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The General Clinical Research Center Clinical Investigator Award was established in December 1986 to recognize excellence in achievement in the area of research, one of the critical missions of the School of Medicine. The late Dr. Glenn T. Peake, who initiated the UNM General Clinical Research Center, started this program in 1986. He was the first Program Director of the GCRC from May of 1976, and held that position up to his death.

Dr. Peake was an endocrinologist who specialized in pediatric endocrinology, and the focus of his research was on growth hormone and prolactin. He trained under Dr. Bill Daughaday, who discovered sulfation factor, which was later found to be somatomedin-C, later called IGF-1. At the time that Dr. Peake trained, IGF-1 was assayed by the sulfation factor assay because there was no radioimmunoassay at that time. Similarly, prolactin was assayed using the pigeon crop assay because there was no radioimmunoassay for prolactin at that time. Dr Peake was a beloved professor, clinician, and teacher, who helped transition endocrinology from the bioassay era into the radioimmunoassay era.

In memory of Dr. Peake, the title of the Clinical Investigator Award was changed to the “Glenn T. Peake Award”.

Over recent years, the GCRC award program has been de-emphasized, but under the leadership of the new Program Director Mark Burge, M.D., the program has been brought back into existence so that GCRC investigators can be recognized for their outstanding achievements. On May 27, 2005, seven people were recognized in arrears as Glenn T. Peak Award recipients for the years 1998-2004. These individuals were recognized for their outstanding achievement in clinical and translational research on the UNM GCRC.

The award winner is determined based upon peer review by the GCRC Advisory Committee. Factors determining eligibility for the award include GCRC utilization, publications, national and regional reputation as an independent investigator, and successful attainment of peer-reviewed grant funding. In order to qualify for the award, the investigator needs to have an approved GCRC protocol and must be a clinical researcher. He/she must also use the GCRC resources in a significant way and must be a productive scientist. Successful mentorship of trainees also contributes to award determination.
On the Lighter Side

Q: What did the apple say to the banana?
A: Nothing, apples can't talk.

Q: What nationality are you when you go to the bathroom?
A: European.

Q: What do you call a unique rabbit?
A: Unique up on him.

Q: How do you catch a cheese that’s not yours?
A: Nacho cheese.

On the Lighter Side (Jokes courtesy of Cole Burge, eight-year old son of GCRC Director, Mark Burge, MD)

From the Director

Summer is nearly here, and I hope you are all busy making plans to have a great time. My summer will include travel to San Diego for the American Diabetes Association scientific meeting, one week at diabetes camp taking care of 75 children with type 1 diabetes while we swim, play volleyball and “enjoy” capture the flag. I will also be traveling to Ashland, Oregon to give a presentation at the Ashland Metabolism Meeting for one of my buddies from medical school who is organizing the affair. No, I don’t get paid for it, but I do get free tickets to the Ashland Shakespearean Festival (yahoo, methinks). Somewhere in there, I also need to plan a vacation.

Oh yeah, and there is also the GCRC to think about. Going into our renewal year next year, it is critical that we maintain inpatient and outpatient censuses as high as possible through the usually slow summer months. Encourage the investigators you work with to remain active, and try to go out of your way to facilitate their research efforts. It may not always seem like it, but the outreach and “PR” activities practiced by GCRC staff are noted and appreciated by investigators.

I attended a conference in Washington in late May that was sponsored by NIH and that was entitled “Enhancing the Discipline of Clinical and Translational Sciences.” The idea was that clinician researchers are undervalued by the current academic system, and that careers are beginning to suffer because of this neglect. The conference was designed to explore ideas about: “What should a home for clinical and translational research look like?” Should it be a discrete academic department? Should it take the form of a freestanding institute under the larger university umbrella? Should a high-ranking university official, such as a “Vice President for Clinical and Translational research”, oversee the clinical and translational research enterprise?

Institutions around the country are trying all of these approaches with varying degrees of success, but at UNM we have not yet begun to wrestle with this problem. This is partly because the pool of successful clinical and translational researchers at UNM is so small, and partly this is because nobody is complaining too loudly about the existing system at present. Regardless, it is clear that changes in the mechanisms for supporting clinical and translational research are going to be coming down from NIH, and we need to be ready to adapt.

