

## GLOBAL HEALTH

Nephrologist assists in Haiti, teaching virtually, providing on-call support  
page 4

## INTERDISCIPLINARY EDUCATION

Palliative care fellowship trains physicians, advanced practice providers side by side  
page 6

## RESEARCH ACTIVITIES

Researchers seek translational answers to benefit patients with rheumatic diseases  
page 8

## FACULTY SCHOLARSHIP

Celebrating 2021 faculty promotions  
page 12

## NEWSLETTER ARCHIVE

[d-h.org/medicine](http://d-h.org/medicine)

# POST-COVID CLINIC

## DARTMOUTH-HITCHCOCK OPENS CLINIC TO TREAT “LONG-HAUL COVID”



MARK WASHBURN

Jeffrey Parsonnet, MD, and Christina Martin, APRN, treat a long-haul COVID patient.

**The only post-acute COVID syndrome** (PACS) clinic in Northern New England opened in April under the supervision of Jeffrey Parsonnet, MD, a physician in the Section of Infectious Disease and International Health at Dartmouth-Hitchcock (D-H) and a professor of medicine at Geisel.

At first, Parsonnet wasn't sure how much interest there would be in the clinic.

"We put an announcement on the D-H website in April, and it was like a dam

broke," he says. "There was a flood of patients—25 or more referrals a week."

So far, more than 350 people have been referred to the PACS clinic, which serves patients who have survived a COVID-19 infection but are experiencing persistent symptoms at least 12 weeks later. Parsonnet estimates about 10% to 30% of COVID survivors experience debilitating long-term symptoms. That translates to more than 10,000 people in New Hampshire alone.

**Continued on page 2**

## MESSAGE FROM OUR CHAIR

I am delighted to share this newsletter highlighting areas of research, teaching, patient care, and culture in the Department of Medicine. I hope you enjoyed our March 2021 issue, which is archived at [d-h.org/medicine](https://d-h.org/medicine). Each newsletter shares the clinical and scholarly activities of our faculty and trainees and features various endeavors, which, viewed in aggregate, will show you the exciting journey of our department.

In this issue, with a timely emphasis, we learn from Jeffrey Parsonnet, MD, about the new post-acute COVID syndrome clinic, unique in Northern New England. The important recent work within the department around diversity, equity, inclusion, and belonging (DEI) is described and the appointment of Erick Lansigan, MD, as our inaugural principal of DEI is announced.

In the area of global health, we view the work of Brian Remillard, MD, who recently stepped down as the section chief in the Section of Nephrology in order to focus additional time dedicated to the delivery of healthcare in Haiti. To

spotlight an area of interdisciplinary education of learners, the Hospice and Palliative Care Interprofessional Fellowship is presented. This new educational opportunity is directed by Maxwell Vergo, MD, who also serves as the medical director of Dartmouth-Hitchcock interprofessional continuing education and associate dean for continuing medical education at the Geisel School of Medicine.

This issue's focus on research takes us to the rheumatology/immunology laboratories and teamwork between colleagues William Rigby, MD, HS'81-86 and Sladjana Skopelja-Gardner, PhD, Guarini'17 with translational importance for patient



MARK WASHBURN

**Richard Rothstein, MD**  
Chair, Department of Medicine

care and broad application. We again present some statistics and information on academic achievements of the faculty and trainees, including promotions and research grants.

We are excited to share our stories with you, and we would enjoy hearing yours as well. If you are interested in sharing your stories, or learning more about opportunities to engage with and support our department, please write us at [D-H.Alumni.Relations@hitchcock.org](mailto:D-H.Alumni.Relations@hitchcock.org).

Continued from page 1

## COVID CLINIC

"The majority of patients we're seeing had mild illness and were not hospitalized," Parsonnet says. "They recovered from the acute illness, but then they developed post-COVID symptoms that have persisted for months."

As for pulmonary function, some people report having shortness of breath, but diagnostics usually show no problems. Instead, Parsonnet says, it may be a neurological problem—something in the brain telling them falsely they aren't getting enough air.

