

DEAN'S CORNER E-NEWSLETTER

Texas College of Osteopathic Medicine

August 1, 2008

First of all, I would like to welcome all of our new students to campus, and wish you all the best as you begin your studies in your chosen field! The DO class of 2012 and the PA class of 2011 are the largest, brightest and most diverse students to date to matriculate at TCOM. The DO program has 175 and the PASP 44 students. This year, our Rural Track Curriculum in the medical school offers a unique program for the 50 students enrolled and it represents TCOM's continued commitment to excellence in Primary Care for the State of Texas, and the nation.

Speaking about welcomes, please also join me in welcoming our new chairs of both Pediatrics and Internal Medicine.

On July 1, W. Paul Bowman, MD became the new chair of the Pediatrics Department for the Texas College of Osteopathic Medicine. Dr. Bowman is also the Director of Academic Pediatrics at Cook Children's Medical Center. These appointments tie together the teaching and research capabilities of the Health Science Center with the renowned patient care of Cook Children's Medical Center and Physician Clinic network. This relationship brings leading-edge research and care to patients as well as opening up TCOM student doctors to take advantage of the knowledge of Cook Children's physicians who will serve as faculty instructors. Dr. Bowman, a native of Winnipeg, Canada, graduated from the University of Manitoba as class valedictorian before becoming a fellow in pediatric hematology-oncology at St. Jude Children's Research Hospital in Memphis, Tenn. In 1982, he came to what is now known as Cook-Fort Worth Children's Medical Center as co-director of the Hematology and Oncology Department and made Fort Worth his home.

A most sincere thank you goes to Dr. John Fling for his leadership and the positive direction he's taken the Department of Pediatrics, as Acting Chair, these past 10 years. Clearly, the fine faculty and staff under the direction of Dr. Fling have instilled a passion for pediatric care to our graduates as they have gone into pediatric residencies in record numbers. Thank you, Dr. Fling, for a job well-done.

Joining us on September 15 is Darrin C. D'Agostino, DO, MPH, the new chair of the Internal Medicine department for the Texas College of Osteopathic Medicine. He will join us September 15. Dr. D'Agostino comes from the University of Connecticut School of Medicine, where he served as director of medical

education, osteopathic; associate professor of clinical medicine, University of Connecticut; assistant director of medicine, Hartford Hospital; and program director of the osteopathic internal medicine residency; among other positions.

Since February 2008, Dr. Bernard Rubin has done an exceptional job leading the department of Internal Medicine, and we sincerely appreciate his efforts on behalf of the institution and his dedication as a TCOM clinician.

September 12 is the date for our White Coat Ceremony and Convocation. This special ceremonial event welcomes freshman students from the Texas College of Osteopathic Medicine into the healing arts with the donning of the traditional white coat. There will be a reception for students and their family immediately following the event in the Atrium at the University of North Texas Health Science Center.

Please supply any pertinent information to my office (deantcom@hsc.unt.edu) for inclusion in future newsletters.

Table of Contents

Student Affairs	2
Health Affairs	4
Educational Programs.....	4
Academic Affairs	5
PA Studies	5
Clinical Research	6
Admissions.....	6
Science and Health News	7
Health Policy News	11
Research and Funding Opportunities	13
Quotes	13

Student Affairs

Thomas Moorman, EdD
Associate Vice President for Student Affairs

Welcome New Students!

DO and PA Orientation was held on Monday, July 21 through Friday, July 25, 2008. This year the DO Class of 2012 consists of 178 students and the PA Class has 44 students. In years past, both DO's and PA's went through orientation together but this year, because of increased class sizes the majority of their orientations have been separate. Each group had a full week of presentations from academic departments and Student Affairs, to white coat sizing and computer distribution.

The Student Advocate Association (SAA) sized the incoming students for white coats which will be distributed prior to the White Coat Ceremony. The Office of Student Life would like to thank the Texas Osteopathic Medical Association (TOMA) and Advocates for the Texas Osteopathic Medical Association (ATOMA)

for again working with SAA to provide one white coat for each member of the incoming DO and PA classes. Patches for DO students can be purchased for \$10 in the Office of Student Life at anytime.

