

The University of Connecticut Health Center

**GENERAL CLINICAL
RESEARCH CENTER NEWSLETTER**

**ROLE OF THE GCRC IN THE
DEVELOPMENT OF A
CLINICAL INVESTIGATOR**



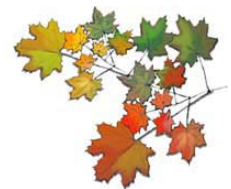
Rajesh V. Lalla, B.D.S., Ph.D.

**Assistant Professor
Department of Oral Health and Diagnostic Sciences
Head & Neck/Oral Oncology Program,
Neag Comprehensive Cancer Center**

It was a pleasure to receive an invitation to write this article for the GCRC newsletter, principally because it offers me an opportunity to acknowledge and thank the GCRC for its many contributions to our research programs over the last several years. As you may know, the NIH has announced significant changes to the GCRC program. A new initiative titled Clinical and Translational Science Awards (CTSA) will take its place over the next few years. As these changes approach, I thought it might be of value to document the important role the GCRC plays in the development of clinical investigators at this institution.

My introduction to clinical research came through industry-sponsored clinical studies directed by Dr. Douglas Peterson. However, my first investigator-initiated research project was funded by the GCRC through its Clinical Research Feasibility Funds (CRFF) program. This was a pilot study examining the role of cyclooxygenase-2 (COX-2) in radiation-induced oral mucositis.

Oral mucositis (OM) refers to erythematous, erosive and ulcerative lesions of the oral mucosa seen in two patient populations: (1) head and neck cancer patients undergoing radiation therapy (RT) to fields involving the oral cavity. (2) patients receiving high-dose chemotherapy for various cancers. Most head and neck cancer patients are treated with RT, often in combination with surgery and/or chemotherapy. OM occurs in 97% of head and neck cancer patients receiving conventional fractionated RT (1 dose/day, 5 days/week for 5-7 weeks). These ulcerative lesions are typically severely painful and compromise nutritional intake and overall quality of life. The severe pain usually necessitates the use of systemic opioid analgesics. Patients with severe OM have great difficulty in swallowing and often need to be fed through a feeding tube. At our site, most patients who are to undergo RT for head and neck cancer are routinely advised to have a gastrostomy (stomach) tube placed before start of RT. One study found that hospitalization due to mucositis is needed for 16% of patients receiving RT for head and neck cancer.



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Further, the ulcerations of OM may become secondarily infected and can serve as portals of systemic infection, particularly in patients immunosuppressed due to concomitant chemotherapy. While some centers plan treatment breaks due to severe mucositis, it necessitates unplanned interruptions in RT in approximately 11% of patients, thereby, compromising cancer treatment and patient survival. Thus, the literature defines OM as the major dose-limiting toxicity of RT to the head and neck region. There is currently no FDA-approved agent available to prevent radiation-induced OM or reduce its severity.

Recent evidence indicates that inhibition of COX-2 may reduce inflammatory side-effects of radiation and also inhibit tumor progression. The effects of COX-2 inhibition on tumor progression and recurrence are currently being tested in human clinical trials in various cancers including head and neck cancer. However, the impact of COX-2 inhibition on radiation mucositis has not been previously studied. This research will facilitate appropriate use of selective COX-2 inhibition to achieve optimal outcomes as related to oral mucosal injury and tumor response to therapy. In addition, it will increase our understanding of the pathogenesis of radiation mucositis and may identify a new therapeutic approach for mucositis. Identification of an effective agent to reduce mucosal injury and pain in radiation-induced OM will substantially improve patient's quality of life and improve treatment outcomes of cancer therapy by avoiding breaks in therapy.

Using preliminary data from the GCRC-supported pilot study, I applied for and was awarded a five-year Mentored Patient-Oriented Research Career Development Award (K23) from the NIH. This grant supports expansion of the pilot study, in addition to allowing protected time for additional clinical research experience and training. This training has included the GCRC's excellent "Principles of Clinical Research" course, as well as GCRC seminars on

clinical research methods. And by the way, the fact that we have a GCRC is a significant plus for any grant application proposing to do clinical research at UHC.