Bionutrition Publication

In January, a manuscript by Rosemary Wold, MS, RD, LD (Bionutrition Manager) and colleagues was published as the feature article in the Journal of the American Dietetic Association.

In this manuscript there was a retrospective review of the use of 22 non-vitamin, non-mineral (NVNM) supplements. These included, for example: flax seed oil, chondroitin sulfate, chromium picolinate, creatine preparations, fish and cod liver oils, garlic, ginkgo biloba, glucosamine, hawthorn, melatonin, St. John’s Wort, and shark cartilage. Concurrent use of prescription and over-the-counter (OTC) medications was examined in participants of the New Mexico Aging Process Study from 1994-1999.

Supplement and medication records for an average of 359 male (36%) and female (64%) participants age 60 to 99 years were reviewed annually. Over the six years of the study, NVNM supplement usage steadily increased with both women and men showing a three-fold increase from 14.42% in 1994 to 45.62% in 1999 for women, and from 11.72% in 1994 to 41.46 % in 1999 for men. By 1999, glucosamine, emerged as the most frequently used NVNM supplement followed by ginkgo biloba, chondroitin and garlic.

For women, there was a significant linear trend (p<0.05) over time for 12 supplements: black cohosh, boragé, evening primrose, flax oils, chondroitin, DHEA, garlic, ginkgo biloba, glucosamine, grapeseed extract, hawthorn, and St. John’s Wort. For men, three supplements showed a significant linear trend (p<0.05): alpha lipoic acid, ginkgo biloba, and grapeseed extract. Potential interactions between supplements and medications were seen for 10 of the 22 supplements surveyed with a total of 142 potential interactions observed over the 6-year period. A statistically significant increasing trend was seen in potential interactions between supplements and prescription medications - 11.9% in 1994 to 30.6% in 1999 (p<0.05). The combination of ginkgo biloba with aspirin was reported once in 1994 and 20 times in 1999.

Glenn T. Peake Award Recipients (cont. from page 1)

1998 Mark Schuyler, MD
Dr. Schuyler has been with UNM since 1986 as a Professor in the Department of Internal Medicine. He has been continually funded as a Principle Investigator by the VA Merit Review system and the NIH for 27 years, including 2 RO1s, and is actively involved in the NIH review process. He currently has 4 active protocols in the GCRC. He and his colleagues published the first widely read paper in the medical literature describing the interaction of asthma and T cells in the New England Journal of Medicine.

1999 Jerry Shih, MD
Dr. Shih has been with UNM since 1993 as a faculty member in the Department of Neurology as well as the Department of Neurosciences since 1999. He is Director of the UNM Comprehensive Epilepsy Program and currently Associate Professor of Neurology and Neurosciences. He received a NIH/NCRR CAP award from 1996-2002, and is the Principal Investigator on one of four studies funded through the NIH NCRR Center of Biomedical Research Excellence (COBRE). He currently has two active protocols in the GCRC.

2000 Mark Rohrscheib, MD
Dr. Rohrscheib recently rejoined the Department of Internal Medicine faculty after a two year leave of absence to complete a fellowship in Nephrology. He has received over ten years of extramural funding for research conducted as medical director of a local bioengineering start-up company that began on North campus as a research effort between the UNM and Sandia National Laboratories. He has conducted a number of studies on the UNM GCRC in support of the development of methods to noninvasively measure blood glucose using near-infrared spectroscopy.

2001 Kristi Watterberg, MD
Dr. Watterberg returned to UNM in July 2000 as a neonatologist and faculty member in the Department of Pediatrics. She has previously received funding as a principal investigator from the Maternal and Child Health Research Bureau of the Public Health Service, and has received several smaller grants. She is currently the principal investigator on a multicenter clinical trial funded by the NIH. She was first supported by the UNM GCRC when she was a neonatology fellow in 1983, and currently has 3 active protocols in the GCRC. This award is particularly meaningful to her: when she was first supported by the GCRC as a neonatal fellow, it was Dr. Peake who came out of the room and let her know the advisory committee had approved the project!

