIAL RESEARCH; CANCER

APPLICATION RECEIPT DATE(S): Multiple dates, see announcement

<http://grants.nih.gov/grants/guide/pa-files/PAR-04-133.html>

Quotes:

The roots of education are bitter, but the fruit is sweet.

[Aristotle](#)

Education's purpose is to replace an empty mind with an open one.

[Malcolm S. Forbes](#)

There is nothing so stupid as the educated man if you get him off the thing he was educated in.

[Will Rogers](#)

Marc

Marc B. Hahn, DO

Dean

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