Across the U.S., more men than women are hospitalized and die of COVID-19, but about three-quarters of referrals to PACS clinics nationwide are women. This implies, Parsonnet says, that PACS is an immune disease, as women are more likely than men to have other autoimmune diseases, such as lupus and rheumatoid arthritis.

"No one knows why some people have long-term symptoms, and it's hard to predict who will have them," he says.

Rather than respiratory problems, the symptom that troubles patients the most is fatigue, sometimes so severe that some people have been unable

to work. Other common symptoms are depression, anxiety, difficulty with memory, and insomnia. Some patients have been diagnosed with postural orthostatic tachycardia syndrome (POTS), a condition in which someone experiences lightheadedness and rapid heartbeat after standing up from sitting or lying down.

Over time, doctors think most patients with PACS can fully recover. "Most patients we're seeing now got sick between November and March of this year, but we have seen some who got COVID-19 as long as 16 months ago," Parsonnet says. "Fortunately, there is no evidence that people have suffered long-term neurologic damage, so that is a basis for optimism."

# HONORING DIVERSITY

## DEPARTMENT OF MEDICINE'S NEW LEADERSHIP ROLE FOSTERS EQUITY, INCLUSION, AND CULTURAL COMPETENCE



ROB STRONG

Members of Dartmouth-Hitchcock and Geisel School of Medicine gathered in early August to host a barbecue and welcome new students while celebrating the diversity within our community.

Even before George Floyd's murder in May 2020, the Department of Medicine recognized the need to evaluate its diversity climate, so it created a new position for a principal of diversity, equity, and inclusion (DEI).

After Floyd's death and the riots that followed, the urgency increased and the department moved swiftly, appointing Erick Lansigan, MD, to the position in June 2020 to help foster a more inclusive atmosphere. The Department of Medicine was the first department at Dartmouth-Hitchcock (D-H) to support a paid position to conduct this important work. Since then, Lansigan also became the interim associate dean for diversity, equity, and inclusion (ADDEI) at Geisel School of Medicine, a job he uses to bridge efforts in DEI.

"Building community and cultural competence is critically needed," said Lansigan, the D-H medical director of inpatient cancer services and the director of clinical trials in hematology. "If we create a community of belonging, we're more likely to retain staff in health care. And as we start to learn about each other, we become more empathic in how we treat patients of lower economic status, different backgrounds, or different races."

Among his many endeavors, Lansigan is working on two main projects for the Department of Medicine, supported by three Scholarship Enhancement in Academic Medicine (SEAM) awards. (To learn more about the SEAM awards, see page 10.)

The first project aims to understand the experiences of underrepresented internal medicine residents and trainees. In October, Lansigan's team began interviewing participants coming from a variety of backgrounds to learn common themes related to their experiences in the workplace. Also within this project, a dozen Dartmouth-Hitchcock Medical Center physicians, nurses, and staff members are participating in a series of storytelling workshops and will narrate their testimonials on the topics of race, class, and health for the broader D-H community. Lansigan sees his collaboration with Pati Hernandez, founder of the local nonprofit organization

Continued on page 7

# HEALTH CARE IN HAITI

## NEPHROLOGY CHIEF STEPS BACK TO TAKE ON MORE RESPONSIBILITY FOR MEDICAL RESIDENTS AND PHYSICIANS IN HAITI



PHOTO SUBMITTED BY BRIAN REMILLARD, MD

Brian Remillard, MD (center), joins the team of current internal medicine residents and medical students rotating at Hôpital Universitaire de Mirebalais in Haiti.

**Brian Remillard, MD, recently retired as section chief** of nephrology and hypertension to be “just a nephrologist,” he says. But in reality, he hasn’t slowed down, caring part time for patients at Dartmouth-Hitchcock—and part time for patients in Haiti.

And it’s not only Haitian patients who Remillard aims to serve. He also lectures remotely, in fluent French, to teach doctors in Haiti to better care for their own patients.