Another investigator-initiated clinical research project, funded by the Donaghue Foundation, examines the role of vitamin deficiencies in Recurrent Aphthous Stomatitis (RAS), more commonly known as canker sores. This is the most common oral mucosal disease in humans. The most comprehensive study of the prevalence of RAS was conducted on over 10,000 young adults in 21 different countries. 38.7% of men and 49.7% of women reported two or more previous occurrences of RAS. The recent Surgeon General's Report on Oral Health in America also identified RAS as a very common problem afflicting Americans. Further, this report emphasized the detrimental effects of oral disease on overall well-being and quality of life as measured along functional, psychosocial, and economic dimensions. RAS ulcers are typically very painful and can compromise dietary intake and mouthcare.

The etiology of this prevalent condition is not clearly understood. Some of the factors implicated include family history, immune disturbances, trauma and stress. In addition, a significant body of evidence has suggested that various hematologic deficiency states contribute to the pathogenesis of RAS. Importantly, multiple studies have demonstrated that specific replacement therapy to correct vitamin deficiencies (notably B12 and folic acid) is effective in inducing improvement or remission of this disease. A workshop convened by the NIH recommended complete hematologic screening of all patients with RAS. However, testing for vitamin deficiencies is invasive and expensive. It is not practical to take blood samples on every patient with RAS and test for such deficiencies. Therefore, this is rarely done in practice and patients continue to suffer from these lesions. Our study proposes an alternative approach: To

prevent or reduce severity of RAS using a multivitamin supplement that would correct any deficiencies of factors known to commonly contribute to RAS. If successful, this would result in a simple, cost-effective approach to reducing the morbidity of this prevalent disease.

GCRC support and personnel have been invaluable in the ongoing implementation of both of these clinical research projects. I would like to extend my heartfelt thanks to all the GCRC personnel and the following in particular:

- Kathleen Curley, Nancy Dean and Harriet Zawistowski of the Clinical Core, under the leadership of Tom Kiely. In the past, Lisa Burgio and Elizabeth Zibell have also helped with these studies.
- Dr. Khamis Abu-Hasaballah, Sophan Iv and Harriet Potts of the Informatics Core have set up cutting-edge Interactive Voice Response (IVR) systems for both studies and databases for data entry.
- Dr. Stephen Walsh of the Biostatistical Core has been invaluable in helping with the statistical sections of these two funded grant applications.
- Christine Abreu, Pam Fall and Pam Ferzacca of the GCRC Core Lab have been very helpful with collection and analysis of biopsy and blood samples, under the leadership of Dr. Jonathan Covault.
- Lesley Mancini and Lisa Godin along with other staff have been great in ensuring that the projects move along smoothly from an administrative and regulatory standpoint.

These are just a few of the many in the GCRC who have helped our clinical research. Indeed, it would not be a stretch to say that our research effort has been advanced by every member of the GCRC in one way or another. Thank you for all that you do!

The GCRC is so omnipresent in clinical research at UCHC that it is easy to take it for granted. But one must not lose sight of the fact that it is the selfless hard work of former and present GCRC leaders that has facilitated the establishment and expansion of the GCRC at UCHC. For this, they deserve our gratitude. Recently, I have been glad to have the opportunity to increase my involvement with the GCRC through membership on the GCRC's Scientific Advisory Committee (SAC). I am also looking forward to contributing to the CTSA effort, through membership on the Planning Advisory Committee for T1 translational research. The GCRC and its personnel constitute a very valuable institutional resource that must be strongly supported and sustained.

NOTES FROM THE GCRC PROGRAM DIRECTOR



Henry R. Kranzler, M.D.
Professor of Psychiatry,
GCRC Program Director

As many of you know, the General Clinical Research Center (GCRC) Program, which has been in existence for more than 40 years, is being supplanted by the Clinical and Translational Science Award (CTSA) Program. The first submission deadline for applications for the CTSA Program was in March of this year and reviews were completed last month. Submission of a full CTSA application required that an institution offer a degree program in clinical research, as well as have in place a well-developed structure for the conduct of

clinical and translational research. Institutions, such as the University of Connecticut, which do not yet have all of the necessary elements in place, were encouraged to submit a one-year planning grant, the implementation of which would help to develop a full CTSA application. The response to the request for applications garnered more than 60 applications for the planning grant, and more than 30 applications for the full CTSA.

