

The University of Connecticut Health Center

# GENERAL CLINICAL RESEARCH CENTER NEWSLETTER

## DIABETES, DEPRESSION, AND WOMEN'S RISK FOR HEART DISEASE



(Left to Right) Julie Wagner, Ph.D., Principal Investigator;  
Gina Abbott, Ph.D., Psychology Postdoctoral Fellow;  
Jill Wilson, BSN, Clinical Nurse

### Featured P.I.

#### **Julie Wagner, Ph.D.**

Assistant Professor

Departments of Behavioral Science & Community  
Health, and Psychiatry

Three common and costly disorders are coronary heart disease (CHD), type 2 diabetes, and major depressive disorder. Many health professionals are aware of the high societal cost of CHD and diabetes, but are less aware of the impact of major depressive disorder. Major depressive disorder is common, with 17% lifetime prevalence. According to the World Health Organization, the high prevalence and associated impairments of major depressive disorder make it the fourth most disabling illness globally. In addition to the impact of depression in its own right, it also increases risk for medical problems, including incident CHD for which it confers a relative risk of 1.64. Many people also do not realize that these three disorders tend to

co-occur, and that their interrelationships are especially strong among women. As in the nondiabetic population, women with diabetes experience major depression more often than men with diabetes. But, unlike the nondiabetic population, women with diabetes are at greater risk for CHD than their male counterparts. In fact, diabetes is the only disorder in which a woman's risk for CHD is higher than that of a man's. The role that depression may play in this reversed CHD gender difference in diabetes is open to speculation.

Prospective studies of major depressive disorder as a risk factor for poor health outcomes, including CHD, typically measure current depression at study baseline, as opposed to measuring *lifetime history of depression*. A risk factor may leave a trace that continues to confer risk even after the risk factor itself is no longer manifest. For example, the risk for CHD conferred by smoking decreases in magnitude but remains long after tobacco cessation. Major depressive disorder is associated with cellular alterations that remain abnormal even in depression remission, thus creating risk for worse outcomes long after the depressive episode resolves.



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Studies that have actually measured lifetime history of depression suggest that it is in fact associated with health problems that are temporally distant from the depressive episode. Certainly there are effects of current depression which are perhaps even stronger than any effects that might be detected during depression remission (e.g., insulin resistance is worse in the presence of depression and improves with depression treatment). However, objective functional and structural changes in the brain and nervous system, as well as subjective physical symptom changes such as fatigue and pain, are documented after depression has resolved. Furthermore, major depressive disorder is often a chronic, progressive condition with each episode increasing the likelihood of an additional episode that is decreasingly related to environmental adversities, and subsequent inter-episode recovery periods of shorter duration with decreased symptom relief. Since depression is chronic and progressive in some people, it may be important to consider the duration of exposure to depression over the lifespan. A dose-response relationship may exist whereby more time depressed results in worse health outcomes.

Also unclear are the mechanisms by which depression confers risk for CHD. Behavior may play a role. Depressed patients are more likely to exhibit health risk behaviors like smoking, poor nutrition, ETOH and drug use, and a sedentary lifestyle. In persons with diabetes, poor diabetes self-care, such as medication nonadherence and low rates of glucose monitoring may be important behaviors. Physiological mechanisms may also play a role. Hypothesized physiological mechanisms include abnormalities of the hypothalamic-pituitary-adrenal axis as well as the endothelium's regulation of inflammation, coagulation, and vasoconstriction. Interrelated abnormalities including hyperglycemia, hypertension, dyslipidemia, and a prothrombotic state are linked via oxidative stress and inflammation in diabetes. Endothelial dysfunction is central to these processes. There are numerous *biochemical* markers of endothelial

dysfunction and *functional* alteration pertains to a blunting of the vasodilatory response as is measured with brachial artery flow mediated dilation. Presently there are only three controlled studies of major depressive disorder and arterial endothelial functioning. They found that brachial artery flow mediated dilation was markedly attenuated in the depressed groups compared to controls. However, there have been no such studies in diabetes, and no studies investigating the effect of history and duration of major depressive disorder (vs. current depression) on endothelial functioning.

