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the pulse

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Learning to Care for Those in Harm's Way

Sharon Holland

Deputy Vice President for External Affairs and Managing Editor

Eric Ritter

Writer and Editor

MC3 Laura Bailey

Writer and Photographer

Alexis Christman

Communications Intern

Kiernan Kiser

Communications Intern

Danielle Snowden

Communications Intern

Production

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On the cover

Dr. Donna Fox, Associate Dean for Student Affairs at George Mason University (center) presents EMDP2 student Army Sgt. 1st Class Steve Radloff (right) with academic honor cards, while Dean of the GMU College of Science Peggy Agouris (left) looks on. (photo by Sharon Holland) See photos, page 7.

Yvonne Maddox to Lead USU Research Program

By Sharon Holland



Yvonne T. Maddox, Ph.D (courtesy photos)

Charles L. Rice, M.D., president of the Uniformed Services University of the Health Sciences, announced the selection of Yvonne T. Maddox, Ph.D., former acting director of the National Institute on Minority Health and Health Disparities at the National Institutes of Health, effective June 15, 2015.

“Dr. Maddox comes to USU with a wealth of expertise in both Federal and academic research and an unparalleled record of leadership in research administration primarily at the National Institutes of Health,” Rice said. “She is an internationally recognized authority on science and research policy and will bring to USU an increased focus on collaborative research, global health issues, and population health---all key issues for the DoD and USU.”

As Vice President for Research at USU, Dr. Maddox will oversee a robust clinical and basic science research portfolio important to both the military and public health, including infectious diseases, trauma and critical care medicine, health maintenance, post-

traumatic stress, traumatic brain injury, and cancer. Dr. Maddox will also oversee new efforts in state-of-the-art fields that cut across disciplines, such as genomics, proteomics, and drug-delivery mechanisms.

In addition to her position with the NIMHHD, Dr. Maddox served as the deputy director of the Eunice Kennedy Shriver National Institute on Child Health and Human Development, acting deputy director of NIH, and in various leadership positions within other NIH Institutes and divisions.

Dr. Maddox received her B.S. in biology from Virginia Union University, Richmond, and her Ph.D. in physiology from Georgetown University.

She began her career at NIH in 1985 in the National Institute of General Medical Sciences as a health science administrator, directing the trauma and burn injury program, moving from Georgetown University Medical Center where she was a research assistant professor. She studied as a visiting scientist at the French Atomic Energy Commission, Saclay, France, and graduated from the Senior Managers in Government Program of the Kennedy School of Government, Harvard University.

“It is an honor to have been chosen to help steer the USU research enterprise,” said Dr. Maddox. “I look forward to working with the faculty and staff to advance research opportunities that will impact positively on the health and wellness of military men and women, their families and communities.”

USU Professor Speaks Out on Male Breast Cancer

By Sharon Holland

“Typical doctor, typical male.”

That’s how Dr. Norman M. Rich described his attitude when he first discovered a lump on his breast five years ago. Rich, a retired Army vascular surgeon and emeritus chair and professor of the Uniformed Services University of the Health Sciences surgery department that bears his name, simply ignored it. He had had lumps before and paid no attention to them.

However, when he later discovered a lump under his right arm, and noticed nipple retraction, he knew it might be an indication of a tumor and consulted his physician.

“Although I have spent years as a vascular surgeon, I remembered my general surgery training, and I knew it was not good. I called [Army Col.] Dr. Pat O’Malley, my primary physician, who thought I might have cancer of the breast. He referred me to Dr. Craig Shriver.”

Army Col. (Dr.) Craig Shriver heads the Murtha Cancer Center at the Walter Reed National Military Medical Center. Shriver ordered biopsies on the mass in Rich’s breast and under his arm, and both tested positive for breast cancer.

Breast cancer in men is rare. According to a 2012 report by the American Cancer Society, only about 2,100 cases of male breast cancer are diagnosed each year, compared to more than 226,000 in women. In recent years, there has been an increase in the number of cases reported, and recognition that there are differences based on gender – men and women react differently to different treatments – but relatively few scientific studies. Rich says there are no significant benchmarks for breast cancer in men. As a result, all of his treatment options are based on those used for females.

“What should be obvious has no scientific basis,” said Rich.

