

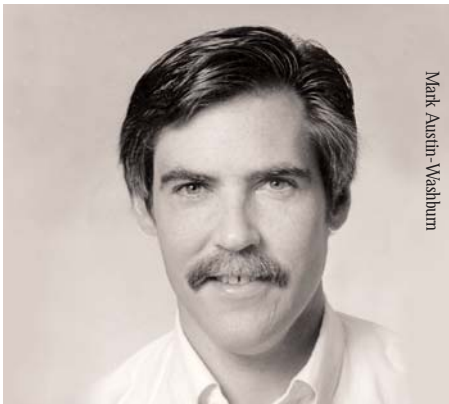


## Cancer Studies Offer Cautions on Screening, Tanning

Dartmouth Medical School cancer researchers weighed in with new perspectives on the value of cancer screening and on the use of sun lamps, in two different articles of the February 6 issue of the *Journal of the National Cancer Institute*.

One study offers observations, based on a statistical analysis of past trials, to help people consider the merits or drawbacks of cancer screening. Another suggests that tanning lamp use increases skin cancer incidence and that younger users may be at greatest risk.

The conventional way of classifying deaths in cancer screening studies may have caused misclassifications that biased results in favor of screening, report Dartmouth Medical School professors William C. Black, MD, of radiology and of community and



Mark Austin-Washburn

William C. Black, MD

family medicine, and H. Gilbert Welch, MD, of medicine and of community and family medicine, and former medical resident David Haggstrom, MD. They suggest an additional method of tallying all deaths to help avoid misinterpreta-

tions that can lead investigators to overestimate or underestimate the value of cancer screening.

Classifying cause of death by specific disease is the widely accepted procedure in randomized cancer screening trials. However, two biases—sticky-diagnosis bias and slippery-linkage bias—affect such classification and can alter the assessment of screening value, the researchers found.

The validity of disease-specific mortality assumes that cause of death can be accurately determined. An alternative, all-cause mortality, depends only on an accurate determination of deaths and when they occur; it is unaffected by cause of death misclassifications.

People making decisions about screening want to have pertinent information about what it means for them, explained Black, a member of a national expert panel that assesses cancer evidence. He uses the shark analogy popular among his peers. Instructions and aids to protect yourself from a shark attack are meaningless if you don't go into the water.

Similarly, people have to understand how likely they are to be at risk for certain cancers when they decide to be screened for them. "They should be asking their physicians if this screening intervention is likely to increase their life expectancy," Black says. And their physicians hope screening studies take as much information as possible into account.

"The growing popularity of artificial tanning for non-medical reasons among adolescents and young adults

is cause for concern," says Margaret R. Karagas, PhD, associate professor of community and family medicine, first author of the skin cancer report.

Millions of Americans visit tanning salons yearly and the majority of those visitors are adolescents or young adult women. Although some studies suggest that tanning device use contributes to melanoma, an aggressive skin cancer, results to date are not definitive. Few studies have looked at the association between tanning devices and the more prevalent skin



Mark Austin-Washburn

Margaret R. Karagas, PhD

cancers: basal cell and squamous cell carcinoma, which together are the most common malignancy.

Karagas and co-authors confirmed what many physicians and epidemiologists expected; the use of tanning devices may contribute to basal cell and squamous cell carcinoma. "We know that ultraviolet radiation (UVR) exposure that comes from the sun is a major cause of skin cancer. Tanning lamps mimic sunlight and provide such an intense, concentrated dose of UVR, we would predict that

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## Dean's Column

For several years now, we at DMS have been actively engaged in a partnership with the University of Pristina (Pristina) Medical School in Kosovo



(Kosova). We have been involved in several areas including: a bilateral exchange of students and faculty between our two institutions, an enhancement of the biomedical library and telemedicine capabilities at the medical school in Kosovo, visits by DMS and DHMC medical teams to conduct surgery and teaching, and the development of strategies to improve community health in Kosovo.