The current pilot project, titled the "Women's Hearts study", is a cross sectional, observational study of the relationships among type 2 diabetes, lifetime history of major depressive disorder, and risk for CHD among post-menopausal women. The independent variables are type 2 diabetes as well as presence and duration of lifetime major depressive disorder. In order to disentangle current and lifetime exposure, we specifically exclude women with current major depression and instead group them by 'positive lifetime history of major depressive disorder' and 'never depressed'. Comparison of these groups with a 'current' depression group would be interesting, and will be considered for future studies. The dependent variables are probability of developing heart disease, and endothelial function as measured both chemically, and functionally by brachial artery flow mediated dilation. We will investigate whether longer duration of depression over the lifespan is positively related to greater heart disease risk, and whether depression confers greater risk in women with diabetes compared to nondiabetic controls. We will also explore the behavioral and physiological mechanisms by which major depressive disorder may confer risk for heart disease in women with and without diabetes. One hundred nonsmoking, naturally postmenopausal women with no known or suspected CHD will participate.

On day 1 of the study, research staff (psychologist Gina Abbott, PhD, and GCRC research nurse, Jill Wilson, RN) meet the participant at the GCRC. After obtaining informed consent, the nurse completes the medical history and brief physical, and the participant completes self-report questionnaires. The psychologist administers the Structured Clinical Interview for DSM-IV, or 'SCID', which is the gold standard measure for psychiatric disorders. One week later, blood samples are collected at the GCRC. The participant then completes the brachial artery flow mediated dilation study in radiology. Participants are served breakfast at the cafeteria and are compensated \$75.

Dr. Wagner's larger program of research investigates psychosocial contributors to vascular complications of diabetes in vulnerable populations. In addition to the Women's Hearts study, she is conducting research on smoking cessation in veterans with diabetes, the role of racism in African American's risk for complications of diabetes, quality of life in youth with diabetes, and a lifestyle intervention for people with type 2 diabetes and asymptomatic myocardial ischemia. Her work is interdisciplinary and co-investigators on the Women's Hearts study include Howard Tennen, PhD, George Mansoor, MD, and Carl Malchoff, MD. The Women's Hearts pilot study is supported by a K-12 award from the UConn Center for Interdisciplinary Research in Women's Health.

The GCRC is a valuable resource to many UCHC clinical investigators. It is particularly valuable to junior investigators, like Dr. Wagner, who need additional support to carry out clinical research while establishing their own laboratories and working groups. The GCRC has provided to the Women's Hearts assistance including space to assess participants, coordination of participant scheduling and payment, database construction, medical record management, IRB interface, and support of core

laboratory and ancillary services. Jill Wilson, BSN, RN, GCRC research nurse, has been an exceptionally valuable part of the research team. GCRC support of this project is greatly appreciated.

### NOTES FROM THE GCRC PROGRAM DIRECTOR



**Herbert L. Bonkovsky, M.D.**  
Professor of Medicine and Biochemistry;  
Program Director,  
General Clinical Research Center and the  
Clinical Trials Unit

#### **Optimizing our Resources for Clinical Research: Guidelines for Cost-Sharing**

The GCRC of The University of Connecticut Health Center provides space and resources to help clinical investigators do cutting-edge research studies safely and effectively. We continue to be committed to helping our investigators and to nurture and mentor young clinical investigators. As we have noted before in these pages, we depend chiefly upon the core support of the National Center for Research Resources (NCRR), on of the National Institutes of Health of the U.S.A. to fund our efforts. After the doubling of the NIH budget and not quite a doubling of NCRR support (about 85% increase) during the past ten years, this growth has come to a halt. In fact, when corrected for inflation, the NIH total budget—and support for our GCRC—has contracted slightly for the current grant year, which runs from April 1, 2004—March 31, 2005.