2002 Debra Waters, PhD
Dr. Waters has been a Research Assistant Professor since 1998. She received her PhD in Exercise Physiology at UNM in 1993. Her primary research interests include the role of age-related mitochondrial damage and the development of sarcopenia and assessing dysregulation of sex steroid metabolism and growth factors in aging. She is evaluating the utility of magnetic resonance spectroscopy in assessing mitochondrial function in skeletal muscle and works closely with Richard Baugartner as the Assistant Director of the Clinical Nutrition Program.

2003 Mark Burge, MD
Dr. Burge has been with UNM since 1993 as an Endocrinologist and as a faculty member in the Department of Internal Medicine. He has previously received a NCRR CAP award from 1996-1999, and was an NIDDK K-23 recipient in 2001. He is currently the principal investigator on his first RO1, examining the role of ethanol in the pathogenesis of overnight hypoglycemia in patients with type 2 diabetes. He currently has 5 active protocols in the GCRC.

2004 Robin Ohls, MD
Dr. Ohls has been with UNM since 1995 as a Neonatologist and faculty member in the Department of Pediatrics. She has previously received a K-23 award, and was an NIDDK Institutional Development Award recipient in 1998. She was the principal investigator for 2 NICHD Neonatal Network studies on the use of erythropoietin in preterm infants. She currently has 4 active protocols in the GCRC. In addition, she received the Champion of Advocacy Award from the American Society of Hematology in 2004.

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From the Director (cont. from page 2)

Of course, the meeting was interesting and, at times, raucous. Many of the attendees were GCRC officials and Program Directors who tried to argue (mostly unsuccessfully) that a home for clinical and translational research already exists, and it is called a GCRC.

People argued in response that GCRCs are too restricted in their mechanisms of support, tend to have a narrow focus on one or two disease states, and have not effectively advocated for protecting the time and careers (i.e., promotion and tenure) of their investigators. Many of the people around the room felt like responding to the “new mechanism,” whatever it turns out to look like, will be the only way to increase GCRC budgets in the near future. The anxiety level in the room among GCRC proponents was best described as “high.”

Pediatric Research Showcase

The Department of Pediatrics Research Day was held Thursday, May 12th and provided investigators with an opportunity to showcase their current research and creative works. Our Pediatric Nurse/Clinical Trial Coordinators were pleased to see that our hard work at screening, recruiting and coordinating resulted in the following GCRC protocols being featured as slide presentations:

Kristi Watterberg, MD & Michele Shaffer, PhD:
“Cortisol Concentrations and Apparent Serum Half-Life During Hydrocortisone Therapy in Extremely Low Birth Weight Infants”

Robert Annett, PhD, Janet Brody, PhD, & David Scherer, PhD:
“Perceptions of Risk Associated with Asthma Research Procedures Among Children, Parents and Pediatricians”

Margaret Armstrong, MD, Sandra Whisler, MD, John Chimarusti, PhD, LMSW & Robert Annett, PhD:
“Neurobehavioral Respite: Evaluating Effects Upon Parent Caregivers”

Congratulations to all! The successes and achievements of our GCRC Pediatric Investigators are important to all of us.

Introducing... Ron Schrader, GCRC Biostatistician

I have been a faculty member in the Department of Mathematics and Statistics at the University of New Mexico for twenty-nine years, including a long detour into administration as Chair of the department. For the first half of my tenure in Math and Stat I had an office next to Professor Clifford Qualls. We shared many interests then, and still do. I am a biostatistician and now share the biostatistician’s office (part-time) in the GCRC with Clifford.

I still have a full-time appointment in Mathematics and Statistics. I have taken over some of the computer-oriented applied courses in the department, and will be teaching Data Analysis I (Stat 527) and Biostatistics for MPH I (Stat 538), both using Minitab, in the fall. In the spring I will teach Data Analysis II (Stat 528) using SAS and Biostatistics for MPH (Stat 539) using Stata. We have all this software and a lot more (such as Splus) in the GCRC.

The role we biostatisticians play is to assist with: protocol design, sample size and power analysis, randomization issues, statistical analysis, writing statistical methodology and results, and responding to referees. During the summer (except July when I will be gone), I am here Mondays and Thursdays; beginning in the fall I will be here on Monday afternoons and Thursday mornings. I am a less booked up than Clifford is, so you should be able to see me sooner - please stop by or mail rschrader@salud.unm.edu!