As a followup to my trip to Kosovo in August 1999, I traveled there last December. During my visit, students, staff and patients both at the medical school and at the hospital in Pristina welcomed me, and expressed how much our assistance has meant to them. I toured many of their facilities, and was able to appreciate just how spectacular the efforts that these people are making have been in an extremely difficult, and until quite recently, hostile, environment. They are firmly committed to improving their quality of care, and I believe that with their boundless enthusiasm, there is nothing that they cannot accomplish.

In closing, I would like to say that our friends in Kosovo are not the only ones who have benefited from this relationship. We here at DMS have learned, and will continue to learn, an extraordinary amount from the many visitors to our own facilities here in the United States, as they challenge us to rethink our place in the international health care community.

John C. Baldwin, MD  
Dean, Dartmouth Medical School  
Vice President for Health Affairs, Dartmouth College

## DMS to Develop Community-Based Primary Healthcare Services in Gjilan, Kosovo

Dartmouth Medical School has received a \$750,000 grant from United States Agency for International Development (USAID) for a two-year project to develop a Community Partnership for Primary Care with the health municipality of Gjilan in Kosovo, Yugoslavia.

Working with the American International Health Alliance (AIHA), a Dartmouth team—headed by family physician and medical director Donald Kollisch, MD, and the Dean's assistant for special projects, Anne Brisson, PhD, went to Kosovo in February to do a community health needs assessment. Earlier in the month, a team of doctors and nurses from Gjilan visited DMS and DHMC for a week to learn more about our system of health care and medical education.

This grant will enable a new

healthcare partnership with AIHA/USAID, and the Municipality of Gjilan to improve the delivery of community-based primary healthcare services in this region. Dartmouth community and family medicine faculty and project leaders James Strickler, MD, principle investigator, and Kollisch helped launch the partnership last month in Kosovo.

Located in southeast Kosovo, the Gjilan region has a population of approximately 130,000 people. Only eight of the 22 existing healthcare clinics in the region are functioning—a situation which places additional strain on the area's already overburdened infrastructure. The partnership will work with the Gjilan Municipality and the Family Medicine Center to improve the delivery of broad-based, community-oriented, primary healthcare services.



On his recent trip to Kosovo, John Baldwin visits with faculty and students of Pristina School of Medicine (left) and tours Pristina Medical Center (right).

## Two New DMS Chairs Named

John C. Baldwin, MD, DMS dean, announced the appointment of two new department chairs: James P. AuBuchon, MD, as chair of pathology, and William R. Green, PhD, as chair of microbiology and immunology. "Dr. AuBuchon is a distinguished clinician and scholar, a noted teacher, and an exemplary institutional citizen," Baldwin said.

AuBuchon, whose appointment is effective immediately, is also the inaugural E. Elizabeth French Professor. The professorship was established in 2001 in memory of the first woman physician, a pathologist, who was a professor at the medical school.

AuBuchon, professor of pathology, has been acting chair of pathology since October 2000 when William

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*(Cancer continued from page 1)*

people who use these devices may get skin cancers," Karagas said. "Also, tanning lamp users often get a burn like a sunburn, and sunburns are linked to the risk of all three skin cancers."

The study was a statewide collaboration with dermatologists that involved almost 1,500 residents of New Hampshire between the ages of 25 and 74. Participants included more than 800 men and women newly diagnosed with the two skin cancers: 603 with basal cell carcinoma and 293 with squamous cell carcinoma; and 540 people free of skin cancer. Those who reported any tanning lamp use were 2.5 times more likely to develop squamous cell carcinoma and 1.5 times more likely to develop basal cell carcinoma than those who did not, the team found. Other factors, including past sunburns, sunbathing and sun exposure, did not appear to explain the excess risk of either skin cancer associated with tanning lamps.

Women younger than 50 in the study reported the most frequent tanning device use. The risk of basal cell and squamous cell cancer increased with younger age at use: 20% and 10%, respectively, for each decade younger participants were when they began using a tanning device. This finding makes sense, Karagas says. "Sun exposure early in life also appears to play an important role in risk of skin cancer."