Despite these times of budget tightening, we continue to have substantial resources from the NIH and from UCHC institutional funds, to support our core mission. In order to make optimal use of our resources and to help as many investigators as possible, our Executive Committee and our GCRC Advisory Committee, chaired by Victor Hesselbrock, Ph.D., Professor of Psychiatry and Director of the UCHC Alcohol Research Center, have been developing **guidelines for cost-sharing** between the GCRC and our investigators. A draft of these guidelines will soon be distributed to all of our active investigators and made available to all faculty for comment and suggestions. Our major goals are to increase our efficiency and productivity and to continue especially to support NIH-funded clinical research and research funded by other external national or regional funding agencies that have peer-reviewed programs for funding clinical research, such as private foundations. Within the limitations of our budgets and awards, we will continue to help all investigators, especially those junior investigators who are judged by our Advisory Committee and by NIH study sections to have the most meritorious ideas and the greatest promise of success.

In order to do as much as possible, we now must ask our investigators (or their personal staffs) who do not bring funding for staff, etc., to assume greater responsibility for some parts of the whole process of clinical research, including responsibility for preparing submissions and annual progress reports to our IRB and our Advisory Committee, responsibility for identifying, screening, and recruiting research subjects, and responsibility for entering data into research data bases. These and other realignments of services and activities by our nursing and clinical staff and the staffs of our other core services will enable us to continue to serve all of our investigators with the highest degree of efficiency, effectiveness, and productivity possible, even during these “lean years” of NIH funding.

We look forward to discussing the draft Guidelines with all our investigators and other stake holders who want to help translational research grow and flourish in our state and region.

### **ASSISTANT DEAN FOR CLINICAL RESEARCH**

Henry Kranzler, M.D., who is a tenured professor in the Department of Psychiatry, assumed the position of Assistant Dean for Clinical Research. This is a newly created position that is intended to integrate clinical research and to coordinate its continued growth here at UCHC. As a consequence of assuming this position, Dr. Kranzler stepped down as the Associate Program Director for Core Services in the GCRC. However, he will continue to play an active role in the GCRC, including an active GCRC clinical investigator.

We would like to thank him for his many years of dedicated service to the GCRC and to congratulate him as he undertakes this new endeavor.

### **NEW BLENDED IRB/GCRC APPLICATION**

An application to the GCRC has historically required an entirely separate application from the IRB application, with many areas of duplication. In October, after many months of collaborative work, the Human Subjects Protection Office announced the launch of a combined IRB/GCRC application. The application will reduce the amount of duplicate effort that had been being required of investigators and study personnel. Along with some new forms and revisions to many old forms, the application is available in the shared Institutional Review Board e-mail folder, and from the HSPO/IRB web site (<http://resadm.uchc.edu/hspo/>) under the section titled, “Information for Investigators.”

For those submitting new applications, once the IRB application has been completed, the GCRC application only requires the completion of Appendices A through D.

## ARRIVALS AND DEPARTURES IN THE GCRC

The GCRC is pleased to announce the addition of **Ms. Lesley Mancini** as the Center's new Administrative Director. Lesley received her MBA from Harvard Business School in General Management. She brings a wealth of knowledge and experience to her new position.

Lesley has replaced **Ms. Priscilla Adler**, who left in May of 2004 to assume the role of Director of the Cancer Center at the University of Tennessee.

We wish both Lesley and Priscilla the best as they undertake these new endeavors.

We are also pleased to announce the newest member of the Clinical Core, **Ms. Gloria Borders**. Gloria will be working directly with Dr. Carl Malchoff on his Glucose Monitor study.

**Ms. Elizabeth Laska** and **Ms. Jill Wilson**, both nurses of the Clinical Core, have assumed new positions at the Health Center. Elizabeth has taken a position in the Poison Control Center. Jill has assumed a position in the Department of Medicine/Hypertension, working with Dr. Cheryl Oncken. We will miss both of them greatly, but wish them much success in their new positions.



## NEW CLINICAL RESEARCH IN THE GCRC

Emergency Department Alcohol Screening Project.

*P.I. – Robert Aseltine, Ph.D.*

The Role of Gastric pH in Calcium Absorption.

*P.I. – Robin Bogner, Ph.D.*

Chemotherapy Induced Thrombophilia.

*P.I. – Robert Bona, M.D.*

A Multi-Center, Longitudinal Study of Drug- and CAM-Induced Liver Injury.