We recently received word that our CTSA planning grant is likely to be funded beginning at the end of September. In view of my decision to focus my efforts on directing the GCRC and my own research, Dr. Lawrence Raisz has agreed to serve as Principal Investigator of the CTSA planning process. Dr. Judith Fifield will serve as Co-Principal Investigator. In April of this year, consistent with the plan for developing a CTSA application, the process of gaining accreditation for a two-year curriculum for an MS degree in clinical and translational research was initiated. Dr. Anne Kenny, Associate Program Director of the GCRC, is leading this effort. To date, the proposed curriculum has received approval by the Graduate Program at UCHC and the Graduate School at Storrs. The next step in the approval process is review of the proposed curriculum by the University's Board of Trustees.

Although funding for the UConn GCRC is assured through March of 2009, a considerable effort will be required between now and then to prepare the application for a successful CTSA. That effort will require cooperation by faculty and administrators at both the Storrs and Farmington campuses and the active participation of clinical and translational researchers from institutions throughout the Greater Hartford area, including Connecticut Children's Medical Center, Hartford Hospital, St. Francis Care, and New Britain General Hospital. I will provide regular updates on the progress of this substantial effort in subsequent issues of the GCRC Newsletter.

RESEARCH SUBJECT ADVOCATE (RSA)

We are pleased to announce that Ms. Kathleen Salomone, APRN, has been appointed as the new RSA in the GCRC. Kathy is quite familiar with the GCRC, as she was a Research Facilitator in the GCRC for five years prior to working for the last four years in Correctional Managed Health Care as the Program Manager for Halfway Houses and Discharge Planning.

Patient advocacy, compliance oversight and education are three of the many responsibilities of the RSA. Kathy will represent and promote research subjects' interests with respect to their safe, ethical, informed participation in GCRC research. She will also assist investigators with data and safety monitoring plans/boards and will prepare reviews for the Scientific Advisory Committee for all protocols to ensure compliance with the appropriate federal regulations and guidelines. Kathy will also work with the Human Subjects Protection Office to ensure that GCRC investigators and staff meet all educational requirements for the responsible conduct of research.

The RSA also facilitates the reporting of serious adverse events to the appropriate committees, FDA, sponsor, and/or NIH institute. Kathy will act as the "point person" to whom Serious Adverse Events (SAEs) involving GCRC research subjects are initially reported, and will work closely with investigators and program directors to document and report adverse events, monitor treatments and outcomes, and determine, in consultation with the GCRC program directors and the Scientific Advisory Committee, when accrual should be suspended and/or a protocol revised or terminated in response to such events.

If you need to contact Kathy, she can be reached at (860) 679-3276 or by e-mail at Salomone@nso.uchc.edu.

**THE PATRICK & CATHERINE
WELDON DONAGHUE
NUTRITION RESEARCH
COMPETITION
AT THE UNIVERSITY OF
CONNECTICUT HEALTH CENTER**

Program Goals: The purpose of The Donaghue Nutrition Research Competition (DNRC) is to solicit, evaluate, and fund new and meritorious clinical and translational research on the impact of nutrition for preventing/reducing human disease and on achieving and maintaining optimal human health and well-being. The effect of this overall purpose will be to:

1. Fund promising pilot studies, which will provide data for the submission of larger grants to other external funding agencies;
2. Fund the testing of preliminary, highly innovative and possibly risky hypotheses;
3. Support faculty who are new to the field of nutrition research; and
4. Utilize the physical and other resources of the UCHC GCRC in support of cutting-edge research in human nutrition.

Priorities: The first priority of the competition is to fund nutrition proposals of high scholarly merit that have the greatest potential to provide practical benefit to human life. The projects should fully utilize the well-established infrastructure of the General Clinical Research Center of the UCHC. Thus, it is expected that human subjects will be seen and studied at the GCRC, for example, and that core services of the GCRC will be used for proposed studies.