Career News

The Career Services Office has developed a new website which can be found at: <http://www.hsc.unt.edu/Sites/CareerServices/> . This site has available career resources for students, alumni, faculty and employers. It will also house all information regarding Internship and Residency Fair as well as information about Electronic Residency Application Service (ERAS). Check it out!

Student Life News

The Office of Student Life would like to welcome all students returning to campus and direct them to contact us at anytime if they have any questions. Our office is located in EAD 116, our phone number is 817-735-5006, and our email is studentlife@hsc.unt.edu

We would like to highlight services and activities available in the Office of Student Life. The Student Lounge (EAD 110 & 116) features a billiards table, foosball tables, television, computers, copiers, a fax machine, and ping pong tables for students to use at anytime. In addition, students can now plug in their iPods to listen to music over the student lounge speakers. To check out ping pong paddles, simply provide your student ID to a student worker at the student worker desk in EAD 116. In addition, students now have the opportunity to contact a representative from the Texas Osteopathic Medical Association (TOMA) in their office which is located in EAD 116H. Students can also contact the Medical Student Government Association by stopping by EAD 116A.

Again, the Office of Student Life would like to officially welcome all students to campus and encourage new students to stop by and see us at anytime. For more information on student governments, class officers, and programming, please feel free to contact Misty Smethers at 817-735-5006, msmether@hsc.unt.edu, or by stopping by EAD 116B.

Student Organization Update for 2008-2009 Academic Year

The Office of Student Life is proud to announce 37 active student organizations for the 2008-2009 academic year. Four of these groups are new clubs and one is starting up again. The new clubs include: Global Health Initiative (GHI), medTEC, Soccer, Art of Living. A TOGA (Texas Obstetrics & Gynecology Association of Students) is starting up again after taking a year off. The organization officers will recruit new students to their organization at the annual Club Fair that is scheduled for September 5th in the Atrium.

Center for Academic Performance

CAP-The Center for Academic Performance (formerly OASIS) is pleased to announce that we received a grant to help fund tutoring on the UNTHSC campus. CAP is available to support students through academic counseling, time management strategies, study skills, papers, presentations, or with test anxiety

reduction. We would like to encourage all students to utilize our services and let us help you stay on target.

Founders' Activity Center Ranked 5th in the *Fort Worth Business Press*!

The UNTHSC - Founders' Activity Center (FAC) recently participated in a *Fort Worth Business Press* survey for area health clubs, fitness centers and gyms. The FAC was ranked 5th overall! The ranking was determined by the number of current primary memberships.

The complete listing was published in the July 7-13, 2008 issue of the *Fort Worth Business Press*. The newsstand locations are listed at the Business Press web site at <https://www.fwbusinesspress.com/subscription.php>. Just click on the "Newsstand Locations" tab on that page.

If you are not a current FAC member contact the FAC at fac@hsc.unt.edu or take a look at our website www.hsc.unt.edu/fac for more information.

Health Affairs/Faculty Practice

Robert Adams, DO

Senior Associate Dean for Health Affairs/Chief Medical Officer

No article

Educational Programs

Don Peska, DO

Associate Dean for Educational Programs

The 2008-2009 academic year has begun and we are delighted to welcome our new Texas OPTI interns, residents and fellows who are pursuing post-graduate programs at Bay Area Medical Center and Driscoll Children's Hospital in Corpus Christi, Methodist Charlton Medical Center in Dallas, Plaza Medical Center and John Peter Smith Hospital of Fort Worth, San Jacinto Methodist Hospital in Baytown, and the University of Texas Medical Branch of Galveston.

According to the American Osteopathic Association...

Osteopathic medicine is emerging as one of our nation's fastest growing healthcare professions. And with good reason. Because of their commitment to primary care and prevention, osteopathic physicians (D.O.s) are becoming the physicians of choice for more and more people. Osteopathic medicine emphasizes the inter-relationship of the body's nerves, muscles, bones and organs. The osteopathic philosophy of treating the whole person is applied to the prevention, diagnosis and treatment of illness, disease and injury.