In fact, the only two substantive studies on male breast cancer that Rich could find were from 2004 and 2007. In July 1, 2004, an article in the journal *Cancer*, “Breast carcinoma in men: a population-based study,” by Giordano, et. al., showed the incidence of breast cancer in men was increasing. The study looked at data from the National Cancer Institute Surveillance, Epidemiology and End Results 1973-1998

Database, and showed an increase in breast cancer from .86 to 1.08 per every 100,000 men. Another study reported in *Cancer* in 2007, “Male breast cancer in the veterans affairs population: a comparative analysis,” by Nahleh, et. al., looked at male breast cancer in the Veterans Affairs (VA) population and also found the incidence was continuing to rise.

In the latter study, researchers used the VA’s Central Cancer Registry and looked at VA patients, both male and female, who had breast cancer diagnosed between 1995 and 2005. The study compared 612 male breast cancer patients with 2,413 female breast cancer patients and found that the average age for diagnosis in men was 67, while in women was 57. Black men were more likely to be diagnosed with breast cancer and had a higher disease stage and more lymph node-positive disease. The study also found that men generally lived seven years after diagnosis, while women lived 9.8 years longer, although there were no statistically different survival rates for patients with stage II or stage IV disease. However, in stage I, survival rates in men were 6.1 years and 14.6 years for women.

Rich attributes the later diagnosis in men to denial. “Men tend to overlook the signs or discover it too late to address it,” he said. “It’s easy to deny and develop excuses for what you know it is.”

Or, it may be that men don’t know that it’s even possible to contract breast cancer or understand the risk, and relatively few are likely to conduct self-breast exams. But in fact, although they aren’t developed, men have milk ducts and their ductal system may be just as susceptible to breast cancer as a woman’s is; however, a diagnosis is often not sought or made until cancer has developed and spread into the lymph nodes, bones, or beyond. Men tend to develop larger tumors later in life, and more



Dr. Norman M. Rich, professor and emeritus chair, Department of Surgery, USU (Photo by Tom Balfour)

than 400 men die of breast cancer each year.

According to Rich, the tumor board at Walter Reed-Bethesda evaluates the treatment plans for all cancer patients at the hospital, and the board recommended he get a modified right radical mastectomy and lymph node dissection. Rich said six of his 37 axillary lymph nodes tested positive, so if the cancer was successfully removed, these procedures would be important for his longevity. The tumor board also recommended chemotherapy followed by radiation, followed by hormone therapy, although his medical oncologist told Rich that chemotherapy would only add two percent to his longevity.

“I can’t describe chemotherapy. Only people who have gone through chemotherapy can understand what it’s like,” Rich said, questioning why, for only a small return, anyone would subject themselves to the procedure. However, the oncologist told him it’s because it’s “part of the package deal.” Chemotherapy prepares the body for the radiation treatments, which prepare the body for the hormone

Breast Cancer, Cont. Page 4

Former CNRM Co-Director Named Head of NINDS

by Sharon Holland

Walter J. Koroshetz, M.D., former co-director of USU's Center for Neuroscience and Regenerative Medicine (CNRM), was recently named as the new head of the National Institute of Neurological Disorders and Stroke (NINDS), National Institutes of Health (NIH).

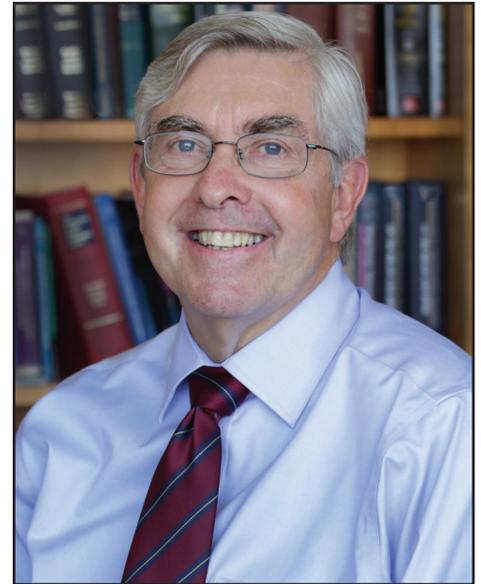
NIH Director Francis S. Collins, M.D., Ph.D., made the announcement June 11, 2015. "I am very pleased that Dr. Koroshetz has accepted the enormous responsibility of being the NINDS director," said Collins. "His deep grounding in clinical neurology and basic neuroscience research makes him the ideal candidate to lead NINDS into the future and to fulfill the Institute's mission to seek fundamental knowledge about the brain and nervous system and to use that knowledge to reduce the burden of neurological disease."