Remillard’s dedication to Haitian health care began more than a decade ago when a catastrophic 7.0 magnitude earthquake devastated the country in January 2010. The hospital in Haiti’s capital, Port-au-Prince, was destroyed; critically injured people needed medical care, including some with crush injuries affecting the kidneys. Remillard soon found himself with surgical teams, nurses, and others, as well as a dialysis machine and loads of supplies, flying to Port-au-Prince. There, a large tent and all the equipment were set up near the hospital. No one dared to go inside the building.

The next day, he traveled to the town of Hinche to Hôpital Sainte Thérèse, where he performed the first dialysis outside Port-au-Prince.

“I was working with [critical care nurse] Anne Mrozik to take care of patients who were casualties of the earthquake,” Remillard said. “When we started making rounds on all the wards at the hospital, we saw some young people walking around. I discovered they were doctors doing their one year of social service following medical school. They were helping patients, but their attending didn’t come every day. So, I became their medicine attending, every day.

“It was no different from working with Dartmouth residents,” he said, “except the profound lack of resources.”

Since that first trip, Remillard has visited Haiti several times, most recently in September after a tropical depression and another earthquake ravaged the region. He has also brought medical residents from Haiti to visit

Dartmouth-Hitchcock to learn new skills, working with doctors, nurses, and technical staff.

Since retiring from his section chief job, Remillard has more time to spend as the chief of nephrology at Hôpital Universitaire de Mirebalais in Haiti, continuing weekly lectures and visiting several times a year. He taught Haitian doctors how to care for complex renal patients, including dialysis, and his ultimate aim is to teach them to perform kidney transplantations.

“Transplantation is a lofty goal, but it’s the best option for treatment of advanced renal failure,” says Remillard, who is on-call 24/7 for doctors in Haiti. “It’s very expensive in the U.S., but my Haitian colleagues and I believe it can be done much less expensively in Haiti. Much like treatment of HIV and TB in poor countries, we need to challenge the underlying assumptions of cost. That opens it up to poor people.”

Remillard says he would love to bring Dartmouth-Hitchcock residents to Haiti, but it’s simply not safe. Remillard stresses, however, that this doesn’t mean the effort to improve Haitian health care is hopeless. He plans to continue to bring Haitian residents, nurses, biomedical personnel, and others to Dartmouth-Hitchcock to share knowledge and also to support them as friends and colleagues.

“We shouldn’t aspire to do anything less for people in Haiti than we do for any other patient we care for.”



PHOTO SUBMITTED BY BRIAN REMILLARD, MD

Standing with Remillard (right) are Verly Vernet, MD (left), a staff doctor who functions as the coordinator for renal medicine at Hôpital Universitaire de Mirebalais (HUM) in Haiti and Dana Gaudard, MD (center), who trained in Grenoble, France, the director of nephrology at HUM. Mariline Menager, MD (not pictured), is the associate director of nephrology and has trained in transplantation in Lyon, France.

“We shouldn’t aspire to do anything less for people in Haiti than we do for any other patient we care for.”

Brian Remillard, MD

## INTERNATIONAL PROJECTS IN THE DEPARTMENT OF MEDICINE

While the work in Haiti has continued, the COVID-19 pandemic has hindered many of the Department of Medicine’s international projects due to travel restrictions. Starting in spring 2022, we hope to resume our exchanges with our medical school partner institutions in Prishtina, Kosovo; Chongqing, China; Dar es Salaam, Tanzania; and Kigali, Rwanda.

Find out more about these projects on the Center for Health Equity website at [www.geiselmed.dartmouth.edu/che](http://www.geiselmed.dartmouth.edu/che).

### Rwanda Highlights

One of the postponed projects is an exchange program with the University of Rwanda. Facilitated by several professors in the Department of Medicine, Dartmouth-Hitchcock Medical Center welcomed Rwandan medicine residents for six- to eight-week rotations, and we have also sent some of our residents and medical students to Rwanda.

Additionally, in partnership with the nonprofit organization GI Rising, the Section of Gastroenterology and Hepatology is creating the first gastroenterology and hepatology fellowship program in Rwanda this year. Steven Bensen, MD, MED’90, HS’90-96 was a leader in founding the Rwanda Society for Endoscopy (RSE), which expands patient care and training for providers. We anticipate resuming our engagement in Rwanda in March 2022.