Because osteopathic medical education places a strong emphasis on primary medical care, more than 65% of all D.O.s practice in these areas including family practice, internal medicine, obstetrics/gynecology and pediatrics. While the majority of D.O.s provide primary care, they can also specialize in any area of medicine from psychiatry to cardiology to ophthalmology.

With an increasing need for qualified osteopathic family practice physicians in the state of Texas, the Texas OPTI is pleased to help meet that need with a number of TCOM graduates who decide to remain in Texas and pursue residency programs in family medicine, internal medicine and pediatrics, as well as traditional internships which feature a combination of the core disciplines and ample exposure to patient care. Their skills and training will enable them to assist generations to come.

Eryn Loney, M.L.A.
Director of Program Development &
Careers in Medicine Leader

Academic Affairs

Bruce Dubin, DO, JD
Associate Dean for Academic Affairs

No article

PA Studies

Hank Lemke, PA
Chair of PA Studies

PA Student News

Congratulations are in order for seven recent UNTHSC PA graduates who presented four different posters at the 17th Annual Clinical and Professional Poster Session of the American Academy of Physician Assistants held last May in San Antonio, Texas. Shannon Danner and Julie Charters (both Class of 2008) received the award for Best Poster for Previously Presented for, "The Attitude of Medical Examiners toward the Employment of PAs." Elisha Hatfield (Class of 2008) won "Best Nephrology Student Abstract Award" for her poster/abstract, "A New Silent Epidemic: Are Physician Assistants Using Evidence-based Guidelines to Screen for Chronic Kidney Disease in High Risk Patients?" These students all created their posters while here at UNTHSC. The AAPA national meeting was attended by more than 6,000 PAs from across the country.

Other Related News: Three PA students from the Class of 2009 competed in the PA National Challenge Bowl at the AAPA meeting in San Antonio. AOA President Elect, Carlo J. DiMarco, D.O. was one of the invited speakers who addressed the AAPA House of Delegates this year. This was the first time an AOA representative has addressed the AAPA body of delegates which meets annually at the AAPA national meeting. Dr. DiMarco recognized PAs for their contributions

in providing healthcare for the nation and called for PAs to continue working together with DOs to provide the best care possible to our patients. Other speakers who addressed the AAPA House of Delegates included a senior member of the AMA Board of Trustees, current President of the American College of Emergency Physicians, and a Board Member from the American Academy of Pediatrics.

PA Student Enrollment News

Forty-four new PA students were welcomed into the PA Class of 2011 in July. This is the largest new PA class ever at UNTHSC and brings total PA student enrollment to its highest mark ever - 109 students. The class represents an 18 percent increase over that which entered last year. Of the new students, 22 percent are from underrepresented minority groups. The average age of the entering class is 26 years. The average GPA for the class is 3.53.

PA Faculty News

Best wishes are extended to PA Laurie Hill, who has left the PA program to pursue full-time clinical practice with a DFW-based group practice. PA Hill was with the program nearly six years and she will be missed by her fellow faculty and students alike.

Clinical Research

John Licciardone, DO, MS, MBA
Acting Associate Dean for Clinical Research

No article

Admissions

Russell Gamber, DO, MPH
Assistant Dean of TCOM Admissions & Outreach

Update on TCOM Entering Class of 2008: The largest entering class in the history of the medical school – 175 students – started classes this July. The academic performance of these students (average GPA 3.56 and average MCAT 28) marks a new high. The underserved minority enrollment has increased to 16 percent of the class. In addition, the number of applicants admitted to the ROME (Rural Osteopathic Medical Education) program has increased to 15. The average age of the class this year is 24.

Fewer offers were made this year to seat the largest class ever. This suggests that the TCOM Admissions Committee was successful in selecting students who are best suited for admission to TCOM.

JAMP Students Depart for Home: After six busy weeks spent on the TCOM campus, the 24 Joint Admission Medical Program (JAMP) summer students departed our campus to return to their homes and college campuses. These students, who are about to begin their junior years in colleges and universities around the state, had classes in physiology, medical ethics, manipulative

medicine, and MCAT preparation to get ready for application to the entering medical school class of 2010.