*P.I. – Herbert Bonkovsky, M.D.*

Airway Sensory Nerves and Dyspnea in Human Subjects.

*P.I. – Nausherwan Burki, M.D., Ph.D.*

Haplotype Association Study of the GABRA2 Gene and Alcohol Dependence in Project MATCH Subjects.

*P.I. – Jonathan Covault, M.D., Ph.D.*

Breaking the Cycle of Behavioral Health Problems.

*P.I. – Julian Ford, Ph.D.*

Clinical Behavior of Lithium Disilicate, Single-Unit, CAD/CAM Crowns.

*P.I. – J. Robert Kelly, D.M.D.*

Effects of DHEA and Exercise on Bone, Muscle and Balance

*P.I. – Anne Kenny, M.D.*

Individual Differences and Long-Term Follow-Up of Substance Use Behaviors

*P.I. – Andrea King, Ph.D.*

Study of College Student Daily Life:

Addendum - Interaction of Genetic Variation and Daily Life Experiences

*P.I. – Howard Tennen, Ph.D.*

**UPCOMING  
GCRC SEMINARS**

**Tuesday, December 14, 2004**

**Douglas Peterson, D.M.D., Ph.D.**

Professor and Head  
Department of Oral Diagnosis  
University of Connecticut Health Center  
Farmington, CT

**“Mucosal Injury in Cancer Patients:  
Novel Therapies”**

12:00 noon – 1:00 p.m.

ARB-EG052

**Tuesday, January 11, 2005**

**Pramod Mistry, M.D., Ph.D., FRCP**

Associate Professor of Internal Medicine  
Yale University  
New Haven, CT

**“Patient-Oriented Research in  
Gaucher Disease”**

12:00 noon – 1:00 p.m.

ARB-EG013

**Tuesday, January 18, 2005**

**Tony P. George, M.D.**

Associate Professor  
Department of Psychiatry  
Yale University School of Medicine  
New Haven, CT

**“Nicotinic Receptor Mechanisms in  
Schizophrenia: Implications for the  
Treatment of Schizophrenia and  
Nicotine Addiction”**

12:00 noon – 1:00 p.m.

ARB-EG052

**Tuesday, February 22, 2005**

**Zihai Li, M.D., Ph.D.**

Assistant Professor  
Center for Immunotherapy of Cancer &  
Infectious Diseases

**Lisanne Cirullo, APRN**

Research Subject Advocate  
General Clinical Research Center

**“How to Prepare for and Survive an FDA  
Audit”**

12:00 noon – 1:00 p.m.

Faculty/Staff Dining Room

**Tuesday, March 29, 2005**

**Nancy Frasure-Smith, Ph.D.**

Professor  
Department of Psychiatry  
School of Nursing  
McGill University  
Montreal, Quebec

**“Reflections on Depression as a Coronary  
Heart Disease Risk Factor: Cause or  
Coincidence?”**

12:00 noon – 1:00 p.m.

ARB-EG013

Co-sponsored by The Center for Interdisciplinary  
Research in Women’s Health

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*All GCRC seminars are sponsored by the  
University of Connecticut School of Medicine  
Office of Continuing Medical Education. You  
can receive one hour per session of category 1  
credit for attending this educational session.*

## CORE LABORATORY

By Jonathan Covault

The GCRC Core Lab was inspected by the State of Connecticut Department of Health on October 19, 2004 as part of their bi-annual CLIA license renewal. No deficiencies were noted during this inspection nor at the past inspection in 2002. These positive results are the direct result of hard work and careful documentation by all of the Core Lab Staff. We are particularly thankful for the efforts that our Lab Manager Pam Fall, made in bringing our Lab Protocol books up-to-date in preparation of the CLIA visit while also taking on many of Pricilla Adler's duties for several months this year prior to Leslie Mancini's arrival. If you use GCRC Core Lab services and happen to cross paths with our Laboratory Staff, please join me in thanking them for their valuable work in support of GCRC protocols.

