



**NORTHBOUND:** Two medical students from Haiti migrated north for the summer, to Dartmouth—where they took classes and shadowed DH physicians in the ob-gyn and emergency departments—as part of an ongoing exchange between Dartmouth and the Caribbean island nation.

## Immunology grant has a “multiplier effect”

Over the past decade, a group of DMS researchers has produced a wealth of knowledge about how the immune system works—and how it might be bolstered when it needs help fighting off disease. The collaboration has been supported by a National Institutes of Health (NIH) funding mechanism known as a Center of Biomedical Research Excellence (COBRE). Dartmouth’s immunology COBRE was recently awarded a renewal that will provide about \$6 million over the next five years.

**Focal:** The renewal marks a third phase for the grant. During the first phase, which began in 2001, “the emphasis was on building infrastructure in the state of New Hampshire, with DMS and DHMC as the focal point,” explains William Green, Ph.D., chair of microbiology and immunology and the principal investigator on the grant.

One of the grant’s primary goals is to develop junior faculty. So it supported research by junior investigators who had not yet received independent funding, helping them to develop projects—and produce preliminary data—that have made them better able to compete for grants on their own.

Many such junior faculty have since gone on to receive independent funding, either from the NIH or from other sources, freeing up spots for new junior faculty on the COBRE grant. The grant has thus had a “multi-

plier effect,” Green says. “It was truly successful for us because our first set of project leaders did so well and allowed us to slot in other people.”

**Core:** Also during phase one, DMS began to develop core resources—high-tech, expensive equipment and technologies that have become important not only for those studying the immune system, but also for other researchers at Dartmouth.

Phase two, which began in 2006, enabled DMS to hire additional faculty members in immunology, as well as to provide funding both to junior and to more senior faculty members for full research projects.

DMS was also able to recruit additional senior faculty members who brought with them independent sources of funding, providing a boost to DMS’s existing efforts, Green says.

Over the course of phase three, the support of pilot pro-

jects will be expanded. Investigators will continue to be able to apply for funding to get their research off the ground. Additional funding will be available for collaborative pilot projects that bring together researchers from different departments or allow a basic scientist to team up with a clinician to try to spur findings that lead directly to improved treatments for patients.

During phase three, DMS immunologists will also benefit from continued mentoring, not just for junior faculty members but for more established investigators as well. “We believe mentoring should have a broader meaning,” Green says, adding that everyone can benefit from help writing grants and getting papers published.

For example, faculty are now getting help strengthening grant proposals from internal “mock study sections”—simulations of the expert committees used by the NIH to evaluate grants. “It’s intentionally kind of a no-holds-barred, very frank discussion,” Green explains. “And we find it’s very rewarding.”

**Three:** The immunology group is now one of three COBREs at DMS. Researchers who study the lungs received a COBRE grant in 2003. And this past August, DMS was awarded \$11 million for a bioinformatics and computational biology COBRE.

The immunology COBRE grant has had a tremendous impact on research at DMS, Green says. “The infusion of new blood and new ideas helps sustain the research enterprise.”

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JON GILBERT FOX



**The immunology COBRE supports pilot research and enhanced mentoring.**

## THEN & NOW

A reminder of the pace of change, and of timeless truths, from the Fall 1981 issue of this magazine:

“New Hampshire had one of the highest cancer death rates in the country in 1970. Yet New Hampshire’s cancer incidence was no higher than the national average. [An] extensive analysis . . . pinpointed inadequate cancer-treatment facilities and a need for more oncologists as being possible reasons for [the] high death rate. . . . The first two floors [of Dartmouth’s Norris Cotton Cancer Center] opened in 1972.”



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Norris Cotton locations today (Lebanon, Keene, and Manchester, N.H., and St. Johnsbury, Vt.)

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Number of oncologists at Norris Cotton today