# SHARING WISDOM

## HOSPICE AND PALLIATIVE MEDICINE FELLOWSHIP ALLOWS PHYSICIANS AND ADVANCED PRACTICE PROVIDERS TO TRAIN TOGETHER—AND ONE ANOTHER



MARK WASHBURN

Meet our Hospice and Palliative Medicine Fellows (left to right): Laura Ostapenko, MD, HS'21-22, MPP; Sylvia Christie, ACNP-BC, ACHPN, HS'21-22; Hannah Ruede, AGNPC, HS'21-22; Michael Barkowski, DO, HS'21-22, MA; and Emily Tsanotelis, MD, HS'21-22.

**A well-known fact in health care** is that physicians, nurses, and physician assistants all bring unique perspectives to patient care. To harness those perspectives, the Dartmouth-Hitchcock Section of Palliative Medicine created a fellowship that puts these health care providers in the same room to learn from each other.

The Hospice and Palliative Medicine Interprofessional Fellowship was established in July 2019 and welcomed its third cohort of three physicians and two nurse practitioners this academic year.

In the program, providers learn to manage complex symptoms, lead advanced goals of care discussions, provide team-based interdisciplinary care, and teach others palliative care skills.

"The unique part of this fellowship is that it's interprofessional education," says Maxwell Vergo, MD, who leads interprofessional education at Dartmouth-Hitchcock and Geisel School of Medicine. "They're not just learning in parallel. Instead, these providers—physicians, nurse practitioners, and physician

assistants—are all in the same classroom, learning the same material, bringing their own life experiences, and training each other. They are able to share wisdom because they're in the same room, which enhances their learning experience."

Hospice and palliative medicine fellowship positions have been available for physicians since 2008, growing from one position annually to three over the first nine years, and now, thanks to the addition of advanced practice providers (APPs), two nurse practitioners and physician assistants are part of this training. To emphasize the interprofessional nature of the fellowship, the program is co-led with Lisa Stephens, APRN, MSN, acting as an associate program director.

Similar to physician education, APPs have both classwork and clinical rotations. But while physicians have residencies, advanced practice providers go directly into the workforce without further training under the mentorship of an experienced practitioner. The fellowship aims to provide that advanced training and fill that educational gap.

In the program, faculty recognize the differences and celebrate the strengths of nurses, physician assistants, and physicians alike. They are treated as equals in the classroom, despite whatever attitudes they may encounter in real-life settings. The goal is to have each leave the fellowship with the same level of competency, regardless of the profession they represent.

"In this fellowship, they are treated the same, and they enrich each other's education," Vergo said. "A physician may not know what it's like to be at the bedside when someone dies, and nurses may not know the nuances of intensive care. But it's not about deficiency; it's about how we fill each other's gaps based on our training and experience. They learn to respect the others' professions in ways they might not otherwise."

Vergo explains that his advanced practice colleagues have helped him grow in his profession, and he's helped them grow, too.

"As a palliative medicine physician, I have worked with nurse practitioners who are as skilled as or more skilled than I am, and together we're smarter than we are individually," Vergo said. "It's a field designed to have interprofessional involvement and growth."

So far, one-third of graduating practitioners from the fellowship have stayed at Dartmouth-Hitchcock, and two-thirds—including 100% of our APP graduates—have stayed in Northern New England to serve patients with serious illness.

Vergo hopes these fellowship graduates—and all health care practitioners—will embrace interprofessional education in clinical settings. He aims to add other professions such as chaplaincy, pharmacy, and social work into the interprofessional fellowship training model.

"This program is an example of what is possible—training alongside other providers serving the same patient population," Vergo said. "Together, we hone our skills so we can provide better patient care."

Continued from page 3

## HONORING DIVERSITY

Telling My Story, as a way to connect D-H with extremely relevant community organizations.

"We hope to learn more about the people in our community and their experiences working here," Lansigan said, "and what we can do to improve feelings of inclusiveness. I hope to build true inclusivity in our institution, not just in race and ethnicity, but in religion, political views, gender, and sexual orientation as well."



