What’s Up Doc?

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1970s

Allen Berliner, MD ’71, has been elected president of the New England Dermatological Society. The organization, founded in 1915, has over 500 members in the six New England states. Email abeliner@dermatology-pc.com.

Alan M. Miller, PhD ’76, MD, has been named chief of oncology at Baylor Charles A. Sammons Cancer Center. Miller, an experienced cancer researcher and clinician with a strong administrative background, was formerly associate senior vice president at the Tulane University Health Sciences Center in New Orleans. At Tulane, he began the hospital’s bone marrow transplant program and served in a variety of teaching and leadership roles for 15 years. “As we expand our physical capacity to care for patients, we sought a new chief of oncology with the vision of moving cancer from a sometimes fatal disease to a chronic condition,” said John McWhorter, president of Baylor Dallas, at the time the appointment was announced.

Before joining Tulane University, Miller was an assistant professor of medicine and co-director of the MD/PhD program at the University of Florida College of Medicine. Miller received his bachelor’s and doctorate degrees in physiology from UB/Roswell Park Division. After serving as an assistant professor of oncology at the University of Miami School of Medicine, he went on to earn his medical degree from Miami and completed his internship, residency and fellowship at the University of Florida.

1980s

Ruben Pamies, MD ’86, has been named a member and chair of the Advisory Committee on Minority Health at the Department of Health and Human Services’ Office of Minority Health. As chair of the committee, Pamies will help the Health Disparities, which was published in 2005. Six other health care experts from across the United States will join Pamies on this committee. “Our goal is to eliminate health disparities and improve health outcomes for all Americans,” says Graham. “The expertise this group brings will go a long way toward helping us meet that goal.”

1970s

Ruben Pamies, MD ’86, has been named a member and chair of the Advisory Committee on Minority Health. The site provides information about fundraising for the School of Medicine and Biomedical Sciences, including opportunities for ways that donors can support the school’s mission of education and training, research and clinical care. The site also provides updates about alumni relations via a link to the Medical Alumni Association website.

What is the main focus of the Advisory Committee on Minority Health? According to the text, the main focus of the Advisory Committee on Minority Health is to eliminate health disparities and improve health outcomes for all Americans. The committee, which includes six other health care experts, will be led by Ruben Pamies, MD ’86. The goal of the committee is to help the Health Disparities improve health outcomes for all Americans, and the expertise brought by the committee is expected to go a long way toward helping the United States meet that goal. The site also provides updates about alumni relations via a link to the Medical Alumni Association website.
Outside the makeshift clinic in a remote Guatemalan village, hundreds of children and adults had gathered on an early January morning to greet a bus from a nearby village. This was no ordinary bus. It carried physicians, dentists, nurses, audiologists, pharmacists and translators who, in the coming four days, would diagnose and treat nearly 2,300 people.

The Hoepingers wanted to volunteer for many years, but they were busy raising their children. When their two sons finished high school and went off to college, the time had arrived. “It coincided with our 25th wedding anniversary,” notes Christine. “It was time to turn our energies to something else, instead of stewing about our empty nest.”

Their medical mission served two villages during that January trip: La Canoa, six miles off the paved road, so remote it’s not on the map; and El Tule, equally six miles from the wayside. “The windows in the clinic didn’t have any glass, so there was all this back-and-forth,” says Hoeplinger. “But his ear drums were perfectly healthy, so we fit him with a hearing aid.”

The audiologist immediately started teaching the boy rudimentary sounds, and within 30 minutes he could say “hola.” By 8 a.m. the medical contingent unpacked boxes of medical supplies and equipment at the village’s makeshift clinic. Hoeplinger and medical student Niv Mor unloaded suitcases full of ear drops, nasal spray and antibiotics donated by U.S. pharmaceutical firms.

Because so many children needed care, each patient had been screened by advance teams to determine one particular problem to be addressed. That plan quickly fell by the wayside. “In reality, what happened is that the children came to see the pediatrician and then were walked to the ear doctor and then to the dental clinic,” says Hoeplinger. “We couldn’t say no.”

The ear, nose and throat (ENT) patients came to Hoeplinger’s otorino clinic in a steady stream. “We tried to finish the clinic by sunset,” says Hoeplinger, “but half the time it was after dark. Some patients had walked 10 miles, and we wanted to see everyone.”

For the physicians and staff, results of their work often were immediate and intense. Five-year-old Miguel’s case was an example. His exam showed a severely deteriorated auditory nerve that provided a murmur of sound but not enough for him to learn to speak. “This boy was going through life in silence,” says Hoeplinger. “But his ear drums were perfectly healthy, so we fit him with a hearing aid.”

Hoeplinger chronicles what happened next. “The windows in the clinic didn’t have any glass, so there was all this back-ground noise coming in through the window that I tried to tune out—goats and sheep, kids screaming and crying. Off in the distance there was Latin music playing. The audiologist switched on the hearing aid—we were holding our breath—and then Miguel started dancing around the room to the music. We almost started crying.”

Ten-year-old Ulysses had his own life-changing story. He fractured his skull as a baby, and although the bones healed without treatment, the boy was left with a 70-percent hearing loss. “Ulysses never learned to speak,” says Hoeplinger, “but he was an athletic boy, smiling and happy. Once again, an exam showed healthy ear drums. We fitted him with a hearing aid, and his face lit up. “It’s very emotional,” he adds. “Your heart starts pounding. Clearly, he’s hearing sounds he’s never heard before.”

By Lois Baker

The audiologist immediately started teaching the boy rudimentary sounds, and within 30 minutes he could say “hola,” Spanish for “hello.” “Ulysses went through the entire camp, telling all the American doctors: ‘Hola!’” relates Hoeplinger. “He went through his village: ‘Hola!’”

