

## The search for a new Medical School dean gets off the ground

An international airport is a fitting location for the first round of interviews in the search for Dartmouth Medical School's next dean. The search, which got underway in early 2010, will be global and swift—with the top three candidates selected by June 2010. Initial interviews are slated for April and are planned to occur over the course of a few days near Boston's Logan International Airport. That choice was made largely for the sake of convenience, but the symbolism, given the increasing interest in international medicine, is also appropriate. Second-round candidates will visit Dartmouth beginning in late May.

**Post:** DMS's current dean, William Green, Ph.D., was appointed in January 2008 with the expectation that he would return to his former position as chair of the Department of Microbiology and Immunology. Green agreed to assume the post when former DMS Dean Stephen Spielberg, M.D., Ph.D., stepped down from the deanship to pursue international health initiatives and advances in therapeutics for children. Dartmouth College's president, Jim Yong Kim, M.D., Ph.D., hopes that the new DMS dean can be in place early in the 2010-11 academic year.

The timeline for the search, though ambitious, is achievable, the search committee members believe. They are meeting frequently and conducting a thor-

## INVESTIGATOR INSIGHT

In this section, we highlight the human side of biomedical investigation, putting a few questions to a researcher at DMS-DHMC.

**Mathieu Lupien, Ph.D.**  
Assistant Professor of Genetics

*Lupien employs an “omics” approach to study how epigenetic (non-genetic) events contribute to breast cancer oncogenesis by altering gene expression profiles. He joined the DMS faculty in 2009.*

### What got you interested in science?

I would have to say my parents. They taught me to never back away from a challenge and to remain positive even when all fails. I think these are essential attributes to become a scientist. Plus they always signed me up for special science school programs.

### How did you get interested in genetics?

Evolution got me into genetics. While fully agreeing with the theory of evolution, I could never be content with the hypothesis of natural selection. I therefore decided to learn more about biology and genetics to formulate my own opinion. Cancer is one clear proof that evolution is a theory and not a hypothesis. However, it is also a model where its evolution surpasses that of its environment, leading to devastating consequences.



### What advice would you offer to someone contemplating going into your field?

Think systems biology and get into bioinformatics!

The next major revolution in biology is already underway. It is being driven by genome-wide sequencing efforts, proteomics, and all the other “omics.” These approaches are identifying genetic variations across the genome of normal and diseased individuals—protein-DNA, protein-RNA, DNA-DNA, and RNA-DNA interactions, just to name a few. A clear chal-

lenge will be to extract knowledge from all these datasets.

### What do you like most about your job?

*Le merveilleux est la source de l'imaginaire:* I grew up under this notion that whatever amazes you will push your imagination to the limit. My job definitely provides all the “merveilleux” needed to feed my imagination.

### What's your favorite nonwork activity?

Currently my kids. I love the fact that they force the routine out of our lives. Every day is truly a new day with them around. They also give me a new appreciation of my parents.

### If you weren't a scientist, what would you be?

I grew up in Canada, where the government takes specific social measures to provide for its people and for future generations. I clearly benefited from these measures through universal access to education, health care, and an affordable cost of living. I would like to give back and contribute to new progressive social measures. If I were not a scientist, I would be a politician.

### What famous person would you most like to meet?

Maurice Richard! Anyone who knows about hockey has heard of “the Rocket Richard.” Unfortunately, I saw little of his prowess on ice. I only wish I could spend a day with him to learn more about his true personality, about what got him to be the national symbol that he became . . . and maybe learn a few hockey moves.

### Where would you most like to travel?

It would have to be New Zealand, specifically in 2011. That is when they will be hosting the rugby World Cup. I cannot imagine anything better than to be in New Zealand for the All Blacks victory in the World Cup final.

### What about you would surprise most people?

I used to be a radio host. I founded and cohosted an international conflict news show while I completed my doctoral studies at McGill. We also featured songs from around the world with a strong focus on artists from conflict nations.



ough search. “[It’s] absolutely an open playing field,” says committee member E. Dale Collins, M.D., a professor of surgery and director of the Center for Informed Choice at the Dartmouth Institute for Health Policy and Clinical Practice.

**Process:** To help with the process of finding DMS’s next leader, the search committee is working with Warren Ross, M.D., of the Korn/Ferry search firm. Ross is a former dean of Drexel School of Medicine and has significant experience in high-level searches within academic medicine, according to Alan I. Green, M.D., chair of the search committee and of the Department of Psychiatry.