TCOM Interviewing Season to Begin Soon: TCOM Admissions and Outreach has begun to review applications for the TCOM entering class of 2009. We expect to receive over 2,000 applications this year and will interview 600+ of the best-qualified applicants. Because of the increased number of applicants, Admissions will begin the interview process on July 29, 2008.

Other News

Science and Health News

The New England Journal of Medicine

Trial compares 'low-carb' versus Mediterranean versus low-fat diet
July 17, 2008

ST LOUIS (MD Consult) - As alternatives to a low-fat diet, the Mediterranean and low-carbohydrate diets may offer greater weight loss with additional metabolic benefits, reports a comparative trial in the July 17 issue of **The New England Journal of Medicine**.

The 2-year randomized trial included 332 patients with moderate obesity, mean body mass index 31. Eighty-six percent of the subjects were men; the mean age was 52 years. Patients were assigned to follow a low-fat, calorie-restricted diet, based on American Heart Association guidelines; a low-carbohydrate diet, based on the Atkins diet; or a Mediterranean diet, based on the guidelines of Willett and Skerrett. Patients were divided into dietary subgroups, each led by a registered dietitian.

Patients on the low-carbohydrate diet had a 20% relative reduction in the ratio of total to high-density lipoprotein cholesterol, compared to a 12% reduction on the low-fat diet. For diabetic patients, the Mediterranean diet was associated with greater improvements in fasting plasma glucose and insulin levels, compared to the low-fat diet.

Several studies have reported that low-carbohydrate diets are a viable alternative to low-fat diets for weight reduction. The so-called Mediterranean diet has been shown to have cardiovascular benefits, with possible weight loss. Many dietary trials have limitations such as small size and high attrition rates.

This randomized trial suggests that the low-carbohydrate and Mediterranean diets may produce greater weight loss than a low-fat, calorie-restricted diet. Other advantages may include improvements in lipid profile with the low-carbohydrate diet and improved glycemic control with the Mediterranean diet.

"Our results suggest that health care professionals might consider more than one dietary approach, according to individual preferences and metabolic needs, as long as the effort is sustained," the investigators conclude.

NEJM. 2008;359:229-241.

Outcomes assessment included weight measurement and blood tests. The lead author was Iris Shai, RD, PhD, of Ben-Gurion University of the Negev, Beer-Sheva, Israel.

Adherence rates were high-nearly 85% at 2 years. Dietary fiber intake was highest for patients assigned to the Mediterranean diet, as was the ratio of monounsaturated to saturated fat. Patients in the low-carbohydrate group had the highest intake of fat, protein, and cholesterol and the highest rate of detectable urinary ketones.

Mean weight loss was 2.9 kg with the low-fat diet, 4.4 kg for the Mediterranean diet, and 4.7 kg for the low-carbohydrate diet. For 272 patients who completed the trial, the means were 3.3, 4.6, and 5.5 kg, respectively.

NEW YORK TIMES

June 22, 2008

Under New Management

Waistlines Expand Into a Workplace Issue

By Kelley Holland

TAKE a look around your office tomorrow and see if you can identify a condition that's quietly costing employers billions of dollars a year.

Give up? Here's a clue: waistlines.

Nearly two-thirds of American adults are overweight or obese, according to the Centers for Disease Control and Prevention, and the percentage of adults classified as obese doubled from 1980 to 2000 to 31 percent of the population. (To see how obesity has spread, take a look at some startling maps from the Centers for Disease Control and Prevention: on cdc.gov, search with "Obesity Trends 1985-2006.")

In their capacity as health insurance providers, employers pay heavily for obesity's spread. Obesity accounted for 27 percent of the rise in medical costs from 1987 to 2001, according to research by Kenneth Thorpe, a professor of public health at Emory University, and three colleagues. Obesity costs companies \$45 billion a year, according to a report by the Conference Board and RTI International, a research institute.

Obese people tend to miss work more often and tend to be less mobile on the job than their thinner counterparts. Obesity is also a more powerful trigger for chronic health problems than either smoking or heavy drinking, according to research by Roland Sturm, a senior economist at the RAND Corporation.