The authors call for "an appropriate public health response," particularly considering the popularity of tanning among the young. Suggestions have included restricting tanning device use in minors and requiring written informed consent from adults. Karagas and colleagues plan a more detailed investigation of the connection between frequency of tanning lamp use and skin cancer. Her work is funded by the National Cancer Institute.

## DMS to Offer New Master of Public Health Degree

**D**artmouth Medical School will launch a degree program for a master of public health (MPH) to help meet today's challenges in health planning and practice. The first class will enroll in September.

Approved by the Dartmouth Trustees last fall, the new graduate program will draw on the strengths of the Center for the Evaluative Clinical Sciences (CECS) in analyzing and applying strategies to reshape health care for the future. The MPH will be offered through Dartmouth's pioneering evaluative clinical sciences graduate program, the first of its kind when it was established in 1993.

The new degree program is designed for those who wish to research and improve health care delivery and have potential to become leaders in the public health system. It will focus on health quality measurement and organization to improve health in human populations and particularly in Northern New England.

The CECS has a long tradition in the development of regional programs for northern New England and a highly regarded academic program that has awarded more than 250 master of science degrees and six PhDs in

evaluative clinical sciences to students, according to program director Gerald O'Connor, PhD, professor of medicine and of community and family medicine. The MPH is a logical extension to meet broad regional needs, and also to augment existing graduate opportunities, he notes.

The 60 openings for CECS graduate students this year will include MPH candidates. O'Connor anticipates that the public health degree portion will be relatively small at first and grow as the program matures. A number of slots each year will be allocated to Dartmouth-Hitchcock Medical Center's new preventive medicine residency program, which will offer the MPH as part of the physician training. The mix of candidates will likely be similar to those now in the MS program, two-thirds of whom have a graduate or professional degree and often, experience in health care. Those who attend full time can complete the degree in one year, culminating in public health research experience or fieldwork in community or state agencies throughout the region, coordinated by the New Hampshire Area Health Education Center, headquartered at Dartmouth College.

*(New Chairs continued from page 2)*

Hickey, MD, vacated the position to become senior associate dean for academic affairs. He joined Dartmouth in 1990 from the American Red Cross where he was the Medical Officer at national headquarters.

Green, professor of microbiology and immunology, will succeed Michael Fanger, PhD, July 1. "His



James P. Aubuchon, MD

scholarly work illustrates the future direction of DMS, in terms of effective collaboration between our basic science and clinical programs at a level of national preeminence," said Baldwin, who also thanked Fanger for his 10 years of service.

Green, who heads the new center for biomedical research excellence project funded by the National Institutes of Health, joined the DMS faculty in 1983.



William R. Green, PhD

## High Tech Movies Reveal Information Transfer Within Cells

Like houses are divided into rooms, cells are divided into compartments, each with their own functions and bounded by their own membrane walls. These cell compartments float about the cell like bubbles, bumping and fusing when the occupants of two rooms need to come together.

Now, DMS biochemists have devised a high tech way to watch, in living color, how these bubbles fuse, and what they have seen upends prior assumptions about the ways cell components transfer chemical information.

Their findings, published in the February 8 issue of the journal *Cell*, reveal a new mechanism of membrane fusion, a process essential for such life functions as nerve impulse transmission or hormone secretion in humans. This research offers a practi-

cal method to study and, eventually, to modulate these fusion events, report the authors, William Wickner, MD, professor of biochemistry, graduate students Li Wang and E. Scott Seeley, and postdoctoral fellow Alexey Merz.

They used time-lapse fluorescence microscopy, with a special microscope obtained through a gift from the Rippel Foundation, to generate computerized images that were strung together to provide a movie of fusion in vacuoles of baker's yeast, a model organism. Most cell compartments are far too small to see under even a powerful light microscope. But the vacuole of baker's yeast has a membrane large enough to observe the structural details of each step in the fusion process.