In 2008, Koroshetz was selected to serve as the co-director of the CNRM, where he facilitated collaborative research in traumatic brain injury between USU, WRNMMC, and intramural NIH until his appointment as acting director of NINDS in October, 2014.

As the new director of the NINDS, Koroshetz will oversee an annual budget of \$1.6 billion and 1141 scientists, physician-

scientists, and research administrators. The institute supports research by investigators in public and private institutions across the country, as well as by scientists working in its intramural laboratories and branches in Bethesda, with studies in areas ranging from the structure and function of single brain cells to research on the causes, prevention, diagnosis and treatment of neurological disorders and, most recently, the translational research that is helping to bridge the gap.

Koroshetz earned his undergraduate degree from Georgetown University and his M.D. degree from the University of Chicago. He trained in internal medicine at the University of Chicago and in both internal medicine and neurology at Massachusetts General Hospital. He later completed postdoctoral studies in cellular neurophysiology at Massachusetts General Hospital and the Harvard neurobiology department. From 1990 until 1997, he led neurology resident training at Harvard Medical School, where he also held a faculty appointment as professor of Neurology. Prior to his arrival at NIH in 2007 to become deputy director of NINDS, Koroshetz served as vice chair of Neurology at Massachusetts General Hospital, Director of Stroke and Neurointensive Care, and a



Former CNRM Co-Director, Dr. Walter J. Koroshetz named head of NINDS. (Photo courtesy of National Institute of Neurological Disorders and Stroke)

member of the Huntington's disease unit.

"We are extremely pleased with Dr. Koroshetz's selection as the new director of NINDS. He has been a tremendous leader for efforts to advance treatment in neurological diseases, particularly traumatic brain injury," said Regina Armstrong, Ph.D., CNRM director.

Breast Cancer from page 3

therapy, and collectively they are the best opportunity for longevity – at least based on breast cancer studies in women.

Rich is in his third year of remission. He suffers from lymphedema – swelling, or “ballooning” -- as a result of having no drainage from his lymph nodes in the upper right extremity, but he is very compliant with his physical therapy regimen. “I know the significance of not complying,” he said.

“I will never be cured since it had already spread [before diagnosis]. Will it come back? Yes. It's more likely to in men. Women tend to pick it up early on mammograms. They can find a small, isolated area and test the sentinel node to see if it has spread or not.” Rich had a PET scan to detect whether it had spread to the bone and other areas and the results were negative.

He isn't quite sure how he developed breast cancer, but he has an idea.

“I had no family history of breast cancer. If there is a family history of women getting breast cancer, the men's chances are

increased. We didn't have any and I went back five generations. No cancer anywhere. We took a family vote to see how everyone felt about me going through genetic testing, and everyone agreed I should do it. There were no mutations of BRCA1 or BRCA2 (which show an increased incidence of breast cancer in families). This may be political, but in Vietnam, I was exposed to Agent Orange. In 1965-'66, it was sprayed all over the highlands around me. No one was thinking about its potential toxic effects. I used to watch planes spewing it all over. I remember wiping it off my arms a few times,” said Rich. “In the VA system, there are so few cases of breast cancer, there aren't any benchmarks. They have identified an increase in prostate cancer due to Agent Orange, but not breast cancer.”

Rich has been taking tamoxifen, which blocks estrogen receptors that lead to breast cancer. He says he must take for it for five years.

“Studies in women say it prevents chest wall cancer recurrence,” he said. “Studies recommend that women take it for 10 years. It's not a pleasant medication. It

has resulted in a 30-pound weight gain in six weeks that I can't take off. It's part of the price to pay to keep the cancer off the chest wall.”

Rich goes to the Murtha Cancer Center's Breast Care Center on a regular basis for appointments. “It's a superb organization and everyone is phenomenal,” he said. “I get a lot of stares from a lot of people, but it doesn't bother me. Everyone is just surprised. They don't think men can get it. This is a very important message for men. Everyone who gets a lump should get checked out right away. Early diagnosis and awareness is very important. Macho men have to put that attitude aside and recognize both women and men have breast tissue and can get cancer in the breast tissue.

