

The University of Connecticut Health Center

**GENERAL CLINICAL
RESEARCH CENTER NEWSLETTER**

**ALCOHOL RESEARCH IN THE
GCRC – GENETIC VARIATION
AND THE EFFECTS OF A
THREE MARTINI LUNCH**



(Left to Right): Jessica Cohen, MS, BA, Research Assistant; Kaitlin Miller, BS, Research Assistant; Albert Arias, MD, Assistant Professor; Timothy Pond, BA, Clinical Research Assistant; Lynn McLaughlin, RN, Research Facilitator; Jonathan Covault, MD, Ph.D., Associate Professor; Joanie Davis, BA, Research Assistant

Featured PI

Jonathan Covault, M.D., PhD.

**Associate Professor
Alcohol Research Center
Department of Psychiatry**

The effects of alcohol on human subjects show significant variability. Some become tipsy after one or two drinks and perhaps fall asleep shortly thereafter, while others seem to be able to drink much more. While some of this difference may relate to recent alcohol exposure (tolerance), it also appears that natural genetic variation accounts for much of the between subject differences in acute alcohol effects. Differences in response to alcohol are thought to be among the factors that influence the risk for

alcohol use problems. For example, subjects of Asian ancestry are more likely to have genetic variants of alcohol metabolism genes that result in the accumulation of unpleasant by-products of alcohol breakdown resulting in a natural protective effect against alcohol dependence. In Caucasian subjects, a series of studies of acute alcohol effects and correlations with alcohol dependence by Dr. Schuckit’s group in San Diego show that individuals with a genetic predisposition for a lower response to alcohol are at greater risk for developing alcohol dependence (Schuckit 1994). Recently, our research group at the UCHC Alcohol Research Center (ARC) with the support of the GCRC have identified the *GABRG1-GABRA2* interval on chromosome 4 as a potential genetic locus contributing to variation in the acute effects of alcohol in Caucasians (Covault et al. 2004; Pierucci-Lagha et al. 2005; Covault et al. 2007). We found that subjects who were carriers for an alcohol dependence associated genetic variation in this region had lower levels of subjective response to alcohol than subjects



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homozygous for the more common genetic variant. Furthermore, by using a medication, Finasteride, to alter neurosteroid metabolism, we obtained evidence suggesting that the enhanced effect of alcohol in subjects homozygous for the low-risk genetic variant may be related to a greater effect of alcohol induced neuroactive steroids in those subjects. This is of potential clinical relevance as the *GABRG1* and *GABRA2* genes produce GABA(A) receptor subunits that seem unique in moderating anxiety and emotional reactivity. GABA(A) receptors are also referred to as benzodiazepine or valium receptors. Endogenous neuroactive steroids are among the most potent known modulators of benzodiazepine receptors.

For the past year we have been conducting a follow-up study through the continued partnership of the ARC and GCRC to identify if the differences in alcohol response related to genetic variation in the *GABRG1-GABRA2* region are alcohol dose dependent and whether they extend beyond subjective measures to also include objective effects of alcohol - ataxia (body sway) and/or working memory/attention. Additionally, by using genotype as a screening parameter we will examine a balanced number of subjects in three groups – subjects homozygous for the common genetic isoform vs. carriers of either a *GABRA2* or a *GABRG1* alcohol dependence risk allele in order to better distinguish the involvement of the *GABRA2* vs. *GABRG1* genetic variation in acute alcohol effects.

More recently, in April 2007, we began enrollment for a new NIAAA funded protocol in the GCRC to study in greater detail the involvement of neuroactive steroids in the acute effects of alcohol. We will employ a four session (each one month apart) within subject placebo controlled cross over design in which subjects will receive either placebo or active medication (dutasteride) a few days prior to drinking a standardized moderate dose of

alcohol vs. a very low dose of alcohol. Dutasteride, a potent inhibitor of neuroactive steroid formation, is used clinically to manage prostatic hypertrophy and provides a more specific pharmacologic probe than Finasteride of the role of neuroactive steroids in the acute effects of alcohol. Blood samples will be serially collected during each session to correlate changes in neuroactive steroid levels with subjective and objective measures of alcohol effects as a function of genotype at the *GABRG1-GABRA2* locus as well as at other candidate loci.