"We see that yeast vacuoles fuse by an entirely different mechanism

than what had been postulated," said Wickner. "There does not appear, as many assumed, to be a single expanding diaphragm between two vacuoles which might have allowed the contents to flow together as the diaphragm opens. The more we understand how such fusion events occur, the more we have the ability to modulate them. Proteins are conserved from yeast to humans, so the membrane fusion process is very similar across species."

Understanding how proteins and other substances work to cause membrane fusion can provide clues to the chemical basis of thought, and perhaps, treatment and prevention of certain diseases. On a practical level, Wickner added, "The way that we developed to measure fusion provides a unique tool for laboratory study and potentially for drug screening.

## Large-Scale Hormone Replacement Therapy Study in Progress

A team of DMS and Norris Cotton Cancer Center investigators who are committed to improving women's health are conducting one of the country's largest studies of hormone replacement therapy (HRT). The study, New Hampshire Women for Health, is evaluating the relationships between the use of HRT, breast cancer and its detection, and quality of life in New Hampshire residents.

Funded by a \$2.5 million grant from the National Cancer Institute, the study involves surveying more than 50,000 women over five years to assess use of hormone replacement and how it affects breast cancer incidence, detection and health-related quality of life. Participation entails completing two questionnaires, one now, and another in three years. Already some 30,000 women have replied to the initial survey and many more are being solicited.

Although research has suggested

women on HRT have a modestly increased risk of breast cancer, few studies have adjusted for the frequency of mammography screening, "This is an important limitation, because more frequent mammography among women who obtain HRT prescriptions through regular physician visits may lead to increased breast cancer detection compared to non-users," says principal investigator Patricia Carney, PhD, associate professor of

community and family medicine.

She and colleagues Linda Titus Ernstoff, PhD, and Anna Tosteson, ScD, are culling participants through the New Hampshire Mammography Network, a statewide registry that tracks the outcomes of mammography screening. All candidates must meet certain age criteria of being at or near menopause (age 40 or older), and have given prior consent to be contacted for information.



Patricia Carney, PhD, and Steven Poplack, MD.

## Clerkships & Electives Offer Culturally Diverse Learning Experiences

The first year of the Dartmouth Medical School curriculum focuses on the normal structure and function of the human body. The second year the focus shifts to pathophysiology—the effects of disease. Then, in year three, students build on applying the skills and knowledge acquired during the prior years. The third year clerkships offer students the chance to experience the major specialty areas of clinical medicine (family medicine, internal medicine, OB-GYN, pediatrics, psychiatry, surgery) in a variety of settings in preparation for the fourth year process of making career and residency decisions. The 48 weeks of clerkships are carried out both at DHMC and at a variety of affiliated hospitals and ambulatory sites where patient populations and styles of practice differ widely.

For eight weeks, students in the family medicine clerkships have multiple options for culturally diverse assignments, both regionally and at distant sites. Catherine Pipas, MD, assistant professor of community and family medicine, and assistant dean of medical education, who heads the clerkship program, believes that all sites, both distant and regional, offer excellent opportunities for students to be exposed to cultural, ethnic and socioeconomic diversity.

The objectives of the culturally diverse clerkships are to complement clinical skills by increasing awareness of cross-cultural needs in medical environments. Students participate in the assessment and treatment of ambulatory patients and learn to manage common problems and to coordinate the care of complex problems that may involve a variety of community and specialty services. The clerkships also incorporate a curriculum dealing with issues of doctor-patient relationships, cost-consciousness and

preventive health. In addition to the family medicine clerkships and electives, opportunities also exist for culturally diverse experiences in New Mexico, New Zealand, and Kosovo. Below are some of the more distinctive clerkship and elective sites intended to provide strong culturally diverse experience:

### Culturally Diverse Clerkships

**Augusta, Maine**—Family Medicine Sub Internship or Elective. The “hub” of central Maine, Augusta’s population is only 21,000, but it is the service center of some 73,000 people. The Family Medical Institute is home to the Maine-Dartmouth Family Practice Residency Program. This MaineGeneral Medical Center-affiliated practice sees an average of over 100 patients per day, mostly of lower socioeconomic levels. One or two days per week students will either join the rural health center practice of one of the residency’s part-time family practice preceptors or participate in some other relevant community practice experience (prenatal clinic, ER, family planning clinic, home health service, etc.)