Timeline:

- Program Announcements: September and October 2006
- Deadline for Receipt of Applications: December 1, 2006
- Reviews Completed: January 25, 2007
- Review/Ranking: February 15, 2007

- Final decision and level of funding: March 1, 2007
- Funding begins: April 1, 2007
- Annual progress reports, publications, presentations, new applications for external funding: March 1, 2008

Format: The format required for applications will be the NIH grant application (PHS 398), with the exception that there will be a 10-page length limitation for sections A – D (the scientific narrative sections).

Review Process: The applications will be reviewed using the well-established NIH review model. There will be an Advisory Board composed of senior-level personnel representing the Farmington campus, the Storrs campus, a GCRC representative, and a member of the Donaghue Foundation. This Board will receive the scientific rankings from the Scientific Review Committee and make final decisions regarding which applications will receive support. The Scientific Review committee will consist of appropriate faculty and other qualified scientists, selected by the Advisory Board who will provide the initial review and the scientific ranking of each application. Appropriate internal and external *ad hoc* reviewers will be chosen, depending upon the specific applications received. We anticipate requesting one or two external reviews for most applications.

Eligibility: Applicants must hold a faculty position at the University of Connecticut at the rank of Assistant Professor or above.

Duration and Size Limits of Awards: We will award grants of one, two, or three years between \$10,000 and \$100,000 (total direct costs, all years). Although, in rare instances, we may offer one investigator three years and up to \$100,000, it is expected that most grants will be smaller than that and for shorter periods of time. In accordance with the stipulations of the Foundation, there will be no indirect costs.

Contact and Proposal Submission: Ms. Theresa George, GENERAL CLINICAL RESEARCH CENTER, CM100, MC3805, University of CT Health Center, 263 Farmington Ave, Farmington, CT, 06030, Telephone: 860-679-2683, Fax 679-1454, tgeorge@nso.uchc.edu. Please submit electronically (as a pdf file) and send an original plus five hard copies of your application.

**DONAGHUE FOUNDATION /
GENERAL CLINICAL
RESEARCH CENTER
NUTRITION RESEARCH
COMPETITION**

The collaboration between the Donaghue Foundation and the General Clinical Research Center (GCRC) to encourage the expansion of innovative nutrition research to aid individuals in the community has just ended its first year.

In its first year, the program funded four meritorious projects. The projects are:

1. Sevkit Yigit M.D. (CCMC) Title: *Vitamin D Deficiency in Children with Cerebral Palsy*
2. Nancy Rodriguez, Ph.D. (UConn, Storrs) Title: *Leucine as a Bioactive Nutrient: A Pilot Study*
3. Robin Bogner, Ph.D. (UConn, Storrs) Title: *Enhancing Calcium Absorption in Patients Taking Proton Pump Inhibitor Drugs*
4. Stephen Walsh, Sc.D. (UCHC) Title: *Prevalence and Predictors of Weight Reduction Activities in Metabolic Syndrome*

We are again announcing a request for applications.



**AWARDEES OF THE PILOT
AND FEASIBILITY FUNDS
6/1/2006 -3/31/2007**

In addition to the Donaghue Nutrition Competition, the GCRC supports other pilot studies. We are pleased to announce that the following individuals were awarded GCRC Pilot and Feasibilities Funds for the period 6/1/06-3/31/07. The awardees are as follows:

1. Julie Wagner, Ph.D. (Title: *Daily Process Pilot Study of Discrimination Stress and Diabetes Outcomes in African American Women*)
2. Kevin Jensen, B.S./Henry Furneaux Ph.D. (Title: *Identification of Novel 3' UTR Regulatory Variants in Candidate Genes for Substance Dependence*)
3. Tamlin Conner, Ph.D. (Title: *Serotonin 1A Receptor and Mood in Daily Life*)
4. Ernst Reichenberger, Ph.D. (Title: *Molecular Mechanisms for Keloid Formation*)
5. Manish Thapar, M.D./Herbert Bonkovsky, M.D. Title: *(A Pilot Study to Assess the DNA Methylation Patterns in Alcoholics and Controls-The DMAC Study)*
6. Richard Fortinsky, Ph.D./Anne Kenny, M.D. (Title: *Feasibility of Multi-Component Training in Patients 2 Months Post Hip Fracture*)

These funds provide an opportunity for junior faculty and fellows to gather pilot data in preparation for submission of applications to extramural funding sources. All junior faculty (Instructor and Assistant Professor) and fellows (working under the supervision of a faculty mentor) at the University of Connecticut Health Center or its affiliated institutions are eligible to apply for this pilot funding. Senior faculty applying for support of research that represents a clear change in research career path and/or senior faculty mentoring a fellow may also apply for this pilot funding.