And it is increasingly being treated as a disease in its own right, with therapy, bariatric surgery and drugs, all of which propel insurance costs higher.

But here is where the situation becomes confusing. Corporate leaders often speak out on issues that cost them tens of billions of dollars annually. Numerous executives have called for a plan for providing health insurance to the uninsured, for example. So why aren't they making more noise about obesity?

"People in charge of benefits plans completely, 100 percent get it," said LuAnn Heinen, director of the Institute on the Costs and Health Effects of Obesity, an offshoot of the National Business Group on Health. It is also clear, she said, that top executives are very interested in health benefit costs. But, she added, "their perception of obesity as a driver of costs - they may not understand that as well."

Or maybe they are generally aware of obesity's cost - almost 14 percent of United States chief executives counted it as a top health care benefits concern in the Conference Board-RTI report - but, as Ms. Heinen said,

High physician suicide rates suggest lack of treatment for depression

June 11, 2008

By Jane Anderson

Elsevier Global Medical News.

Each day in the United States, roughly one doctor dies by suicide. Studies over the past 4 decades have confirmed that physicians especially women physicians die by suicide more frequently than people in other professions or those in the general population.

Physicians have the means and the knowledge and access to ways to kill themselves, said Dr. Paula Clayton, a psychiatrist and medical director for the American Foundation for Suicide Prevention, in an interview.

But the data on physicians dying by suicide are difficult to come by, and we certainly don't have any data that [say] any particular specialty has any higher rates of suicide, Dr. Clayton said.

Although no information is available on the risk of suicide by specialty, researchers do know that physician suicides are equally divided between men and women, whereas in the general population, four times as many men kill themselves as do women, according to Dr. Clayton.

Awareness of the problem remains low, and professional and cultural barriers deter or prevent physicians who are depressed from seeking treatment for their illness, Dr. Clayton said. For example, most physicians do not have a regular source of health care; only 35% of doctors have a personal physician, and even fewer interns and residents have a doctor themselves.

Dr. W. Gerald Austen, surgeon-in-chief emeritus at Massachusetts General Hospital, has first-hand experience with physician suicide. Twenty-eight years ago,

when he was surgeon-in-chief, one of his younger staff committed suicide. And about 11 years ago, a surgical resident committed suicide.

Those two deaths were the two saddest moments of his career, yet Dr. Austen said he doesn't know what the department and the hospital could have done to prevent these young physicians from taking their own lives.

It wasn't as if the institution and the department weren't aware that they had some problems, he said in an interview. Both of these individuals were under psychiatric care. They were believed by both their doctors and their contemporaries and colleagues to be doing rather well.

In each case, the surgery department reviewed the situation with the psychiatry department, Dr. Austen said, and we certainly did everything we could in terms of their family in both cases. But he said the department didn't find any procedures to change internally as a result of the deaths.

It's possible that increasing awareness of physician depression could help get physicians the help they need before it's too late, Dr. Austen said. Friends who work with people in medicine need to be aware that, if they see something that concerns them, they need to transmit the message to the powers that be.

But it's difficult to know the difference between someone who is simply unhappy, and someone who is clinically depressed and potentially at risk for suicide, he added.

[Physicians believe] their job is to help other people with problems. If they have a problem themselves, they would prefer to not have people know about it, said Dr. Austen.

There's this proudness about their ability to cope, Dr. Clayton said. They are reluctant to seek help because they fear the stigma will harm them people won't refer them patients, the hospital might revoke their privileges, and licensing could become a problem.

State medical licensing boards ask for information on whether the person applying for licensure has been treated for a mental illness, and that information can affect licensing, she said. I worked with a physician who took lithium, she said. The state board made him get blood drawn periodically to prove he continued to take it. That's punitive they don't do that for other illnesses.

However, some progress has been made in reducing the stigma: A total of 19 states now focus specifically on whether an applicant is impaired because of psychiatric illness, she said.

Dr. Clayton's group recently funded the production of three films on physician suicide as part of an ongoing outreach campaign that seeks to educate physicians about depression. The goal is to help them better recognize the symptoms in

themselves and their patients while also cultivating a more thorough understanding of mood disorders in the community at large.