The human subject alcohol challenge sessions that are the central component of this research rely on the highly cooperative and integrated involvement of ARC and GCRC staff. Research volunteers spend nine hours with us, eating two or three meals and consuming three martinis with the equivalent alcohol contained in three-six standard drinks (based on gender and weight). As a result of participant feedback and thoughtful suggestions from staff, we have refined our study process and improved participant comfort and satisfaction while ensuring reliable data capture and blood sampling at repeated time points throughout the afternoon. The availability of comfortable recliners, videos and a game station in the ARC for participants to use while relaxing after their drinking session in the GCRC as they “sober up” before going home, has been important in promoting subject retention in these three-four month long studies. The coordinated efforts of Tim Pond, Joanie Davis, Jessica Cohen, Roberta Gline, Lynn McLaughlin, Drs. Arias and Kranzler in the ARC, together with staff in the GCRC clinical unit, particularly Gloria Borders, as well as Kaitlin Miller and Pam Fall in the GCRC core laboratory, has been greatly appreciated and crucial to the continued success of these studies. I am grateful and fortunate to have had the support of an enthusiastic ARC-GCRC research team in this ongoing work.

- Covault J, Gelernter J, Hesselbrock V, Nellissery M and Kranzler HR (2004). Allelic and haplotypic association of *GABRA2* with alcohol dependence. *Am J Med Genet B Neuropsychiatr Genet* 129(1): 104-9.
- Covault J, Gelernter J, Jensen K, Anton RF and Kranzler H (2007). Markers in the 5'Region of *GABRG1* Associate to Alcohol Dependence and are in Linkage Disequilibrium with Markers in the Adjacent *GABRA2* Gene. *Neuropsychopharmacology* In Press.
- Pierucci-Lagha A, Covault J, Feinn R, Nellissery M, Hernandez-Avila C, Oncken C, Morrow AL and Kranzler HR (2005). *GABRA2* alleles moderate the subjective effects of alcohol, which are attenuated by finasteride. *Neuropsychopharmacology* 30(6): 1193-203.
- Schuckit MA (1994). Low level of response to alcohol as a predictor of future alcoholism. *Am J Psychiatry* 151(2): 184-9.

NOTES FROM THE GCRC PROGRAM DIRECTOR



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

The UConn GCRC recently entered its fourteenth year, having first received funding from the National Institutes of Health (NIH) in 1993. During this period, the GCRC has fostered clinical investigation both at the Health Center and in the Greater Hartford area. The

GCRC has a strong affiliation with Connecticut Children's Medical Center and supports a number of projects being conducted at the UConn-Storrs campus. Throughout this period, the GCRC grant has been one of the largest to the Health Center. In addition to the funds that are received directly to support GCRC-approved research protocols, the GCRC has enabled UCHC investigators to compete more effectively for other grants. This competitive advantage results from access to research services that would not otherwise be available at UCHC and by offsetting research costs, making grants less costly to the individual institutes that fund them. The GCRC has also been a leader in developing policies and procedures that have been adopted by the Health Center community to protect human subjects, for example, by providing scientific review of "home-grown" research protocols and by developing a system for monitoring and reporting adverse events in clinical research.

Efforts are currently underway at the Health Center to win a Clinical and Translational Science Award (CTSA), the program designated by NIH as the successor to the GCRC Program. This is an important initiative, since the UConn GCRC is scheduled to end in March 2009, and the new NIH/NCRR guidelines offer no opportunities to renew the GCRC independent of a CTSA. In this regard, it is important to recognize that the GCRC represents the major resource at UCHC supporting a CTSA application. Consequently, it is crucial both to the support of ongoing clinical investigation and its future at the Health Center that the GCRC be maintained as a functional unit. With the focus at the NIH increasingly being on the translation of basic research into the conduct of science in clinical and community settings, it is incumbent upon the Health Center and the other UConn campuses actively to support clinical investigation; the alternative is to endanger the Health Center's future competitiveness for all NIH funding.

MASTER OF SCIENCE DEGREE PROGRAM IN CLINICAL AND TRANSLATIONAL RESEARCH

by Anne Kenny, M.D.
Associate Program Director, GCRC

The University of Connecticut (Farmington and Storrs campuses) is in the process of developing a Masters Degree Program in Clinical and Translational Research. We have discussed this possibility for several years, but the immediate motivation for developing a curriculum is the NCRR move to discontinue General Clinical Research Centers, T32 and K12 and merge these funding mechanisms for career development and infrastructure to Clinical and Translational Science Awards (CTSA) awards. These awards will add up to \$6 million/year to current GCRC and training grant funding. To be eligible to apply for a CTSA, institutions must have a graduate degree program in Clinical and Translational Research in place.

The Clinical and Translational Research Institute proposes a new program. The Masters Program in Clinical and Translational Research is designed to prepare health care professionals with the academic and research skills needed to be competitive as independent researchers. The program will focus on the preparation of individuals with established, terminal degrees in a health related field (MD, PhD, PharmD, DDS or DMD) to conduct independent research in translation of information from the basic sciences to the clinic and to the community. The Masters Program will be led by a team of investigators/educators – Anne Kenny, MD, Howard Tennen, PhD, Peter Snyder, PhD and Stephen Walsh, ScD. Fifty-four faculty from UCHC, UConn–Storrs, CCMC and Hartford Hospital have agreed to teach and/or mentor prospective students. The curriculum consists of 24 credits, anchored by required core courses in Clinical and Translational Research (9 credits).