ROB STRONG

Erick Lansigan, MD, principal of DEI, addresses guests at a barbecue celebrating diversity.

Lansigan's latest SEAM grant supports a yearlong pilot project, the JEDI Leadership Program, which stands for justice, equity, diversity, and inclusion. Five JEDI trainees meet monthly to discuss topics surrounding DEI, such as responding to micro-aggressions and bias coming from patients and staff. In addition to learning how to bring about social change and social justice in health care, trainees develop leadership skills. Lansigan hopes this program will foster resilience among trainees, a skill they can carry forward throughout their careers.

"One particular trainee, Anais Ovalle, MD, HS'19-22, is doing this work alongside me, and without her, we would not have been able to accomplish as much as we have," Lansigan says of Ovalle, an infectious disease fellow and leadership preventive medicine resident (LPMR) at The Dartmouth Institute for Health Policy and Clinical Practice. "She has a passion for medical education in DEI work, including addressing health disparities and structural inequities."

Lansigan has high hopes for the future of inclusivity at the institution.

"I am confident we can build a diverse, equitable, and inclusive environment in the Department of Medicine and become a catalyst for change for Dartmouth, Dartmouth-Hitchcock, our communities, the nation, and ultimately the world."

# RESEARCH HIGHLIGHTS

## RESEARCHERS STUDY ASPECTS OF RHEUMATIC DISEASES

**William Rigby, MD, HS'81-86, and his former graduate student** Sladjana Skopelja-Gardner, PhD, Guarini'17, have become colleagues in the Department of Medicine, each studying aspects of rheumatic diseases in their own labs.

Rigby, the section chief of rheumatology and a professor of medicine and of microbiology and immunology in the Geisel School of Medicine, has had a long-term interest in the pathogenesis of autoimmunity, which has informed his clinical trials in rheumatoid arthritis. After years of study, his focus took a sharp turn to cystic fibrosis (CF), a respiratory disease characterized by chronic infection. This interest arose through the initial work of Skopelja-Gardner as a graduate student and resumed following completion of her postdoctoral fellowship and return to Dartmouth. Together, they have co-authored three papers this year on the role of bactericidal permeability-increasing (BPI) protein, a potent antimicrobial protein, in the innate immune system. Skopelja-Gardner continues her independent work in the Section of Rheumatology and teaches at Geisel, where she is an assistant professor.

Among the many projects in Rigby's lab, his team is working to characterize the development of autoimmunity to BPI in CF patients, which is triggered by *Pseudomonas aeruginosa* infection. CF is an inherited disorder but has characteristics of an autoimmune disease, and BPI itself has been associated with lung inflammation and injury. Chronic airway infection with *Pseudomonas aeruginosa* triggers the production of autoantibodies that block BPI activity. Thus, *Pseudomonas aeruginosa* evades and/or subverts the host immune response, allowing its persistence. Curiously, one antibody to a particular site in BPI results in enhanced killing of *Pseudomonas aeruginosa*. Therefore, autoimmunity to BPI has the ability to both block and enhance BPI function depending on which part of the molecule is targeted. Rigby is currently trying to model this differential effect of specific anti-BPI antibodies with the goal of improving innate immunity in patients infected by *Pseudomonas aeruginosa*. These latter studies arose from the work of another

"I am here today thanks to the mentorship of Dr. Rigby, who has taught me to ask clinically relevant questions, to design experiments with scientific rigor, and to collaborate with scientists across disciplines."

**Sladjana Skopelja-Gardner, PhD, Guarini'17**

outstanding graduate student, Lynn Theprungsirikul, PhD, in collaboration with Skopelja-Gardner.

"We were a terrific team," says Rigby, who gives great credit to Skopelja-Gardner's return after a postdoctoral fellowship at the University of Washington.