**Bethel, Alaska**—Family Medicine Sub Internship or Elective. The Yukon-Kuskokwim Health Corporation Hospital covers a 75,000 square mile area (roughly the size of Oregon) serving about 50 small villages ranging in population from 80 to 1200, plus the city of Bethel, the fifth largest in Alaska. The total population of the region is 30,000, 95% of which are native Yu’pik Eskimo or

Athabascan Indian. The summer months begin after “break-up” at the end of May, and end with “freeze-up” in mid October. Summer usually means temperatures from 40 to 60 with sunrises at 4 a.m. and sunsets after midnight. Winter is from October to April bringing average temperatures as low as -80 degrees in December and January.

**Florida Keys**—Family Medicine Sub Internship or Elective. This is composed of five sites: two in Marathon and three in Key West in collaboration with the University of Miami and Florida’s Area Health Education Center (AHEC). The tourist mecca of Key West has a population of 24,800



*DMS '03 Sanjoy Bhattacharya (left), Brown University medical student Keith Monchik and Dr. Lucille Vega (DMS '97) enjoy a lighthearted moment at Quality Hill Medical Center in Pawtucket, Rhode Island.*

during “the season,” which lasts from October through April. Key West is nearly entirely supported by its tourism industry. Marathon (halfway between Key West and Key Largo) is home to 20,000 people in the off-season and grows to 50,000 December-March. Students are given a lot of independence to work with and counsel patients, present treatment plans and participate in office procedures. AHEC/University of Miami has created opportunities for students to work at Womankind, a women’s

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*(Clerkships continued from page 5)*

clinic in Key West, the Health Department at an AIDS clinic, and HOSPICE/VNA.

**Pawtucket, Rhode Island**—Family Medicine Sub Internship or Elective. Quality Hill Medical Center is located in the small city of Pawtucket, Rhode Island, northeast of Providence. This primary care clinic sees an average of 30-50 patients daily. The practice sees a wide spectrum of patient age groups, ranging from pediatrics to geriatrics. Patients are usually mid-lower socio-economic class with many of them speaking another tongue and Spanish is needed almost on a daily basis. Students are given a lot of independence to participate in office procedures such as skin biopsy, immunization shots and suture removal. Students can spend up to three half days a week working with specialty clinics at RI Memorial Hospital and other local walk-in clinics in the area.



*A Navajo child in Tuba City, Arizona.*

**Tuba City, Arizona**—Family Medicine Sub Internship or Elective. Margaret Thompson, a DMS '03 currently at Tuba City says, "My time on home visits has been amazing. On days spent with the community health representative (CHR), we drive several hours to visit people in their homes. Most are elderly and live in

traditional ways. I would never have imagined the rich details of the way many older, rural Navajo live: one-room "hogans" (eight-sided homes) holding people spanning four generations of the same family. The hospital has the feel of a small community hospital, but with funky twists: the surgery clinic is housed in a mobile home, and local people sell Spam burritos and homemade jewelry in the lobby. The doctors are excellent despite their isolation. They are smart, current and know their stuff and quite a few end up staying their entire careers. They fall in love with life on "the res" and enjoy practicing in an underserved community."

#### **Culturally Diverse Electives**

**Asniya**—South Dakota & Arizona Indian Reservations. Asniya, meaning "to heal" in the language of the Dakota Sioux, is an outreach program, established through Harvard Medical

School in 1995, whereby medical and other allied health care students are recruited from participating institutions to serve as interns. Interns are sent to reservations to introduce Native American youth to careers in health care. In addition, clinical experiences are arranged for the interns at local reservation health care facilities, providing insight into the complex Native American health issues. During month-long visits to schools on South Dakota Indian reservations, interns deliver daily classroom presentations to junior high and high school students on medically

related topics. Asniya is available to all DMS students and may be a summer project for first year students. Full funding is available.