Requests should not exceed \$15,000. Funds can be used for ancillaries, core laboratory supplies, and any other expenses allowed under GCRC guidelines. Subject payments, capital equipment, travel expenses are not allowed under GCRC guidelines, though the GCRC may be able to assist in these areas using funds from other sources. In addition to the award, all GCRC personnel resources (e.g., exam rooms, treatment rooms, nursing, dental assisting, core laboratory, research subject advocate, informatics, biostatistics, administrative services) will be available and use is encouraged.

We will issue a request for pilot and feasibility proposals again in early 2007.

NEWS FROM THE GCRC CORE LAB

by Jonathan Covault, M.D., Ph.D.
Core Lab Director

The GCRC Core Lab was inspected by the State of Connecticut Department of Health on August 1, 2006 as part of their bi-annual CLIA license renewal. No deficiencies were noted during this inspection nor at the past two inspections in 2002 and 2004. These positive results are the appreciative direct efforts that our GCRC Lab Manager, Pam Fall, made in bringing our Lab Protocol books up-to-date in preparation of the CLIA. 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.

Linda Burian who has been working half-time in the GCRC Core Lab for the past 9 months, will be leaving that post to work full-time in the Psychiatry Department. Linda has worked hard in support of osteoporosis protocols to adapt bone biopsy cell culture assays of osteoclast function in order to make use of peripheral blood samples as well as bone

biopsies. Her diligence in this work has been appreciated, and we wish her well in her new duties.

UPCOMING GCRC SEMINARS

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.

Tuesday, October 3, 2006

Peter J. Snyder, Ph.D.

Professor of Clinical Neuropsychology &
Cognitive Neuroscience
Department of Psychology
University of Connecticut
Storrs, CT

“Assessment of Cognitive Function: Bridging the Gap From Preclinical Animal Studies to the Human Condition in Clinical Drug Development Programs”

12:00 noon –1:00 p.m.
Onyuke Dining Room

Tuesday, October 17, 2006

Stephen J. Glatt, Ph.D.

Assistant Professor
Department of Psychiatry
University of California, San Diego
La Jolla, CA

“Behavioral and Molecular Genetics of Heroin Dependence”

12:00 noon –1:00 p.m.
ARB-EG013



General Clinical Research Center Newsletter

Tuesday, October 24, 2006

Ernst J. Reichenberger, Ph.D.

Assistant Professor
Oral Rehabilitation, Biomaterials and
Skeletal Development
Center for Restorative Medicine and
Skeletal Development
University of Connecticut Health Center
Farmington, CT

“The Quest for the Genetic Cause of Keloid
Scars”

12:00 noon – 1:00 p.m.
ARB-EG013

Tuesday, October 31, 2006

Richard H. Fortinsky, Ph.D.

Professor of Medicine
Center on Aging
University of Connecticut Health Center
Farmington, CT

“Results and Lessons Learned from a Dementia
Care Consultation Intervention for Family
Caregivers”

12:00 noon – 1:00 p.m.
ARB-EG013

Tuesday, November 7, 2006

Paul A. Harris, Ph.D.

Director, GCRC Informatics Core
Research Associate Professor
Department of Biomedical Informatics
Vanderbilt University
Nashville, TN

“Building a Registry of Community Research
Subject Volunteers - Informatics Tools and
Workflow Methodology”

12:00 noon – 1:00 p.m.
ARB-EG013

Tuesday, November 14, 2006

Jane E. Kerstetter, Ph.D.

Associate Professor
Department of Nutritional Sciences
School of Allied Health
University of Connecticut
Storrs, CT

“Soy and Osteoporosis
(A Talk on Beans and Bones)”

12:00 noon – 1:00 p.m.
ARB-EG013

Tuesday, November 21, 2006

Leslie M. Loew, Ph.D.