Skopelja-Gardner graduated from Dartmouth with a degree in immunology and joined the faculty in October 2020. Since then, she has received research grants from the Department of Defense, the National Institutes of Health, the Hitchcock Foundation, and Geisel to investigate the mechanisms of autoimmunity and organ damage in lupus and dermatomyositis. These diseases usually affect the skin, and most patients have sensitivity to ultraviolet (UV) light, exposure to which can worsen the skin disease and cause systemic flares. Due to unknown mechanisms, therapeutic targets are limited, and there is a critical need to understand pathogenesis in these diseases. Skopelja-Gardner's lab is working to do that through two main projects.



MARK WASHBURN

William Rigby, MD, HS'81-86 and Sladjana Skopelja-Gardner, PhD, Guarini'17 collaborate to study aspects of rheumatic diseases.

The first seeks to understand the exaggerated type 1 interferon response in people with dermatomyositis and lupus and what mechanisms fail to regulate this response. Sunlight exacerbates type I interferon, causing inflammatory skin sensitivity. In collaboration with Randolph Noelle, PhD, at the Norris Cotton Cancer Center, Skopelja-Gardner proposes targeting the immune-checkpoint regulator VISTA to downregulate this inflammatory signature in skin cells called keratinocytes, which represent the majority of the cells in the epidermis and are a direct target of UV rays. Her lab uses mouse models as well as keratinocytes isolated from patient skin, procured by Dorothea Barton, MD, MED'07, HS'07-11, in the dermatology department at Dartmouth-Hitchcock Medical Center (DHMC). They are currently developing autologous skin 3-D tissue models in collaboration with Michael Whitfield, PhD, and Patricia Pioli, PhD'01, at Geisel to study these mechanisms without exposing patients to UV light. Their goal is to identify targetable pathways that can be exploited to prevent photosensitive reactions in lupus and dermatomyositis.

The other project addresses the link between sunlight-induced skin inflammation and kidney disease in people with lupus. Recently, Skopelja-Gardner and her collaborators showed that skin exposure to UV light results in kidney inflammation and injury. This process was mediated by neutrophils, the most abundant leukocytes in human blood

and cells activated in lupus patients. These findings were published in the *Proceedings of the National Academy of Sciences* (PNAS). Under Skopelja-Gardner's mentorship, Lais Osmani, MD, HS'14-21, an internal medicine resident at DHMC, has extended these studies to demonstrate increased neutrophil levels in lupus patients with concurrent skin and kidney disease. High neutrophil levels were predictive of worse kidney function and linked to increased renal presence of IgA, as they presented at this year's 21st Century Lupus Conference. Future studies in Skopelja-Gardner's lab will investigate this curious immunologic relationship between skin and kidney disease in lupus.

"I am grateful for the opportunity to pursue these questions and build a research team at DHMC. I am here today thanks to the mentorship of Dr. Rigby, who has taught me to ask clinically relevant questions, to design experiments with scientific rigor, and to collaborate with scientists across disciplines," says Skopelja-Gardner.

"The success of Dr. Skopelja-Gardner as a scientist, teacher, mentor, and role model has given me the greatest pleasure," Rigby says. "DHMC's Department of Medicine was so lucky to recognize this talent and recruit her. I am so happy for her and look forward to further achievements with great interest."

### Rigby and Skopelja-Gardner's co-authored papers from 2021

Theprungsirikul, J., Skopelja-Gardner, S., & Rigby, W. (2021). Killing three birds with one BPI: Bactericidal, opsonic, and anti-inflammatory functions. *Journal of Translational Autoimmunity*, 4, 100105. <https://doi.org/10.1016/j.jtauto.2021.100105>

Theprungsirikul, J., Skopelja-Gardner, S., Wierzbicki, R. M., Sessions, K. J., & Rigby, W. (2021). Differential Enhancement of Neutrophil Phagocytosis by Anti-Bactericidal/Permeability-Increasing Protein Antibodies. *Journal of Immunology* (Baltimore, Md.: 1950), 207(3), 777-783. <https://doi.org/10.4049/jimmunol.2100378>