As most investigators are aware, limitations on funding resources have led to reductions in GCRC staffing. This reduction in staffing will include the GCRC Core Lab where we will experience a 25% reduction in total Lab Staff hours. This will likely require greater patience on the part of investigators in regards to the Core Labs ability to respond to requests for short assay turnaround times. When possible, samples will be batched to increase efficiencies. Nonetheless, there will be less time available for Core Lab Staff to participate in new assay development or to carry out highly labor intensive assays. Please speak with Lesley Mancini when developing grant applications for guidelines regarding inclusion in the budget salary and supply expenses related to GCRC Core Lab assays.



## PRINCIPLES OF CLINICAL RESEARCH STUDENTS PUT ON THEIR "CRISP" UNIFORM

By Janet McElhaney

The Clinical Research Interdisciplinary Scholars Program (CRISP) was launched in September of 2004 implementing the plan to upgrade the GCRC Principles of Clinical Research Course to a 3-credit per term course. Nineteen students enrolled with no drop-outs over the semester and participated enthusiastically with almost perfect attendance. Drs. McElhaney and Raisz were Co-Leaders for the course and enjoyed working with these highly committed students from a broad range of disciplines including those in the MPH program. By the end of the course students will have completed Human Subjects Training, been examined on their knowledge of the principles of clinical research, given an oral presentation of the background for their chosen area of research, and prepared a research protocol based on their developed research question. Feedback from the students is eagerly awaited as they complete the required elements for the course.

Part II of Principles will commence in January of 2005 and will provide students with the opportunity to fully develop their research question and protocols completing all of the elements required for a research grant application. Advanced training will be provided in the areas of data entry and biostatistics. Registration for the second term will be limited to 12 students so that the course can be conducted with a more "hands-on" approach in the state-of-the-art computer classroom of the Lyman Maynard Stowe Library.

The long-term plan is to make this course the centerpiece of CRISP either for a Certificate of Added Qualification in Clinical Research, or for

a Masters in Public Health degree with a Clinical Research concentration. Both of these tracks will have a required 9-credit independent research component and will require significant mentorship from our faculty throughout the institution on both the Health Center and the Storrs campus. Our CRISP website is up and running and we will post our progress as we move forward with this exciting initiative.

### RECENT GCRC PUBLICATIONS

- Cherniack M, Brammer AJ, Lundstrom R, Meyer J, Morse TF, Nealy G, Nilsson T, Peterson D, Toppila E, Warren N, Fu RW, Bruneau H. Segmental Nerve Conduction Velocity in Vibration Exposed Shipyard Workers. *Int Arch Occup Environ Health*, 77(3):159-176, 2004.
- Covault J, Lee J, Jensen K, Kranzler H. Nogo 3' -Untranslated Region CAA Insertion: Failure to Replicate Association with Schizophrenia and Demonstration of Marked Population Difference in Frequency of the Insertion. *Brain Res Mol Brain Res*. 120:197-200, 2004.
- Hesselbrock V, Dick D, Hesselbrock M, Foroud T, Schuckit M, et al. Suggestive Linkage for Phenotypes of Suicide Attempts and Suicidality in the COGA Sample. *Alcohol Clin Exp Res*. 28(5):70s-76s, 2004.
- Kirby KN, Petry NM. Heroin and Cocaine Abusers have Higher Discount Rates for Delayed Rewards than Alcoholics or Controls. *Addiction*, 99:461-471, 2004.
- Lalla R, Eisenberg E, Damato K, Shafer D, Goupil M, Spiro J, Peterson D. Cyclooxygenase-2 Expression in Premalignant Oral Mucosal Lesions. *Oral Surg Oral Med Oral Pathol Oral Radiol Endodontics*, 97(4):458-458, 2004.

Santiago TC, Zufferey R, Mehra RS, Coleman RA, Ben Mamoun C. The Plasmodium Falciparum PfGatp is an Endoplasmic Reticulum Membrane Protein Important for the Initial Step of Malarial Glycerolipid Synthesis. *J Biol Chem*. 279:9222-9232, 2004.

