



Dartmouth
GEISEL SCHOOL OF
MEDICINE

Office of
MEDICAL STUDENT
RESEARCH

Weekly Newsletter

Jul 30, 2026

The Student Research Office is actively supporting medical students throughout their research journey, serving as a central resource to help navigate onboarding requirements and connect with opportunities across departments. The office regularly shares active research projects and offers guidance on how to get involved.

Students are strongly encouraged to visit the office at **Remsen 230** for any research-related information and to begin their research journey.

Contact: Medical.Student.Research@dartmouth.edu



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Research Opportunities in in Anesthesiology



IDEA Lab: Innovation, Development,
and Entrepreneurship in
Anesthesia

IDEA Lab develops solutions for
problems in anesthesia and
healthcare locally, nationally, and
globally.

Research Projects

<https://dartmouthidea.org/news-projects/>

Healthcare Cybersecurity & Technology Research



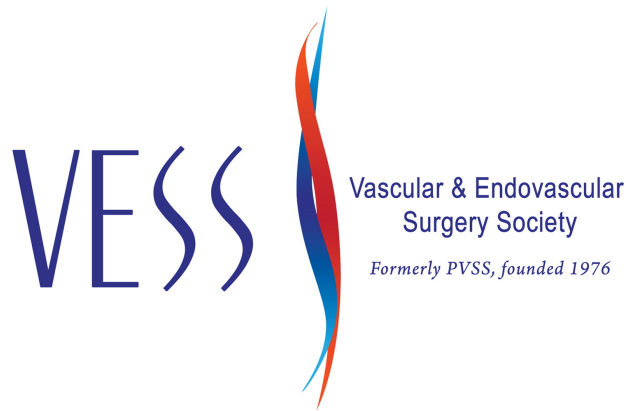
Research projects in The Dartmouth
Institute for Security, Technology and
Society on Healthcare Cybersecurity
& Technology

Projects focused on rural healthcare
cybersecurity, disaster modeling, IT
training effectiveness, and medical
device security.

Co-PI: Malcolm Schongalla, MD

Interested ? Contact office of
medical student research.

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medical student research



2027 VESS Next Generation Student Mentor Program

The **VESS Next Generation Student Mentor Program** introduces medical students to the field of vascular surgery through mentorship, leadership development, networking, and participation in the VESS Annual Meeting. The program provides opportunities to connect with vascular surgeons, residents, and researchers while exploring career pathways and the latest advances in vascular surgery.

The VESS will provide each student in attendance a \$1,500 scholarship to defray the cost of travel to the meeting.

Learn more :

<https://vesurgery.org/vess-special-programs/>

Application

<https://vesurgery.org/vess-special-programs/student-mentor-program/>

NEW ENGLAND ANESTHESIA RESIDENT CONFERENCE

SEPT 26 2026

Boston Medical Center

72 E Concord St, Boston, MA, 02118

Join us for educational sessions, free food and drinks all day, and present your poster !



**Free Registration for Residents
and Med Students During the
Month of July !**

MASS-
ANESTHESIOLOGISTS.ORG/
2026-NEAR-CONFERENCE



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The New England Anesthesia Resident (NEAR) Conference is an annual regional gathering for medical students, residents, fellows, and attending anesthesiologists across New England and beyond.

Free Registration for Medical Students and Residents :

<https://massanesthesiology.wildapricot.org/2026-NEAR-Conference>



DARTMOUTH HITCHCOCK MEDICAL CENTER

Annual Medical Student Research Fair 2026

Join us for the 2nd Annual Medical Student Research Fair, featuring representatives from departments across Geisel and DH, including both foundational and clinical sciences.

DATE: THURSDAY, SEPTEMBER 3, 2026

TIME: 5 PM - 7 PM

LOCATION: DHMC (CHILCOTT ATRIUM ON LEVEL 4 AND WILLIAMSON LOBBY ON LEVEL 3)

Refreshments and foods will be provided.



New Hampshire Chapter

ACP New Hampshire Chapter Annual Meeting – Call for Abstracts

Abstract Submission Deadline: September 8, 5:00 PM

The American College of Physicians (ACP) New Hampshire Chapter Annual Meeting will be held on October 23 at the Hilton Garden Inn, Lebanon, NH. The meeting features the annual Resident and Medical Student Poster Competition with monetary awards. The top poster winner will receive support to present at the ACP Internal Medicine Meeting 2027 in Los Angeles.

It is a requisite for the first author to register as an ACP member to submit an abstract. Geisel students to their Internal Medicine Interest Group co-leaders, Aidan Tice-Raskin or Demetrios G. Garbis if they have questions about registering with ACP. Please note that the first author must be an ACP member to submit an abstract. Geisel medical students with questions about ACP membership may contact the Internal Medicine Interest Group leadership. Please submit your abstract online at <https://webforms.acponline.org/form/new-hampshire-abstract-form> [webforms.acponline.org] **NO LATER than 5 PM Tuesday, September 8th.**

More Info :

<https://www.acponline.org/about-acp/chapters-regions/united-states/new-hampshire-chapter/news-meetings#2026>

Remote Plastic Surgery Research Opportunity

The Department of Plastic Surgery at University of Pittsburgh is seeking motivated medical students for remote clinical outcomes research. Projects include health disparities, leadership, and medical education. Students will collaborate with University of Pittsburgh faculty, residents, and student leaders. Experience with PubMed literature searches and statistical analysis is required. Preference will be given to students committed to plastic surgery who have limited research opportunities at their home institutions.