“If you just walked out on the street, the vast majority would not know men could have cancer of the breast,” said Rich. “Being a physician and being concerned about health in general, if I'm able to alert a few more people and a few more people will get diagnosed as a result of sharing my story, it's worth the effort.”

Maybe not so typical after all.

CDP Summer Institute Prepares Doctoral Students for Military Careers in Psychology

by Kiernan Kiser

Doctoral students in clinical and counseling psychology from around the country were presented with an opportunity to learn about behavioral health careers in the military during an intensive six-day course offered at the Uniformed Services University for the Health Sciences (USU). The course, held June 8-13, was sponsored by USU's Center for Deployment Psychology (CDP), and is one of the first programs of its kind.

Students enrolled in "The Summer Institute: Preparing for a Military-Focused Career" examined how the military culture and deployment cycle can impact military personnel and their families and their help-seeking views. CDP instructors provided information on roles, responsibilities, assessments and other activities distinct to military psychologists that can create unique career opportunities. They also reviewed common deployment-related conditions such as chronic pain, insomnia, traumatic brain injury, and posttraumatic stress disorder. In addition, the course examined military ethics and the positive impact of deployments including resilience and camaraderie.

The course provided students interested in military internships with the opportunity to hear from former military psychologists about their varied experiences. They also were exposed to evidence-based practices used in military settings including motivational interviewing and cognitive-behavioral therapy. To supplement the class lectures, students participated in a war memorial tour on the National Mall led by USU doctoral students and had the opportunity to hear about clinical psychology internship programs in the military.

The 23 graduate psychology students who attended the course had all completed at least two years of doctoral-level education, along with clinical hours specializing in adult care. Several were Health Professions Scholarship Program (HPSP) students in the Air Force, Army or Navy, while others were from various civilian psychology doctoral programs.

Dr. Paula Domenici, the director of Civilian Training Programs for the CDP, believes this pilot program is a great way for graduate students to get a sneak peek at what it would be like to work with the military population.

"We wanted students genuinely interested in military internships and seriously considering careers as military psychologists to take the course, not those just looking to improve their resumes," states Domenici. "Since this was our first time offering this course, we were excited that so many qualified students applied who expressed strong interest in working with the military and their families."

Based on preliminary findings from the daily knowledge assessments and

final program evaluations, Domenici says the course results and student feedback were very positive. Participants reported a significant increase in their readiness to pursue a military-focused career in psychology after completing the course. They also showed significant gains in knowledge across the majority of course topics. As one student commented in feedback Domenici shared, "I am so thankful for this opportunity! This was one of the best events of my academic career. This institute was so professional and inspiring. I was excited to go active duty before the institute and now I can't wait. The aspect that surprised me the most was the fact that the instructors seemed to convey a personal interest in our success."

The CDP will incorporate the feedback from the pilot program and, if all goes as planned, offer the course again next summer.

"We hope to have just as much interest as we did the first time. It's a unique experience for students to learn about serving as a psychologist in the military and what the opportunities are," said Domenici.



Center for Deployment Psychology Director David Riggs, Ph.D., talks to participants in USU's first "Summer Institute: Preparing for a Military Focused Career." (Photo by R. Forster)

USU FMIG to Receive AAFP Program of Excellence Award

by Sharon Holland

The Uniformed Services University of the Health Sciences (USU) Family Medicine Interest Group (FMIG) was recently selected as one of 10 programs nationally to receive the American Academy of Family Physicians' Program of Excellence Award. This marks the third time the USU group has been selected for the honor, and the second consecutive year.

The FMIG Program of Excellence Award recognizes family medicine interest groups for their efforts to stimulate interest in family medicine and family medicine programming. According to the AAFP, an "FMIG must demonstrate that it is well-rounded with competency in a number of key areas, including FMIG structure and operation, community service, exposing students to family medicine and family physicians, promoting the value of family medicine as primary care, professional development, and measures of success. The FMIG must also illustrate significant changes or enhancements -- what was learned from the previous years' activities, what new innovations have been or will

be developed, and what elements of programming were modified to meet the needs of members."

There are two types of FMIG Program of Excellence Awards. The first, Overall Awards, are given to 10 overall winners who are selected for demonstration of well-rounded, exemplary FMIG activity and operation, and who address all aspects of the key award areas explained above. USU's FMIG, under the leadership of Air Force Maj. (Dr.) Christopher Bunt and Navy Cmdr. (Dr.) Adam Saperstein, will be presented with the Overall Award again this year.