In addition to Alan Green, the committee consists of five faculty members; three administrators; and two DMS students—Tina Chang, a student in the Program in Experimental and Molecular Medicine, and Meredith Bartelstein, a second-year medical student.

**Voice:** “Meredith and I will be the voice of all medical students and graduate students who are enrolled under the DMS umbrella,” says Chang. “The entire committee has also made it clear that student opinions are just as important, and that Meredith and I are full voting members of the committee. To have this amount of support for students . . . makes me confident that the search will culminate in the selection of a DMS dean that will best fit the needs of both faculty and students.”

Having students on the committee is “in the tradition of

MEDIA MENTIONS: DMS AND

Among the people and programs coming in for prominent media coverage in recent months were a couple of Dartmouth doctors who appeared on a *60 Minutes* segment about end-of-life care.



“Something like 18 to 20 percent of Americans spend their last days in an ICU,” Dr. **Ira Byock** told correspondent Steve Kroft. “It’s extremely expensive. It’s uncomfortable. . . . This is not the way most people would want to spend their last days of life. And yet this has become almost the medical last rites for people as they die.” Byock is the director of palliative care at DHMC.

Dr. **Elliott Fisher**, a researcher at the Dartmouth Institute for Health Policy and Clinical Practice



(TDI), appeared on the *60 Minutes* segment, too, and was also quoted in *Forbes* regarding U.S. health-care spending. “Fisher and his colleagues at Dartmouth Medical School have shown that medical spending fluctuates wildly from town to town and hospital to hospital, with no measurable improvement in health in the pricey places,” *Forbes* reported. The article also quoted the director of



TDI, Dr. **James Weinstein**: “[In the U.S.], we don’t have any sort of system to measure the effectiveness of what we are doing,’ laments Dartmouth-Hitchcock Medical Center orthopaedic surgeon James Weinstein. He showed in 2006 that patients with herniated spinal discs often get better on their own, without the need for back surgery. ‘For all the money we spend, we are flying blind.’”

Dr. Abraham Verghese, a correspondent for *Atlantic* magazine, wrote about “incidentalomas” after attending “a wonderful talk . . . at Stanford . . . by **Gilbert Welch**, M.D., of Dartmouth Medical School, an expert in the field” of cancer screening. Incidentalomas, Verghese noted, are abnormalities that show up unexpectedly when one undergoes imaging or testing aimed at a different ab-

normality or condition. And in a *New York Times* article, Welch was quoted as saying, “The efforts to detect cancer early can be a two-edged sword. It helps some people, but it harms others.”

National Public Radio’s *All Things Considered* recently explored a blockbuster drug used to treat osteoporosis and its lesser-known relative, osteopenia. To explain how the definitions of both conditions were determined, the show interviewed



“**Anna Tosteson**, . . . a professor of medicine at [Dartmouth] who attended” a meeting at which the definitions were set. “She says that over a two- or three-day period the experts in the room went back and forth . . . trying to decide precisely where on a graph of diminishing bone density to draw a line. ‘Ultimately it was just a matter of, ‘Well . . . it has to be drawn somewhere,’” Tosteson says.”

DMS’s chair of pharmacology and toxicology was mentioned in a *Scientific American* feature about chronic pain. “In animal experiments . . . **Joyce DeLeo**



and her colleagues at Dartmouth Medical School have shown that a chemical called propentofylline suppresses astrocyte activation and thereby chronic pain,” the article noted. An astrocyte, a type of glial cell, is among the “new culprits in chronic pain,” according to the article. DeLeo has been studying the relationship between glia and chronic pain for two decades.

When brain activity was detected recently in a young man in Belgium who had been diagnosed



five years ago as being in a vegetative state, top media outlets sought expert commentary from a noted Dartmouth neurologist. “Dr. **James Bernat** of Dartmouth Medical School, a spokesman for the American Academy of Neurology,” told *Time* that “ever since a research paper four years ago showed apparent signs of awareness in a vegetative patient

## D H M C I N T H E N E W S

... families of patients have been clamoring for brain scans. . . . [But] it's still a research tool," he cautioned. Nevertheless, "I'm convinced," he said in a *New York Times* article, that in some cases "the MRI technique . . . gives us a window into human consciousness that we have not had."