Theprungsirikul, J., Skopelja-Gardner, S., Burns, A. S., Wierzbicki, R. M., & Rigby, W. (2021). Bactericidal/Permeability-Increasing Protein Preeminently Mediates Clearance of *Pseudomonas aeruginosa* In Vivo via CD18-Dependent Phagocytosis. *Frontiers in Immunology*, 12, 659523. <https://doi.org/10.3389/fimmu.2021.659523>

# THE DEPARTMENT OF MEDICINE

## SCHOLARSHIP ENHANCEMENT IN ACADEMIC MEDICINE (SEAM) AWARDS PROGRAM

The SEAM Awards Program supports academic “dreams.” Successful proposals may include innovations in teaching, discovery/research, publication/presentation, practice improvement, and/or digital scholarly communications, with the ultimate goal of enhanced quality of patient care. The SEAM Awards funding exceeds \$1 million since 2018.

### Academic Year 2020-21 SEAM Awards List—Round 2: Spring 2021 Awards

Improving Patient Engagement in Depression Care through Remote Support

Project Leader:

**Jay C. Buckey, MD, HS’95-96**

Professor, Hyperbaric Medicine Biomedical Research

Project Co-Leaders:

**Catherine DuBeau, MD**

Professor, General Internal Medicine, Professor of Obstetrics and Gynecology, Female Pelvic Medicine and Reconstructive Surgery

**Victoria Lacasse, APRN**

Advanced Practice Nurse in Primary Care

Incorporating Patient Mortality and Supplemental Cancer Outcome Data into the New Hampshire Colonoscopy Registry to Increase the Impact of Its Ongoing Colorectal Cancer Prevention Research and Collaboration with CISNET Microsimulation Modelers

Project Leader:

**Lynn Butterly, MD**

Professor, Gastroenterology and Hepatology

Project Co-Leader:

**Joseph Anderson, MD, MHCDS’14**

Associate Professor, Gastroenterology, Veteran Administration Medical Center

Epigenetic Regulation of Macrophage Metabolism in Cystic Fibrosis

Project Leader:

**Alix Ashare, MD, PhD**

Associate Professor, Pulmonary and Critical Care, Co-Director Geisel Translational Research Core, Cystic Fibrosis Training Grant

The Role of Exercise in Mitigating Oxaliplatin-induced Peripheral Neuropathy

Project Leader:

**Natasha Dhawan, MD, HS’20-23**

Fellow, Hematology and Oncology

Post-fracture and Osteoporosis Care Improvement and Education Initiative at Dartmouth-Hitchcock Medical Center (DHMC)

Project Leader:

**Ugis Gruntmanis, MD**

Professor, Endocrinology

Research Operations and Scholarship Assistant (ROSA): Can an AI Chatbot Efficiently Provide Research Information to Residents in an Academic Medical Center?

Project Leader:

**Ashleigh Jaggars, MPH’20**

DoM Research Coordinator

Development and Pilot of a Self-Sustaining Justice, Equity, Diversity, and Inclusion (JEDI) Curriculum at Dartmouth-Hitchcock Medical Center (DHMC)

Project Leader:

**Frederick (Erick) Lansigan, MD**

Associate Professor, Hematology/Oncology, DoM Principal for Diversity, Equity, and Inclusion; Medical Director of Inpatient Cancer Services and Director of Clinical Trials in Hematology, Norris Cotton Cancer Center

Project Co-Leader:

**Anais Ovalle, MD, HS’19-22**

Fellow, Infectious Disease and International Health, Leadership Preventive Medicine Resident, The Dartmouth Institute for Health Policy and Clinical Practice

Treatment Planning and Delivery Optimization of Electron Ultra-high Dose Rate Radiation Therapy (eFLASH-RT)

Project Leader:

**Rongxiao Zhang, PhD**

Assistant Professor, Radiation Oncology

Project Co-Leader:

**Petr Bruza, PhD**

Faculty, Thayer School of Engineering, Dartmouth College

Penicillin Allergy Stewardship; Clarifying Low/Moderate Beta Lactam Hypersensitivity in the General Internal Medicine Clinic to Improve Antibiotic Selection and Clinical Outcomes

Project Leader:

**Lisa Pastel, MD, HS’03-08, MPH’08**

Assistant Professor, General Internal Medicine

The Impact of the Affordable Care Act Medicaid Expansion in Patients with Peripheral Artery Disease

Project Leader:

**Stanislav Henkin, MD, MPH, RPVI, FACC, FSVM**

Assistant Professor, Heart and Vascular Center

Project Co-Leader:

**Jesse Columbo, MD, HS’13-16, Guarini’18**

Assistant Professor of Surgery, Section of Vascular Surgery, Department of Surgery, Assistant Professor of Health Policy and Clinical Practice, The Dartmouth Institute for Health Policy and Clinical Practice

Former Project Leader and Current Consultant:

**Nikolaos Zacharias, MD, RPVI, FSVS, FACS**

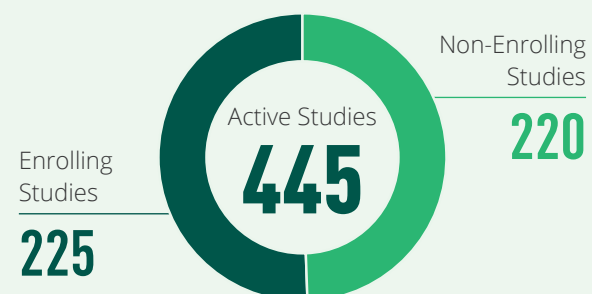
MPH Candidate (Class of 2022), The Dartmouth Institute for Health Policy and Clinical Practice

### RESEARCH IN THE DEPARTMENT OF MEDICINE

The Department of Medicine continues to have a strong commitment to academic success through research scholarship under the leadership of Chair Richard Rothstein, MD; Vice Chair of Research Richard Enelow, MD; and Director of Research Operations Jessica Chevalier, BS, CCRP.

In future newsletter editions, we will continue to highlight areas of active research by our faculty and learners. At right we present our current research portfolio, which includes all academic Department of Medicine faculty activities.

#### RESEARCH STUDIES

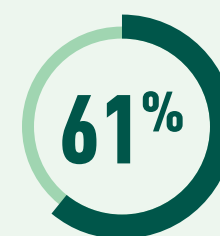


Clinical trials statistics are from Jan. 1, 2021 through June 30, 2021

#### TOTAL ENROLLED PARTICIPANTS

982

1 person icon = 50 participants



271

active trials are treatment trials



174

participants enrolled in active studies are on treatment trials

112

ACTIVE GRANTS



#### ANNUALIZED REVENUE

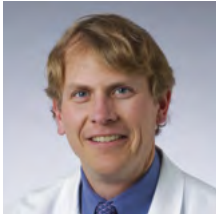
\$6.8M

Grant statistics are from July 1, 2020 through June 30, 2021

## FACULTY PROMOTIONS

Our faculty members are the foundation of the Department of Medicine. Their dedication and commitment to our mission and their work is exemplary. Being recognized for academic achievement is an honor bestowed upon our clinician-scholars by their faculty peers.

We are excited to announce the following faculty promotions that occurred in calendar year 2021 at time of publication. **Congratulations to them all!**



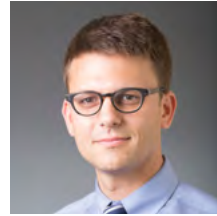
**Steven Bensen, MD,  
MED'90, HS'90-96**

Professor, Gastroenterology  
and Hepatology



**Charles Brackett, MD**

Associate Professor,  
General Internal Medicine



**Gabriel Brooks, MD, MPH**

Associate Professor,  
Medical Oncology



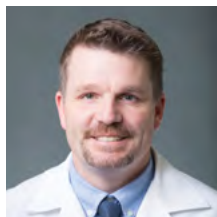
**Emily Cohen, MD,  
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Professor, Gastroenterology  
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**Edward Merrens, MD,  
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Contact Megan Dodge in the Office of Development and Alumni Relations at [megan.dodge@hitchcock.org](mailto:megan.dodge@hitchcock.org) to learn more about opportunities to engage with and support our departmental activities.

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