Shan Y, Lambrecht RW, Bonkovsky HL. Identification of Key Elements that are Responsible for Heme-mediated Induction of the Avian Heme Oxygenase-1 Gene. *Biochim Biophys Acta*, 1679(2):87-94.

Shiffman ML, DiBisceglie A, Lindsay KL, Morishima C, Wright EC, Everson G, Lok A, Morgan T, Bonkovsky HL, Lee W, Dienstag J, Ghany M, Everhart J. PEG Interferon Alfa-2a for Retreatment of Patients with Chronic Hepatitis C Who Have Failed Prior Treatment with Interferon or Interferon. *Gastroenterology* 126:1015-1023, 2004.

Taxel P, Fall PM, Prestwood KM, Dulipsingh L, Dauser D, Ohannessian C, Raisz LG. Changes in Urinary Excretion of Helical Peptide during Therapy for Osteoporosis in Older Adults. *Clin Chem*. 50(4):747-750, 2004.

Twiggs J, Fifield J, Jackson E, Cushman R, Apter A. Treating Asthma by the Guidelines: Developing a Medication Management Information System for Use in Primary Care. *Disease Management* 7:244-260. 2004.



#### REMINDER TO INVESTIGATORS

Remember to acknowledge the GCRC grant on all manuscripts and abstracts as follows:

This research was supported in part by a General Clinical Research Center grant from NIH (M01RR06192) awarded to the University of Connecticut Health Center, Farmington, CT

## **RECRUITMENTS**

### **SOCIAL ANXIETY?**

Does the fear of embarrassment cause you to avoid doing things or speaking to people?

Do you avoid activities in which you are the center of attention?

Do your worst fears include being embarrassed or looking stupid?

Do you experience flushing/blushing, sweating, shakiness, palpitations, or dry mouth when meeting new people, going to parties, talking to authority figures, taking tests, or eating in public?

If you've answered yes to one or more of these questions then you may suffer from social anxiety disorder. Dr. Nicholas DeMartinis of the Department of Psychiatry at the University of Connecticut Health Center is conducting a study with an investigational medication to improve our understanding of the biological aspects of social anxiety disorder.

To obtain more information about this study call 1-877-252-2225, or write our study coordinator at MC6415, 10 Talcott Notch Road, 3<sup>rd</sup> Floor, East Lobby, Farmington, CT 06030-6415.

Toll-Free 1-877-252-2225

(IRB # 02-276)



## **ARE YOU PREGNANT?**

### **DO YOU WANT TO QUIT SMOKING?**

A study awarded by the National Institutes of Health to the UConn Health Center, conducted at Hartford Hospital and New Britain General Hospital, is evaluating whether nicotine gum can help pregnant women quit smoking. Participants will receive counseling and gum with nicotine or gum without nicotine to help them quit smoking. Nicotine gum doubles quit rates in non-pregnant smokers and the gum may also help pregnant women who are unable to quit smoking. Quitting smoking at any time during pregnancy will help to improve the chance of having a healthy baby.

If you're at least 16 years old and you smoke at least five cigarettes a day, you may be able to participate. For more information, please call 860-545-4199.

(IRB #02-146)

## **NIH-SPONSORED HYPERTENSION STUDY NEEDS PARTICIPANTS**

If you have been diagnosed with high blood pressure and are not currently taking drug treatment, then you are eligible to participate in a study that examines the factors that influence the changes in blood pressure from daytime to sleep time. The study will last four weeks and will involve a medical history and physical examination, as well as blood tests. It also includes two 24-hour ambulatory blood pressure monitoring sessions, an echo test of the heart, a comprehensive eye examination, and a study of blood vessel structure and health at no cost to the participants. Study participants must be over 18 years of age and not be taking medications for high blood pressure.

To find out more about this study and to see if you are eligible contact Principal Investigator,

George A. Mansoor, MD or Thomas Kiely, RN,  
in the General Clinical Research Center at:  
(860) 679-7692 or (1-800-535-6232).

(IRB #00-055)

**INVITATION TO  
PARTICIPATE IN KELOID  
STUDY**

We are researchers at the University of Connecticut Health Center. Our research interest is to find the genetic cause for keloid formation and to understand the processes that lead to the development of keloids and other fibrotic skin disorders.