Professor, Cell Biology
Director, Center for Cell Analysis and
Modeling
University of Connecticut Health Center
Farmington, CT

“From Microscope to Bedside??? A Challenge
to Translate Very Different Languages”

12:00 noon – 1:00 p.m.
ARB-EG013

Tuesday, November 28, 2006

Francisco Sylvester, M.D.

Associate Professor, Pediatrics
University of Connecticut School of
Medicine, Farmington
Pediatric Gastroenterologist
Connecticut Children's Medical Center
Hartford, CT

“Bone and Chronic Childhood Illnesses
Lessons from Crohn's Disease”

12:00 noon – 1:00 p.m.
Onyuke Dining Room

NEW CLINICAL RESEARCH IN THE GCRC

Howard University Study of College Student
Daily Life Experiences and the Interaction of
Genetic Variation

P.I. – Jonathan Covault, M.D., Ph.D.

Marital Interaction in Alcoholic Couples Over
Time

P.I. – James A. Cranford, Ph.D.

Contingency Management Reinforcement for
Adolescent Cannabis Abuse

P.I. – Yifrah Kaminer, M.D.

Effects of Omega-3 Fatty Acids on Bone and
Fragility

P.I. – Anne Kenny, M.D.

Contingency Management for Substance Abuse
Treatment

P.I. – Nancy Petry, Ph.D.

Perceptions of Racism in Minority Children

P.I. – Lee Pachter, DO

Androgen Receptor Polymorphisms in East
Asian Men

P.I. – T.V. Rajan, M.D.

Multicenter Phase II Trial of Oral Type I
Bovine Collagen vs Placebo in Systemic
Sclerosis of Less Than 10 Years Duration

P.I. – Naomi Rothfield, M.D.

NEW STAFF IN THE GCRC

In recent months, we have had a number of new hires in the department. Ms. Nancy Dean has joined our Clinical Core as a Research Assistant, Ms. Harriet Potts and Ms. Kathleen Liggett have joined the Informatics Core as Systems Coordinators, Ms. Kathy Lapierre has joined the Administrative Core as a records clerk, and Ms. Megyn Clement has joined our Dental Core as a Dental Assistant. We are pleased to have them on board!

RECENT GCRC PUBLICATIONS

Bauer LO, Shanley JD. ASPD blunts the effects of HIV and antiretroviral treatment on event-related brain potentials.

Neuropsychobiology 53:17-25, 2006.

Bucholz KK, Nurnberger JI, Kramer JR, Hesselbrock VM, Schuckit MA, Bierut LJ.

Comparison of psychiatric diagnoses from interview reports with those from best-estimate procedures. *J Stud Alcohol.* 67:157-168, 2006.

Herman, A., Kranzler, H., Cubells, J.C., Gelernter, J., Covault, J. Association Study of the CNR1 Gene Exon 3 Alternative Promoter Region Polymorphisms and Substance Dependence. *Am J Med Genetics B* 141(5):499-503, 2006.

McElhaney JE, Xie D, Hager WD, Barry MB, Wang Y, Kleppinger A, Ewen C, Kane KP, Bleackley RC. T cell responses are better correlates of vaccine protection in the elderly. *J Immunol.* 176:6333-6339, 2006.

Morishima C, Morgan TR, Everhart JE, Wright EC, Shiffman ML, Everson GT, Lindsay KL, Lok ASF, Bonkovsky HL, et al.: HCV RNA Detection by TMA During the Hepatitis C Antiviral Long-term Treatment Against Cirrhosis (Halt-C) Trial. *Hepatology* 44(2):360-367, 2006.



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

DO YOU GET CANKER SORES?

Canker sores are a common type of ulcers in the mouth. If you get canker sores three or more times a year, you may be eligible to take part in a clinical research study. The study will compare the effectiveness of a daily multivitamin supplement to that of a placebo in reducing the frequency and duration of canker sore episodes.

