Dartmouth Medical School welcomed in 204th medical class to Hanover with greetings from Dean John C. Baldwin and Dartmouth President James Wright among others at the opening of student orientation August 14.

Introducing the class of 2004, Andrew Welch, director of admissions, extolled the array of talent the 78 new medical students bring to the Dartmouth community. DMS drew over 6,100 applicants—about one out of every six who applied to medical school. Welch estimated. By traditional outside measures, the class is the “most academically accomplished” class in DMS history, Welch said, with the highest average SAT scores, extolled the array of talent the 78 new medical students bring to the Dartmouth community. DMS drew over 6,100 applicants—about one out of every six who applied to medical school. Welch estimated. By traditional outside measures, the class is the “most academically accomplished” class in DMS history, Welch said, with the highest average SAT scores, Welch noted.

New DMS students (from left) Leigh Strauss, Todd Burdett, Allison Goldkamp and Victoria Dugas enjoy a casual moment.

Amanjit Dhatt, Frank Margaron, Leila Khorashadi, Wendy Gray, Avery Ching, Gary Marier, Lori Dilibero, Paul Dekoning, Class of 2004

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• 6,100 applied; 563 interviewed; 195 accepted
• 3 MD/PhD students
• 3.6 average GPA in the sciences; 3.7 in the non-sciences
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Class of 2004

New Medical Class Arrives

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DMS Research

The sixth floor of Vail and the seventh floor of Remsen will house Dartmouth’s genetics department. Space renovation, a project headed by Ann Buer, DMS director of planning and administration, will facilitate faculty collaboration and consolidation of genetics investigations.

The two-year NIH grant augments construction in Vail science building, built in 1974. “We are delighted that we were able to communicate so successfully our vision and enthusiasm for this new department,” Dunlap added. The funding will help support at least three to five new laboratories and related space to consolidate the facilities for senior and junior investigators. In making the award, NIH cited the high quality of ongoing research, and competitive funding ability along with the institutional commitment as strengths for the future of genetics at Dartmouth.

NIH Grant Funds Genetics Research Facilities

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Dartmouth Medical School (DMS) has received a $1 million federal grant to help support cutting-edge research in genetics.

The award, effective September 15, was announced by Dean John C. Baldwin, who is principal investigator for the project. It will support renovation of research laboratories for the medical school’s Department of Genetics, established by Baldwin two years ago to ascertain Dartmouth’s leadership in this rapidly emerging field, so important to biological sciences in general and to our understanding of the fundamental bases for wellness and disease.

“The decision to create this new department grew out of our recognition that full participation in this explosion of knowledge in the life sciences was essential to Dartmouth’s remaining a great academic community in the new millennium. Genetics is a field so transcendental in its importance, so compelling in terms of its ramifications throughout society, that it will transform the way we view life and the world we live in. It holds the promise to change medicine from a palliative to a truly preventive science,” said Baldwin.

The grant, from the National Institutes of Health’s National Center for Research Resources, sustains a rapid pace of progress for genetics at Dartmouth that has been deeply gratifying, Baldwin continued. After he conceived of the new department and worked with the faculty to develop consensus for its vision and structure, the college trustees approved creation of the medical school’s first basic science department in many years.

NIH holds its first Health Summit, September 8, held in conjunction with the annual meeting in Hanover.

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DMS Digest

September/October 2000

Paraphrasing an exchange in C.S. Lewis’s Chronicles of Narnia series when a prince about to be crowned king admits he does not feel sufficient, Welch said, “If you weren’t at least a little humbled by what you were about to start, I would’ve been concerned that you weren’t ready.” He reassured all. “Every one of you is here because you have the promise to become a great doctor, to enrich DMS and your classmates while you are here, and to carry on the medical school’s traditions of excellence during your careers.”

The medical student orientation culminated with the white coat ceremony September 15. Graduate students who begin their careers at DMS include 36 doctoral candidates in the life sciences and 49 master’s students in the evaluative clinical sciences.

Banking analyst to bagel baker, registered pharmacist to Texas ranch hand and Chilean orchard manager. Paraphrasing an exchange in C.S. Lewis’s Chronicles of Narnia series when a prince about to be crowned king admits he does not feel sufficient, Welch said, “If you weren’t at least a little humbled by what you were about to start, I would’ve been concerned that you weren’t ready.” He reassured all. “Every one of you is here because you have the promise to become a great doctor, to enrich DMS and your classmates while you are here, and to carry on the medical school’s traditions of excellence during your careers.”