The second, Special Consideration or Categorical Awards, are given to FMIGs who demonstrate excellence in one area, or who qualify for special consideration because they are a first-time applicant or an FMIG that has overcome significant obstacles. These may include excellence in community service, professional development, exposure to family medicine and family physicians, promoting the value of family medicine as primary care, first-time applicant, or most improved FMIG.

Recipients of the award are acknowledged during the opening session at the AAFP National Conference of Family Medicine Residents and Medical Students, which will be held July 31 in Kansas City, Missouri. This year, Army 2nd Lt. Tiffany Chang, a first-year medical student, and Navy Ens. Megan Ohmer, a second-year medical student, will receive the award for USU's FMIG.

"The USU FMIG is the largest and most successful student-run organization on campus. Committed to professional development, scholarship and community service, the USU FMIG continues a proud legacy of excellence that reflects well on the Department of Family Medicine and the University," said Navy Capt. (Dr.) Mark Stephens, chair of the F. Edward Hébert School of Medicine Department of Family Medicine at USU. In 2008, Stephens, along with student leader 2nd Lt. Brooke Sciuto, helped USU's FMIG earn the prestigious award. Last year, Bunt, along with Air Force 2nd Lt. Brooke Pati, the FMIG student leader, were the driving forces behind receipt of the award.

Buckenmaier to Receive NIH Director's Award

By Alexis Christman, Communications Intern



Retired Army Col. (Dr.) Chester "Trip" Buckenmaier will receive the prestigious National Institutes of Health (NIH) 2015 Director's Award for his contributions to pain management. (Courtesy Photo)

Retired Army Col. (Dr.) Chester "Trip" Buckenmaier will receive the prestigious National Institutes of Health (NIH) 2015 Director's Award for his contributions to pain management.

Buckenmaier, director of USU's Defense and Veterans Center for Integrative Pain Management and a member of the National Pain Strategy Group, will receive the award from NIH Director Francis S. Collins, M.D., Ph.D., at the annual Director's Award Ceremony, Sept. 24, at the Natcher Conference Center, NIH.

The NIH Director's Award recognizes individuals who exhibit outstanding contributions, beyond regular attendance, to a special committee or task force dealing with NIH-wide policies, procedures or operations; an unusual display of leadership promoting the advancement of the understanding or application of scientific phenomena, processes or problems; extraordinary achievement in the application of scientific

principles and methods to improve the efficiency or extend the benefits of the NIH; discovery or invention of a new principle, process or device of a scientific nature resulting in substantial benefit; remarkable competence, compassion, or heroism in an emergency situation at NIH; sustained and exceptional performance beyond regular duty requirements in carrying out a difficult task; or superior skill and leadership in science.

"Dr. Buckenmaier has been instrumental in addressing the nation's serious problems of pain -- especially chronic pain -- and its associated complications from conventional approaches, especially chronic opioid use. The Tri-Service and VA partnerships he has helped build are making a difference," said Army Lt. Gen. (Dr.) Eric B. Schoomaker, vice chair for Centers and Programs in the Department of Military and Emergency Medicine at USU.



USU President Dr. Charles L. Rice congratulates Air Force Sgt. Joseph Merfeld on his promotion to Technical Sergeant. Merfeld is one of 10 enlisted service members in USU's charter EMDP2 program class. (Photo by Sharon Holland)



USU's EMDP2 inaugural class is comprised of 5 Army enlisted and 5 Air Force enlisted service members. Last month, the Marines announced they will also send students to the program. (Cupcakes by Dr. Donna Fox; Photo by Sharon Holland)