Participants in the study will be eligible to receive compensation up to \$385 over a one-year period. Benefits to the participants include:

- free mouth examinations by a dental professional
- free education about common causes of mouth ulcers
- the possibility that the free study drug will be helpful in reducing the frequency or duration of canker sores.

This research will be performed under the direction of Dr. Rajesh Lalla at the University of Connecticut Health Center (UHC) in Farmington, CT. If you are interested in finding out if you qualify, please contact:

UHC Call Center Telephone number:
(860)679-7692 or 1-800-535-6232
Monday to Friday, 8 am to 5 pm

(IRB # 06-022-1)



WANT TO REDUCE YOUR DRINKING?

Free 12-week research program for regular or daily drinkers. Brief counseling every other week, combined with study medication (active drug or inactive placebo).

Call Dr. Henry Kranzler's office at UCONN Health Center: (860) 679-4755

(IRB#03-107)

NOW RECRUITING HEALTHY RESEARCH VOLUNTEERS

We are seeking Healthy volunteers, males or females, ages 21-45 years old, with no history of substance abuse or psychiatric illness.

Dr. Covault is conducting a research study at the UConn Health Center that aims to understand the role of a gene on the acute effects of alcohol. The study involves blood samples, interviews, questionnaires, and three full-day laboratory sessions each spaced a month apart.

During the laboratory sessions you will be asked to consume a high dose of alcohol, a low dose of alcohol or a placebo-beverage (not containing alcohol) mixed in fruit juice. \$325 paid for the completion of all laboratory sessions and the donation of a blood sample for DNA.

For information call Jessie at 860-679-4186.

(IRB #06-162-1)

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
Theresa George	Administrative Assistant
Lisa Godin	Administrative Program Coordinator
Kathleen Lapierre	Records Clerk
Lesley Mancini, MBA	Administrative Director
Jayne Roman	Clinic Office Assistant

Nursing

Gloria Borders, RNC, MPH	Research Facilitator
Kathleen Curley, RN	Clinical Research Nurse
Paula Gendreau, BSN, CCRP	Research Facilitator
Michelle Kelley, RN, NP	Research Facilitator
Thomas Kiely, BSN, CCRP	Nurse Manager
Mariola Smialek, RN, BS	Clinical Research Nurse
Susan Walters, BSN, CCRP	Research Facilitator

Core Lab

Christine Abreu, MS	Research Associate
Pam Fall, MS	Core Lab Manager
Pam Ferzacca	Research Assistant
Kaitlin Miller, BS	Research Assistant

Informatics

Khamis Abu-Hasaballah, PhD	Informatics Core Director
Sophan Iv	Technical Analyst
Harriet Potts	Systems Coordinator
Kathleen Liggett	Systems Coordinator

Research Support

Nancy Dean	Clinical Research Assistant
Laura Glynn, BA, CCRP	Clinical Research Assistant
Harriet Zawistowski, BGS	Clinical Research Assistant

Biostatistics

Stephen Walsh, Sc.D.	Biostatistics Core Director
Deborah Dauser, MS	Research Associate
John Tsimikas, PhD	Statistician

Dental

J. Robert Kelly, DDS, MS, DmedSc	Director, DCRC
Lisa Burgio, CDA	Dental Assistant
Megyn Clement, CDA	Dental Assistant

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

Bruce Koeppen, MD	Principal Investigator
Henry Kranzler, MD	Program Director
Lawrence Raisz, MD	Associate Program Director
Anne Kenny, MD	Associate Program Director
Cheryl Oncken, MD	Associate Program Director
Jonathan Covault, MD, PhD	Core Lab Director
Lesley Mancini, MBA	Administrative Director
Pam Fall, MS	Core Lab Manager
Thomas Kiely, BSN, CCRP	Clinical Core Dir.
Khamis Abu-Hasaballah, PhD	Informatics Core Dir.
J. Robert Kelly, DDS, MS, DMedSc	Dental Res. Core Dir.
Stephen Walsh, ScD	Biostatistics Core Dir.
Kathleen Salomone, APRN	Research Subject Advocate



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

General Clinical Research Center Newsletter

**General Clinical Research Center
UCONN Health Center, MC-3805
263 Farmington Avenue
Farmington, CT 06030**