“When we were packing up the bus that night, way after dark, we were weary and dragging, and Ulysses was out in the parking lot playing soccer with the boys, wearing his hearing aid. He came running up to me, grabbed my arms, and cried, ‘Hola!’ He was so happy!”

“A patient like Ulysses, you can never forget him. I’ll remember him my whole life.”

In the four days the physicians were in Guatemala, they treated 2,231 patients. At this writing, Hoeplinger was scheduled to return to Antigua for two days in April to operate on 17 of his 60 January patients. The timing depended on his recovery from a hip resurfacing procedure he had in February; made necessary after 13 years of arthritis. He had postponed the surgery scheduled for mid-January to complete the trip.

He also plans to return to Guatemala next winter. “I’d like to train Guatemalan doctors in my specialty,” he says. “The nearest ENT program is in Mexico City. Guatemala needs its own training program, and I hope to help get that started soon.”

Mark Hoeplinger, MD ’79, an otolaryngologist and clinical instructor in the School of Medicine and Biomedical Sciences, was on that bus, along with his wife, Christine, a dentist and veteran volunteer with Faith in Practice, the organization sponsoring this medical mission. Others in the group of 36 included fourth-year UB medical student Niv Mor; Mark Hagen, MD ’79, a family medicine practitioner in Westfield, New York; his nurse, Stephanie Reimers, who also served as translator; and Jodi Bova, a UB audiology graduate student, who performed the hearing tests and fit the hearing aids.

The team had flown into Guatemala City, the country’s capital, the day before. Representatives from Faith in Practice accompanied by armed soldiers, met them at the airport. The soldiers were a constant presence during their stay. Guatemala is one of the most violent countries in Central America due to, according to the U.S. Department of State, “endemic poverty, an abundance of weapons, a legacy of societal violence, and dysfunctional law enforcement and judicial systems.”

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The UB HOST program provides medical students with opportunities to connect and network with alumni volunteers while interviewing for residency. Hosts offer any of the following services to help make traveling easier for our medical students:

- **Housing or overnight accommodations**
- **One-to-one advice about residency, the prospective medical center and the community in which they are interviewing**
- **Special meals and tours of the city or hospital**
- **Transportation to and from the airport and/or interviews**

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If you have any questions about the James Platt White Society, please call Kim Venti, director of Annual Leadership Giving, at the numbers above or email kventi@buffalo.edu.

Thank you!

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The School of Medicine and Biomedical Sciences held its first Career Day on March 10, 2009, in Harrington Hall. Thirteen physicians with backgrounds in teaching, administration, research and private practice participated in the event. The 80-plus students who attended broke into small groups and rotated around the room for 10-minute sessions with each physician, during which time they had an opportunity to ask questions about the various fields and related lifestyle issues.

The event was organized by James Chelius and Erica Colligan, co-presidents of UB’s chapter of the American Medical Student Association, and was supported by grants from the UB Medical Alumni Association and Sub-Board I.

The physicians who volunteered were Ronald Batt, MD ’58, obstetrics/gynecology; Mary Bennett, MD ’86, emergency medicine; Dean Michael E. Cain, MD, electrophysiologic cardiologist; Andrew Cappuccino, MD ’88, spine surgeon; Helen Cappuccino, MD ’88, oncologic surgeon; Merril Dayton, MD, general surgeon, chair of surgery; Marion Goldstein, MD, geriatric psychiatrist; James Hassett, MD, general surgeon, surgery residency director; Krishnan Kartha, MD ’82, neuroradiologist; Li Li, MD, anesthesiologist; Pamela Reed, MD ’89, internal medicine; Mythili Srikrishnan, MD, rehabilitation medicine; Stephen Turkovich, MD ’03, pediatric hospitalist; and Diana Wilkins, MD ’04, family medicine.

—S. A. UNGER
**All the Wrong Signals**

ACS-funded study will examine role of cell signaling in cancer

**By Lois Baker**

**A mong the proteins used for this communication are receptor tyrosine kinases, or RTKs, which receive signals from outside of the cell and transmit them to the inside of the cell, leading to the turning on or off of specific genes. RTKs have been shown to play a critical role in the development and progression of many cancers by transmitting too much signal.**

Marc S. Halfon, PhD, assistant professor of biochemistry in the School of Medicine and Biomedical Sciences, has received $720,000 from the American Cancer Society to study how the RTK signaling pathway functions. Knowledge gained from this study should help guide the future development of novel RTK-targeted drugs with minimal side effects to treat an array of cancer types, Halfon says.

“Altered activity of RTKs and the protein partners of RTKs in cells, termed members of the signaling pathway, have been implicated in many cancers, including leukemia, lymphoma, breast, lung, colon and brain cancer,” explains Halfon. “In recent years, a number of drugs blocking RTKs and the RTK signaling pathway members have been approved for the treatment of cancer.”

“One poorly understood aspect of RTK signaling,” he continues, “is how different members of the RTK family convey different types of information into the cell. In fact, it is not entirely clear whether differences in the RTKs themselves, or differences in other pathway members present in a given cell type, are responsible for the specific effects of signaling seen with one RTK versus another.”

The researchers work with the fruit fly Drosophila, a key model organism that has played an important role in helping to discover crucial aspects of RTK signaling. Their studies are carried out primarily in the New York State Center of Excellence in Bioinformatics and Life Sciences in downtown Buffalo.

“We will use cutting-edge genomic techniques that allow us to investigate all of the genes in the organism in a single experiment,” says Halfon. “The work proposed here will make important progress in understanding more clearly how different RTKs carry out their specific roles in both normal and malignant tissue.”

The goals of the research are to show definitively that there are intrinsic differences among the RTKs that are responsible for their distinct effects, and to discover genetic mechanisms that cause these intrinsic differences and lead to the activation or repression of specific genes.