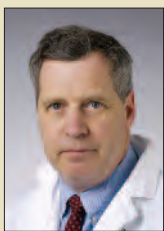
Wisconsin Public Radio's *Here on Earth* devoted an entire show to a DMS-related initiative called Students for the Advancement of Learning and Medical Aid in Tanzania (SALAMA: Tanzania). The host interviewed two Dartmouth graduates who founded SALAMA and "Dr. **Lisa Adams**, who teaches global health . . . and directs Dartmouth's



Global Health Initiative, . . . [which is] designed to unite the multidisciplinary strengths of Dartmouth's various departments and schools to address specific global health priorities." International efforts "can't just be about medical care alone,"

said Adams. "If we're going to really make an impact, we must look beyond medical research."

For a story about a multi-million dollar contract to pay for face transplants for veterans, the *Boston Globe* talked with "Dr. **Joseph Rosen**, a plastic surgeon at Dartmouth-Hitchcock Medical Center. . . . 'We



certainly expect that by providing a new face, that would be a big step toward them leading more useful and productive lives,' said Rosen, who is a consultant to Walter Reed and will help the military monitor its contract. . . . 'It's very important

to address these new problems and come up with viable solutions. It's not enough to just keep soldiers alive.'" Rosen also noted that "there are nine wounded veterans for every fatality in Iraq and Afghanistan, compared with three wounded for every death in prior conflicts."

The positive findings from a Dartmouth study of a vaccine for tuberculosis (TB) caught the attention of the BBC, *U.S. News & World Report*, West Africa Democracy Radio, and a number of other media outlets. The "vaccine could cut tubercu-

losis cases among HIV-positive Africans by almost two-fifths," the BBC reported. "TB is the most common cause



of death among people in developing countries who have HIV/AIDS," reported *U.S. News*, "and the results of the clinical trials are a 'significant milestone,' according to Dr. **Ford von Reyn**, director of the DarDar International Programs for the infectious disease and international health section at Dartmouth Medical School."

A commentary on CBS *Sunday Morning* cited a "Dartmouth Medical School study [showing] that there's a strong association between adolescent smoking and watching smoking in movies." Hollywood drew criticism for its images of junk food, too, thanks to DMS research. "A majority of the



top-grossing films in recent years have featured food and beverage product placements," Reuters noted, "with junk food and fast-food restaurants grabbing most of the starring roles, a new study finds." When it comes to discussions about advertising, "movies have fallen under the radar," said study author **Lisa Sutherland**, "in an article in *BusinessWeek*. "In fact, she said, no one has studied this topic, until now, although there's been plenty of research into the roles of tobacco, alcohol, and violence in movies."

Cognitive behavioral therapy (CBT) may be just as effective as sleeping pills, according to a recent



article in *U.S. News & World Report*. And to find out if online CBT works as well as face-to-face therapy, *U.S. News* turned to "**Michael Sateia**, chief of sleep medicine at Dartmouth-Hitchcock Medical Center. . . . Online treatments 'have tremendous capacity for reaching a very large number of patients,'" he told the reporter. But "more research is needed to evaluate effectiveness."



Dartmouth," says Alan Green. Bartelstein and Chang hosted a forum for their peers to share their ideas about what characteristics the committee should be seeking. The committee hosted forums where faculty and staff could provide input, too, and Alan Green has encouraged people to contact him directly by phone and e-mail to offer their suggestions and to ask questions about the search process.

**Members:** The other members of the search committee are Charles Barlowe, Ph.D., chair of biochemistry; Ethan Dmitrovsky, M.D., a professor of pharmacology and toxicology and of medicine and former acting dean of DMS; Nancy Formella, M.S.N., president of Mary Hitchcock Memorial Hospital; Thomas Parrino, M.D., chief of staff of the Dartmouth-affiliated VA Medical Center in White River Junction, Vt.; Keith Paulsen, Ph.D., a professor of engineering and of radiology; Catherine Pipas, M.D., vice chair of community and family medicine and assistant dean of medical education; and Martin Wybourne, Ph.D., D.Sc., vice provost for research.

"We have a tremendous opportunity to select an outstanding person for this position," says Alan Green. "When I came here seven years ago," he recalls, "I thought of this place as a rocket ready to take off, and I wanted to catch a ride."

That's the kind of enthusiasm the committee is looking for in candidates, in addition to the right blend of credentials, experience, and character.

JENNIFER DURGIN