Online Submission Site Opens : September 1-October 1, 2026:

Learn More :

<https://www.plasticsurgery.pitt.edu/diversity-initiatives/remote-research-opportunities>

Upcoming Events

Annual Medical Student Research Fair 2026

Date/Time : September 3, 2026 at 5-7 PM

Venue : DHMC (Chilcott Atrium on Level 4 and Williamson Lobby on Level 3)

Co-curricular interdisciplinary seminars

Date/Time : Sep/10/2026 at 7-8 AM at Chilcott Auditorium

The Geisel School of Medicine Events Calendar

Students are encouraged to check the Events Calendar to stay updated on upcoming research talks and Grand Rounds sessions.

<https://geiselmed.dartmouth.edu/calendar/index.php?y=2026&m=8&v=m>

Scholarly Manuscripts by Geisel Students

Geisel students continue to drive innovation through research, contributing to peer-reviewed publications across clinical medicine, global health, and more. Their scholarly work reflects a deep commitment to scientific inquiry and advancing patient care. Each year, our students co-author numerous manuscripts, showcasing their passion for discovery and academic excellence.

<https://geiselmed.dartmouth.edu/student-research/research-papers-by-geisel-students/>

Students are requested to submit their published manuscripts to be archived in the Student Manuscript section of the website.

Lymphadenectomy After Melanoma—A National Analysis of Recurrence Rates and Risk of Lymphedema

Chen Shen, MD, MS,^a Jennifer K. Shah, BA, BS,^b Priscila Cevallos, BS,^a
Rahim Nazerali, MD,^b and Joseph M. Rosen, MD^a

Introduction: Treatment for melanoma after a positive sentinel lymph node biopsy includes nodal observation or lymphadenectomy. Important considerations for management, however, involve balancing the risk of recurrence and the risk of lymphedema after lymphadenectomy.

Methods: From the Merative MarketScan Research Databases, adult patients were queried from 2007 to 2021. *International Classification of Disease, Ninth (ICD-9)* and *Tenth (ICD-10) Editions*, diagnosis codes and *Current Procedural Terminology* codes were used to identify patients with melanoma diagnoses who underwent an index melanoma excision with a positive sentinel lymph node biopsy (SLNB). Main outcomes were completion lymph node dissection (CLND) utilization after a positive SLNB, developing lymphedema with or without CLND, and nodal basin recurrence 3 months or more after index excision. Subanalyses stratified by index excision year (2007–2017 and 2018–2021) and propensity score matched were additionally conducted. Demographics and comorbidities (measured by Elixhauser index) were recorded.

Results: A total of 153,085,453 patients were identified. Of those, 359,298 had a diagnosis of melanoma, and 202,456 patients underwent an excision procedure. The study cohort comprised 3717 patients with a melanoma diagnosis who underwent an excision procedure and had a positive SLNB. The mean age of the study cohort was 49 years, 57% were male, 41% were geographically located in the South, and 24% had an Elixhauser index of 4+. Among the 350 patients who did not undergo CLND, 10% experienced recurrence and 22% developed lymphedema. A total of 3367 patients underwent CLND, of which 8% experienced recurrence and 20% developed lymphedema. Completion lymph node dissection did not significantly affect risk of recurrence [odds ratio (OR), 1.370, $P = 0.090$] or lymphedema (OR, 1.114, $P = 0.438$). After stratification and propensity score matching, odds of experiencing lymphedema (OR, 1.604, $P = 0.058$) and recurrence (OR, 1.825, $P = 0.058$) after CLND were not significantly affected. Rates of CLND had significantly decreased ($P < 0.001$) over time, without change in recurrence rate ($P = 0.063$).

Conclusions: Electing for nodal observation does not increase the risk of recurrence or reduce risk of lymphedema. Just as CLND does not confer survival benefit, its decreased utilization has not increased recurrence rate.

Key Words: melanoma, CLND, SLNB, MSLT-II, DeCOG-SLT

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From the ^aSection of Plastic Reconstructive Surgery, Dartmouth Hitchcock Medical Center, Lebanon, NH; ^bDivision of Plastic and Reconstructive Surgery, Stanford University, Stanford, CA.

Conflicts of interest and sources of funding: none declared.

Data for this project were accessed using the Stanford Center for Population Health Sciences Data Core. The PHS Data Core is supported by a National Institutes of Health National Center for Advancing Translational Science Clinical and Translational Science Award (UL1TR003142) and from Internal Stanford funding. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute of Health.