**Summit County Colorado**—Rural/Resort Emergency Medicine. This elective is designed to expose medical students to rural emergency medical care. The resort area setting provides unique challenges in this area, and the opportunity for large patient volumes. The exposure is designed to include Emergency Room preceptorship, Search and Rescue work, and time with Ski Patrol, the County EMS/Ambulance organization, and Flight for Life, as well as the experience of life in the high central Rocky Mountains. The open space and vistas are matched by few places in the world. The weather and environmental conditions can be extreme, especially related to altitude.

**Zuni, New Mexico.** This fourth year elective takes place at either the Zuni Indian Health Service Medical Center or the Mescalero Apache Indian Health Service Medical Center. Students work closely with family physicians and other primary care faculty in the ambulatory and hospital care of patients. The goals of this elective are to improve clinical skills in primary care, increase cultural competency, allow exploration of career possibilities within the Indian Health Service and expose students to an indigenous population in a rural health setting. Students will round on a daily basis with the clinical team and participate in a full range of ambulatory clinics, hospital admissions and rounds, night call and community activities.

For more information on clerkships, see [http://www.dartmouth.edu/dms/admission/clinical\\_ed/clerk\\_site.shtml](http://www.dartmouth.edu/dms/admission/clinical_ed/clerk_site.shtml).

## Passion for Science Leads to Cystic Fibrosis Lab

While most high school students have little concept of their future goals, interests or possible career paths, Alexander Lankowski, a Dartmouth College sophomore, possessed a passion for the sciences that has not abated. In fact, he has managed to remain connected through a series of first-hand research experiences and challenging classes, as well as a thirst for knowledge. Now he is a laboratory assistant for cystic fibrosis research at DMS.



Alex Lankowski '04

Joseph Melting '99

A resident of Maine, Lankowski began working in Mt. Desert Island Biological Laboratory (MDIBL) in Salisbury Cove, Maine the summer after his sophomore year in high school. MDIBL is a summer cooperative laboratory where scientists from around the world congregate to conduct research specializing in marine organisms. With funding from the National Institutes of Health and private sources, the laboratory is noted for its excellent facilities, easy access to marine resources and collaborative environment. It was once directed by Roy Forster a Dartmouth biological sciences professor.

Lankowski had such a meaningful research experience that first summer that he returned for consecutive terms. The last two summers he collaborated with Bruce Stanton, PhD, professor of physiology at Dartmouth Medical School and the director of the Dartmouth Cystic Fibrosis Research Development Program. He also works in Stanton's laboratory during the academic year.

Stanton studies cystic fibrosis, specifically mechanisms of salt transport in various model systems, including killifish. The killifish (*Fundulus heteroclitus*) is a valuable model for work in cystic fibrosis, a disorder of salt transport in humans, since it has an amazing ability to sur-

vive in differing salinities, ranging from fresh water to salt water four times the concentration of seawater. Moreover, killifish use the same mechanism to transport salt across cell membranes as human lung cells.

Stanton, the first Forster fellow -- an honor named in memory of Roy Forster, acknowledges the value of enabling undergraduates to become involved in research experiences in CF. "Alex is incredibly enthusiastic and energetic. He has a gift and true passion for laboratory research. He asks very thoughtful questions that often make me rethink some of the approaches and questions we are addressing in the laboratory. Alex has provided an important link between DMS and Dartmouth College that has led to new collaborations between the CF group at DMS and college faculty."

Lankowski values his multitude of research opportunities. He has gained hands-on experience conducting his own experiments, confidence and a sense of independence from working with distinguished mentors. He has come to certain conclusions as well. Earlier, he wanted to pursue a career in medicine, but now his interest in research is as strong as that for clinical work. "As I become more involved with basic research, my passion for science and for understanding the nature of life grows stronger and the fact that research allows me to be at the very brink of knowledge is of great appeal."

He plans to remain connected to research and is contemplating a dual major in biochemistry and romance languages. "Up to now I have spoken of research and medicine as two mutually exclusive entities, which they clearly are not. An ideal career path to follow might be to do both, possibly by pursuing an MD/PhD program." And so he continues to forge ahead on the path he began pursuing early in life.