One of the films was designed specifically as an educational video for use at medical schools. Because many of the mood disorders that can lead to suicide might become evident first during medical school, where professional and institutional barriers already exist, the goal of that program is to encourage medical students to seek help for depression.

Good treatments exist, Dr. Clayton said. The treatment clearly is antidepressants and psychotherapy that focuses on your problems. There's very good short-term psychotherapy for depression even for bipolar disorder.

Chilli peppers to block pain

19 May 2008

WASHINGTON: Scientists have been able to block the pain and numb feeling that lingers long in the gums after a visit to the dentist - thanks to chilli peppers. Harvard researchers combined an inactive derivative of a local anaesthetic called QX314 with capsaicin - the pain-producing agent in chilli peppers - to produce the blocking effect.

Capsaicin works by opening channels present only in pain fibres to allow QX314 only into these cells where it blocks their function, said Clifford Woolf, who led the study. "This is the first example of using the body's own cellular channels as a drug delivery system, targeting treatment only at pain fibres," he was quoted as saying by Science Daily.

"These common analgesics, including QX314, however, affect all neurons in the treated area," Woolf said. Consequently, they block both the pain and the touch receptors, producing numbness. Neurons, controlling muscles, are silenced as well, producing a temporary paralysis.

In a bid to block pain receptors and leave touch sensors and motor function unharmed, scientists used a normally inactive QX314. Since local anaesthetics only operate inside neurons, an injection of QX314 alone is ineffective. As QX314 only enters pain neurons and, thereby, acts exclusively as a painkiller, the researchers combined it with capsaicin.

Capsaicin binds a membrane receptor only present in the membrane of neurons responsible for pain perception. Thus, the chilli pepper opens channels, enabling QX314 to get into the cell and then block the pain receptors. Using rats, the scientists could show that when applied to the animals' hind paws, the combination of QX314 and capsaicin exclusively blocks pain receptors.

Health Policy News

Congressional Override Secures Medicare Physician Payment Relief

By overwhelming majorities in the House (383-41) and Senate (70-26), Congress July 15 voted to override President Bush's veto of the "Medicare Improvement for Patients and Providers Act of 2008" (P.L. 110-275), thereby securing 18 months of AAMC-supported Medicare physician payment relief. The new law extends through Dec. 31, 2008, the 0.5 percent Medicare physician conversion factor update that expired July 1 (reversing a 10.6 percent cut). It also averts a projected 5.4 percent cut for CY 2009 by establishing a 1.1 percent physician payment update for the full year. Additionally, the law extends and increases to 2 percent incentive payments for physician quality reporting in CY 2009 and CY 2010.

AAMC, Associations Comment on "Dual-Use" Oversight Framework

The AAMC and five other higher education and science associations submitted written comments to the Department of Health and Human Services (HHS) at a July 15 meeting on a proposed framework for oversight of "dual-use" biological research at universities and other research organizations. The term dual-use refers to legitimate scientific research that could be misused to harm individuals or society. The oversight framework was a product of the National Science Advisory Board on Biosecurity (NSABB), which last year submitted the draft document to HHS and the Administration for review.

Senators Propose Additional \$5.2 Billion for NIH at Subcommittee Hearing

NIH Director Elias Zerhouni, M.D., testified July 16 before the Senate Labor-HHS-Education Appropriations Subcommittee, as Subcommittee Chair Tom Harkin (D-Iowa) and Ranking Member Arlen Specter (R-Pa.) announced legislation (S.3272) to provide \$5.2 billion in supplementary FY 2008 emergency funding for NIH. According to Chairman Harkin, the additional funding "would be enough to restore the purchasing power of NIH that was lost to inflation since the end of the doubling period, plus provide \$1.2 billion specifically for the National Cancer Institute, in line with NCI's professional judgment bypass budget."