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Kosovo Medical Students Visit DMS

Two students from the University of Pristina School of Medicine in Kosovo expanded their medical horizons and honed their burgeoning clinical skills at DMS. Florian Gegaj and Bajraktari (Lij) Bajraktari were the second group of Pristina ambassadors through the DMS Kosovo project to help jump start Kosovo School of Medicine and to help Pristina School of Medicine reestablish its educational mission. They lived with DMS students, met faculty and staff, and shared student and community activities.

Like many European universities, Pristina has a six-year medical curriculum that includes undergraduate education; students usually begin early in their studies—faculty, outpatient care and abundant resources. Faculty have more time for students and don’t just lecture. And in Kosovo the generalist who cares for diverse problems and entire families is an emerging concept.

Gegaj, a fourth-year student, remarked, “You have the technology to make results available quickly, so you can do more ambulatory care. At home patients wait for days in the hospital.” Through years of conflict, resources were scarce for Kosovo Albanians. “Before and during the war, we could not use the libraries or go to clinics,” said Bajraktari, a fifth-year student. The opportunities at Dartmouth, she added, were welcome.

Their first two weeks the visitors were introduced to family medicine at primary care clerkship sites: Bajraktari at Dartmouth Community Health Center and Gegaj in Claremont with preceptor Thomas Downs, MD. They spent the last two weeks at DMMC, based on their interests. Both did cardiothoracic surgery. Gegaj was also in internal medicine and Bajraktari in emergency medicine.

A highlight for both was cardiothoracic surgery and their experience in the operating room. They also learned CPR from Dartmouth volunteer Ryan Sahr, who trained them to become instructors for their Kosovo classmates. Each will be sent teaching mannequins, courtesy of DMS. The guests began their month with a luncheon DMS Dean John Baldwin hosted. One evening they shared their stories and pictures in a public presentation. “Life in Pristina and Life in Kosovo,” at Dartmouth-Hitchcock Medical Center. DMS students included as hosts and partners for the visitors with the students included Bajraktari, a fourth-year student, Robert Fortuna, Alex Reyentovich, R. Jo Renn, Lelly Benodin, Jennifer Keller and Jodie Dionne.

Baldwin established the Dartmouth Kosovo project to help the University of Pristina reestablish its medical education programs and named James Strickler, MD, to head it. The project is funded by the Blessing Way Foundation of New York, and additional support is being sought. Future DMS faculty and student visits to Kosovo are planned.

Philanthropy Fortifies DMS

DMS programs and activities are benefiting from a record-setting fund-raising year with more than $23.8 million. Dartmouth Medical School received $70,728,701 — about 70% of the total award money received by Dartmouth — for the 1999-2000 fiscal year, according to preliminary Grants & Contracts figures. This compares to $50 awards totaling $65,358,871 in 1998-99. New and competing awards for June are listed.

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Cancer Screening Distorts Statistics

Overdiagnosis wreaks havoc with cancer survival statistics and can be more harmful than helpful, cautions William Black, MD, professor of radiology and of community and family medicine. Writing in an editorial, “Overdiagnosis: An Unelected Cause of Confusion and Harm in Cancer Screening,” he comments on a long-term study that showed no mortality reduction in a lung cancer screening trial.

A recent follow-up of the Mayo Lung Project (MLP) found no reduction in lung cancer mortality among men who had been offered intense screening compared to those who had not, suggesting that some lung cancers detected through screening have limited clinical relevance. The study results and the editorial were published in the August 16 issue of the Journal of the National Cancer Institute.

“Because overdiagnosis effectively changes a healthy person into a diseased one, it causes overestimations of the sensitivity, specificity and positive predictive value of screening tests and the incidence of disease,” wrote Black. The MLP was a randomized, controlled clinical trial of lung cancer screening conducted between 1971 and 1983. No mortality benefit was evident in the screening group as of July 1, 1983. Dr. Pamela Marcus, of the National Cancer Institute, and colleagues extended the follow-up through 1996—a median follow-up of 20.5 years. Black said the Marcus study provided compelling evidence that a major reduction in cancer mortality was not missed in the MLP. He wrote that the discrepancy seen between survival and mortality is most likely the result of overdiagnosis, the diagnosis of small lesions that would not have become symptomatetic before the individual died of other causes.

He points out that these findings add to the mounting evidence against the use of low-dose spiral computed tomography (CT) as a lung cancer screening test. Spiral CT, “far more sensitive than chest radiography,” can identify lung cancer lesions before the onset of symptoms, so the potential for overdiagnosis and false-positive results will be even greater, he warns. To thoroughly evaluate the risks and benefits of spiral CT screening will require randomized, controlled trials and close monitoring of all causes of mortality. Black concluded that prospective screening should not be interpreted as a balanced presentation of the potential benefits and risks — including overdiagnosis — to ensure that they can make an informed decision about being screened.