When keloid formation runs in a family it sometimes affects several members of the same family. We invite families with more than two affected members to participate in our IRB approved study.

We will ask family members with keloids and certain family members without keloids (e.g. parents, siblings) to participate. All family members who wish to participate will be asked to fill in a questionnaire with keloid-related questions, to sign a Consent Form which explains our procedures in detail, and to donate a small amount of blood (7-14 ml). We will arrange for blood drawing and examination of the keloid scars at no costs to you.

We will prepare DNA from blood to study the genetic cause for keloid formation. Families will not benefit directly from participating in the study, but we hope that our scientific findings will improve the knowledge on how keloids develop and that these new findings can in the future contribute to the development for a better keloid treatment or even keloid prevention.

If you would like to participate and have questions, and to obtain more information please email, call or fax to the following address:

Ernst Reichenberger, Ph.D.  
Assistant Professor  
University of Connecticut Health Center  
Department of BioStructure and Function  
263 Farmington Avenue  
Farmington, CT 06030-3705

Tel: 860-679-2062

Fax: 860-679-2910

Email: reichenberger@uchc.edu

(IRB #03-007)

**CAN YOU HELP US EVALUATE  
A NEW NON-INVASIVE  
GLUCOSE MONITOR?**

**If**

- You are over 12 years of age and
- Have diabetes or impaired fasting glucose

**Then**

- You may be eligible to participate in a study at the UConn Health Center. Drs Carl Malchoff and Kamal Shoukri are evaluating the accuracy of a new non-invasive glucose monitor across a wide range of glucose concentrations.
- You will receive financial compensation for your time.

For more information call:

Gloria Borders, RN (860) 679-3572 or the  
General Clinical Research Center's Study Line  
at 1-800-213-4477

(IRB #01-097)

**GCRC PHONE NUMBERS**

**(860) 679-4145 - ADMINISTRATION**

**(860) 679-3666 - CLINIC**

**(860) 679-1636 - STUDY LINE**

# General Clinical Research Center Newsletter

## GCRC STAFF

### Administrative Services

Lynn Bores	Administrative Assistant
Jean Clark	Executive Assistant
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Lisa Godin	Administrative Program Coordinator
Linda Kowalski	Clinical Office Assistant
Joanne Lamothe	Regulatory Admin. Program Coordinator
Lesley Mancini, MBA	Administrative Director

### Nursing

Gloria Borders, RNC, MPH	Clinical Research Nurse
Kathleen Curley, R.N.	Clinical Research Nurse
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Michelle Kelley, RN, NP	Research Facilitator
Thomas Kiely, BSN, CCRP	Research Facilitator
Robin Leger, RN, PhD, CCRP	Nurse Manager
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Susan Walters, BSN, CCRP	Research Facilitator
Elizabeth Zibell, RN	Clinical Research Nurse

### Core Lab

Christine Abreu, MS	Research Assistant
Pam Fall, MS	Core Lab Manager
Pam Ferzacca	Research Assistant
Kevin Jensen, BA	Research Assistant

### Informatics

Khamis Abu-Hasaballah, PhD	Informatics Director
Sophan Iv	Technical Analyst

### Research Support

Theresa George, CCRP	Clinical Research Assistant
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Kim Jennings, BS, CCRA	Research Associate
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Jill Zimmerman, CMA, CCRP	Clinical Research Assist

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Deborah Dauser, MS	Statistician

**The General Clinical Research Center  
of The University of Connecticut Health Center  
Farmington, CT 06030-3805**

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Jonathan Covault, MD, PhD	Core Lab Director
Lesley Mancini, MBA	Administrative Director
Pam Fall, MS	Core Lab Manager
Robin Leger, RN, PhD	Nurse Manager
Khamis Abu-Hasaballah, PhD	Informatics Director
Lisanne Cirullo, APRN	Research Subject Advocate



*This Newsletter is a publication brought to you  
by the Staff of the GCRC*

## General Clinical Research Center Newsletter

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UCONN Health Center, MC-3805  
263 Farmington Avenue  
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