—Tanisha Keshava, Dartmouth '05

## New Medicare Reform Proposed

As policymakers and stakeholders continue the debate on Medicare reform, Dartmouth researchers confirmed serious defects in the quality of care provided in the fee-for-service Medicare system. They proposed a national demonstration project to show how health care organizations can improve the quality of care they deliver, leading to savings for Medicare by reducing spending on unnecessary or unwanted health care.

Their study, published in *Health Affairs*, proposes a model of connecting willing health care organizations with government agencies that will offer appropriate incentives to help the providers improve their care. Health care organizations that enroll in the "Comprehensive Centers of Excellence" demonstration project can accomplish four goals: provide better clinical care; reduce medical errors; eliminate overuse of medical procedures and treatments; and address underuse of effective care.

"It is a myth that more Medicare spending means better health, or longer life expectancy, and yet our Medicare system has been operating based on this myth for a long time," said lead author John E. Wennberg, MD, Peggy Y. Thomson Professor for Evaluative Clinical Sciences.

The study, based on findings from the Dartmouth Atlas project, suggests that huge savings for Medicare are possible – up to \$40 billion – if US regions receiving high per capita Medicare dollars are brought down to the benchmark of efficient regions. In theory this could be done without harm, Wennberg says, because the findings show that lower spending does not mean less effective care or poor health outcomes. Study co-authors are Elliott S. Fisher, MD, professor of medicine and of community and family medicine, and Jonathan S. Skinner, PhD of Dartmouth College.

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## DMS Notes

### Cancer Researcher Recognized

James DiRenzo, PhD, assistant professor of pharmacology and toxicology, is an inaugural winner of a 2002-2003 General Motors Cancer Research Scholars Award made to young investigators at National Cancer Institute-designated comprehensive cancer centers to promote innovative cancer research.

DiRenzo, a member of the Norris Cotton Cancer Center's research program in cancer mecha-



nisms, will study "Effect of p63 and p53 and Breast Cancer Growth." P63 is a relatively newly discovered member of the family of genes that includes p53, the most commonly mutated gene in human cancers. "This work will allow us to characterize one of the earliest events in the developmental biology of the mammary gland, which is directly relevant to the initiation and progression of breast cancer," said DiRenzo, who joined DMS last summer.

### Psychiatry Partners with Maine

The Augusta Mental Health Institute (AMHI) has entered into a contract with Dartmouth Medical School's department of psychiatry for provision of staff psychiatrists and to gain the ability to become a teaching hospital.

At his annual State of the State address January 22, Maine Governor Angus S. King, Jr. announced the partnership with DMS, which will provide several benefits for AMHI and the people it serves. These include improved ability to recruit psychiatrists and other clinical staff, the addition of research programs, electronic access to the biomedical libraries, and DMS faculty to facilitate and enhance clinical training.

Peter Silberfarb, MD, professor and chair of psychiatry, said, "There should be as much collaboration as possible among the northern states. We're all rural states and are limited in terms of professionals and resources to support the needs of mental health patients. We are very excited about this opportunity to work together with the State of Maine."

### Rubin Building to Expand

Construction on the DHMC expansion project, approved by the Lebanon Planning Board in January, is expected to begin in April. Steel framing for the vertical expansion of the Barbara E. Rubin Building is getting underway, with completion slated for December 2003.

The addition to the medical school's 115,000 square-foot Rubin Building that houses the Norris Cotton Cancer Center will address critical space needs and facilitate successful research and clinical care program growth. The estimated \$42 million expansion adds four floors to provide another 83,400 gross square feet of clinic and research space. Two new floors provide biomedical research laboratories for DMS, totaling 15 laboratories per floor while the other two floors make room for office-based research, cancer center administration, and clinical faculty offices.

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The model centers have the support of several in Congress, including US Senator James Jeffords (VT), who recently introduced legislation to establish the Comprehensive Centers of Excellence.



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