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Multiple recent clinical trials have resulted in a paradigm shift in melanoma management. Standard of care for patients with a positive sentinel lymph node biopsy (SLNB) was completion lymph node dissection (CLND) to provide regional control. The survival benefit, however, was questioned.

The Multicenter Selective Lymphadenectomy trial (MSLT) I demonstrated no melanoma-specific survival benefit for patients undergoing SLNB versus nodal observation.^{1,2} Sentinel lymph node biopsy, however, was demonstrated to be a highly valuable staging tool to provide the necessary early intervention to prolong survival in patients who developed clinically positive nodes during follow-up.

Two trials, following MSLT-I, MSLT-II,³ and the German Dermatologic Cooperative Oncology Group–Selective Lymphadenectomy Trial (DeCOG-SLT),^{4,5} showed no significant survival benefit of performing CLND versus nodal observation such as clinical follow-up and nodal basin ultrasonography for positive SLNB. Nodal observation, thus, has become standard of practice.

Although CLND was demonstrated to provide no survival benefit, there was a decrease in recurrence-free survival noted in patients undergoing nodal observation in MSLT-II. Nodal basin recurrence was 25% in the nodal observation arm compared with 9% in the CLND arm.³ Patient safety, anxiety, and overall quality of life are called into question even if recurrence did not translate to worse melanoma-specific survival.

Completion lymph node dissection, however, is not without risk. Adverse events, especially lymphedema, were noted in MSLT-II and DeCOG-SLT. Furthermore, MSLT-II found a lymphedema rate of 24.1% in the CLND arm compared with 6.3% in the nodal observation arm.³ The majority of cases (64%) were mild, and only a small portion (3%) were severe. Thus, practitioners must carefully balance the risk of recurrence with the risk of lymphedema when considering the benefits of CLND.

In this study, we aim to determine the utilization of CLND following trials such as MSLT-II and DeCOG-SLT and its consequences on lymphedema risk and recurrence rate in the management of positive SLNB in patients who have undergone melanoma excision.

METHODS

Data Source and Study Cohort

We conducted a retrospective analysis of the Merative MarketScan Research Databases to evaluate CLND utilization after a primary melanoma excision with a positive SLNB and subsequent rates of lymphedema and melanoma recurrence. The Merative MarketScan Research Databases is a large multipayer dataset that contains inpatient, outpatient, and pharmaceutical claims data involving almost 183 million unique patients.⁶ Adult patients diagnosed with primary cutaneous melanoma who underwent a primary excision procedure with SLNB between January 1, 2007, and December 31, 2021, were identified using *International Classification of Disease, Ninth (ICD-9)* and *Tenth (ICD-10) Editions*, codes and *Current Procedural Terminology (CPT)* codes (Appendix Tables A and B). Patients were excluded if they did not receive a positive SLNB result (Appendix Table B). The *CPT* codes were additionally used to identify patients who additionally underwent



Effat Rahman, MD Class of 2029

Effat Rahman is a second-year MD student at Dartmouth's Geisel School of Medicine, with career interests in dermatology, immunology, and rheumatology. A New York native, she earned her undergraduate degree in Human Biology, Health and Society from Cornell University, where she was involved in research with the Division of Nutritional Sciences examining Polyendocrine Metabolic Ovarian Syndrome from an imaging standpoint. Prior to medical school, Effat conducted research at Donald and Barbara Zucker School of Medicine at Hofstra/Northwell Department of Pediatric Orthopedics, exploring adolescent idiopathic and neuromuscular scoliosis and contributing to multiple peer-reviewed publications. She has presented her research at the American Academy of Pediatrics, Endocrine Society, and Scoliosis Research Society.

At Dartmouth, her research with the Department of Dermatology centers on hidradenitis suppurativa treatments and outcomes. She is also a co-lead for Sun Protection Outreach Teaching by Students (SPOTS), chapter chair for Physicians for Human Rights, and course lead for the upcoming Dermatology Ethics and Health Equity preclinical elective. She is also involved with the American Muslim Medical Student Association and South Asian Medical Student Association. Her current research interests involve clinical outcomes and health equity.

Academic Scholar Year

The Academic Scholar Year (ASY) is a designated status for Geisel

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medical students who have been approved to pursue a structured program of rigorous academic, scholarly, or research activity. Students in ASY are classified as full-time, non-resident students in good academic standing.

Learn More :

<https://geiselmed.dartmouth.edu/student-research/hospital-specialty-specific-research-opportunities/>

A variety of research support services provided by the Dartmouth Medical and Health Sciences

Libraries including information on data searching and management, systematic reviews and analysis, and data sharing and visualization.

For more information :

<https://researchguides.dartmouth.edu/medlibresources/home>



Systematic and scoping review service

The Medical and Health Sciences Libraries (MedLib) Libraries offer systematic and scoping review support for Dartmouth and DHMC faculty, staff, and students. Services include consultation, training, and librarian collaboration, with priority options available for grant-funded projects. Capacity is limited, so requests are accepted on a first-come, first-served basis.

Learn More :

<https://www.library.dartmouth.edu/medlib/research-support/systematic-review>



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