Senate Appropriations Committee Approves VA Research Increase

The full Senate Appropriations Committee July 17 approved the FY 2009 VA Military Construction and Veterans Affairs spending bill. According to a press release by the committee, the bill provides \$526.8 million for the VA Medical and Prosthetic Research program, a \$46.8 million (9.8 percent) increase over FY 2008 and \$84 million more than the President's request.

House Judiciary Committee Approves False Claims Act Amendments

The House Judiciary Committee July 16 approved by voice vote an amended version of legislation to amend the False Claims Act (FCA). Supporters of the "False Claims Act Correction Act" (H.R. 4854) say it addresses concerns that recent federal court decisions have narrowed the application of the federal False Claims Act since it was last amended in 1986. The Manager's Amendment, offered by Rep. Howard Berman (D-Calif.), the author of H.R. 4854, narrowed the bill to prevent lawsuits for hospital overpayments before periods of reconciliation when overpayments can be repaid to the government.

HELP Committee Holds Education Focused Hearing on the ADA Amendments Act

The Senate Committee on Health, Education, Labor and Pensions July 15 held a hearing on amending the Americans with Disabilities Act (ADA). The "ADA Amendments Act" (H.R. 3195), which passed the House June 25, is designed to broaden the definition of "disability," which the Supreme Court has narrowed through a variety of court decisions since the 1990 introduction of the ADA. The proposed legislation eliminates the idea set forth by the Supreme Court that mitigating measures should play a part in determining whether an individual has a disability, and clarifies the definition of "substantially limits" with regard to the effect a disability has on major activities in a person's life.

Research and Funding Opportunities

[UPDATE: The Planning of PEPFAR–Supported Public Health Evaluation \(PHE\) Studies](#)

(NOT-AI-08-060)

National Institute of Allergy and Infectious Diseases

[Notice of Change to and Addition of Eligible Institutions for PAS-08-019: Anemia of Inflammation and of Chronic Diseases \(R01\)](#)

(NOT-DK-08-021)

National Institute of Diabetes and Digestive and Kidney Diseases

[Change in NHLBI Scientific/Research Contact for PA-06-256](#)

[“Exploratory/Developmental Clinical Research Grants in Obesity \(R21\)”](#)

(NOT-HL-09-103)

National Heart, Lung, and Blood Institute

[Request for Information \(RFI\): Priorities for the Interagency Autism Coordinating Committee Services Subcommittee for Autism Spectrum Disorders \(ASD\)](#)

(NOT-MH-08-016)

National Institute of Mental Health

[Comprehensive Alcohol Research Center on HIV/AIDS \(P60\)](#)

(RFA-AA-09-002)

National Institute on Alcohol Abuse and Alcoholism

Application Receipt Date(s): May 01, 2009

[Ancillary Studies in Clinical Trials \(R01\)](#)

(RFA-HL-09-001)

National Heart, Lung, and Blood Institute

Application Receipt Date(s): January 30, 2009, May 29, 2009, September 30, 2009

[NINDS Exploratory/Developmental Projects in Translational Research \(R21\)](#)

(PAR-08-232)

National Institute of Neurological Disorders and Stroke

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

[NINDS Cooperative Program in Translational Research – Single-Component Research Projects \(U01\)](#)

(PAR-08-233)

National Institute of Neurological Disorders and Stroke

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

[NINDS Cooperative Program in Translational Research – Multi-Component Research Projects \(U54\)](#)

(PAR-08-234)

National Institute of Neurological Disorders and Stroke

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

[NINDS Cooperative Program in Translational Research – Small Business Awards \(SBIR \[U44\]\)](#)

(PAR-08-235)

National Institute of Neurological Disorders and Stroke

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

[NINDS Cooperative Program in Translational Research – Resource Centers \(U24\)](#)

(PAR-08-236)

National Institute of Neurological Disorders and Stroke

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

Quotes

Education is an ornament in prosperity and a refuge in adversity.

Aristotle

Education, n.: That which discloses the wise and disguises from the foolish their lack of understanding.

Ambrose Bierce

The only person who is educated is the one who has learned how to learn and change.

Carl Rogers

Marc B. Hahn, DO

Senior Vice President for Health Affairs & Dean

Texas College of Osteopathic Medicine

University of North Texas Health Science Center