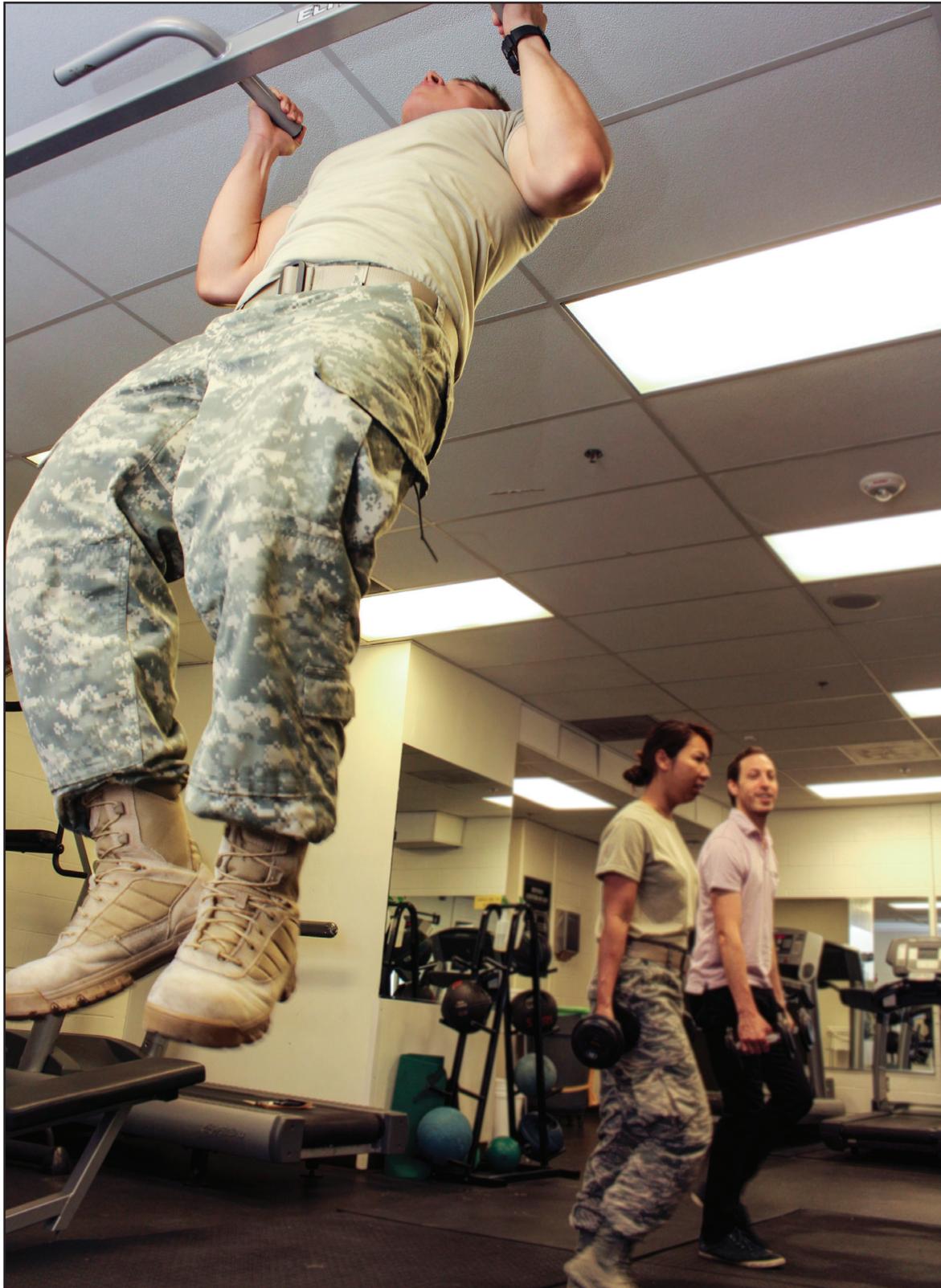


U.S. Army Medical Command Sgt. Major Gerald C. Ecker, Senior Enlisted Advisor to the Army Surgeon General, congratulates Enlisted to Medical Degree Preparatory Program student Sgt. 1st Class Joshua Richter on completion of a successful academic year at George Mason University. Richter is in the charter class of students in USU's EMDP2 program. (Photo by Sharon Holland)



USU President Dr. Charles Rice addresses the members of the EMDP2 class at a ceremony held at George Mason University June 29. The EMDP2 is a 24-month preparatory program for qualified enlisted members interested in careers as military physicians. (Photo by Sharon Holland)

Final Frame



Army Private Dennis Aguilar, a veterinary technician in the research department of Laboratory Animal Medicine at the Uniformed Services University (left), performs pull-ups during his exercise routine at the USU gym, July 10, 2015. His goal is to one day join an Army Special Forces Unit. (Photo by Mass Communication Specialist 3rd Class Laura Bailey)