In addition, each student will be required to complete a 3-credit “translational research” course and a 3-credit elective course from a list of approved courses to complete the plan of study for Clinical and Translational Research. Students will also be required to complete 9 credits in research to provide them with competency in the implementation of research methods, including hypothesis formulation, research design, quantitative and qualitative methods, data acquisition and analysis and computer application. After completion of the course work, students will sit for a general examination consisting of a written paper and a grant proposal. Those interested in the Master Program in Clinical and Translational research should send an email to Anne Kenny (kenny@uchc.edu) or Lisa Godin (godin@uchc.edu).

The Principles of Clinical Research course, which has been offered for the last 10 years, will not be offered in the Fall of 2007 due to the resources required to launch the MS Degree Program in Clinical and Translational Research. The Principles course will return, hopefully in the Spring semester of 2008, with a new format. The course will be converted to video lectures with supplemental readings and monthly meetings with faculty to discuss the materials. This conversion to a web-based program is designed to accommodate residents and fellows whose time commitments for clinical training do not allow frequent in-person meetings.

NEW SERVICES AVAILABLE THROUGH THE GCRC

A dual x-ray absorptiometer (DXA) and a bone density x-ray technician are available through the GCRC, to support studies funded either by NIH or industry. Since DXA can be used to measure both bone mineral density and body composition, it can be an interesting addition to studies that affect body fat or muscle mass, as well as to measure bone density

changes. For questions on this new resource, please contact Anne Kenny, MD (kenny@uchc.edu) or Linda Gregory (lgregory@exchange.uchc.edu).

DONAGHUE NUTRITION RESEARCH COMPETITION

The second annual RFA for the Donaghue Nutrition Research Competition was announced in the fall of 2006 with funding to begin on April 1, 2007. This is a collaborative effort between the Donaghue Foundation and the GCRC to encourage the expansion of innovative nutrition research to aid individuals in the community.

We are pleased to announce this year's recipients: They are as follows:

1. Richard Bruno, Ph.D. (Storrs) Title: *Metabolism and Bioavailability of Dietary Soy Isoflavones in Postmenopausal Women*
2. Jeff Volek, Ph.D., R.D. (Storrs) Title: *Effect of Varying the Fat Composition of a Carbohydrate Restricted Diet*

The next RFA will go out in the fall of 2007 with funding to begin in April 2008.

REQUEST FOR APPLICATIONS FOR PILOT AND FEASIBILITY FUNDS: AWARDEES FOR 4/1/2007 -3/31/2008

In addition to the Donaghue Nutrition Competition, the GCRC supports other pilot programs, such as the Pilot and Feasibility Program. This year we received a total of 17 applications and six of the 17 were funded. The recipients are:

1. Carolyn Drazinic, M.D., Ph.D. Title: *Discovering Chromosomal Abnormalities in Schizoaffective Spectrum Subjects*
2. Effie Ioannidou, DDS. Title: *Periodontal infection, depressive symptoms and inflammation in renal patients*
3. Faryal Mirza, M.D. Title: *Pilot study on the Effect of Short Term Estradiol Therapy on Osteoclastogenesis from Human Peripheral Blood Mononuclear Cells in Postmenopausal Women*
4. Kourosh Parham, M.D., Ph.D. Title: *Rapid Method for Collection of Stimulus Frequency Otoacoustic Emissions*
5. Helen Swede, Ph.D. Title: *Adiposity, Insulin-Like Growth Factor System and Colonic Polyps*
6. Julie Wagner, Ph.D. Title: *Pilot Study of the Effects of Expressive Writing on Endothelial Function in Diabetic Women*

The next request for pilot and feasibility proposals will be in early 2008.

NEWS FROM THE GCRC CORE LAB

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

We were fortunate again this year that the NCRF approved Dr. Kranzler's request to use carryover monies from the year 12 grant period for capital expenditures in the Core Lab. We have used a portion of these funds to purchase a Luminex immunoassay workstation. This platform allows multiplex assay of analytes using panels of immunoassays including many cytokines and cardiac risk markers available from multiple vendors. The technology utilizes fluorescence color coded beads coated with specific ligand capture antibodies coupled with

microfluidic fluorescence analysis equipment to allow assay of multiple analytes using small sample volumes (i.e. 0.1 ml). This platform will allow cost savings for studies requiring multiple analytes on each sample as a result of the multiplexing capability. In addition to supply cost reduction, there will be a savings in staff time as multiple analytes are examined in a single assay. Finally, the smaller sample volume will allow support for studies from pediatric subjects, CSF or other situations in which sample volume is limiting including translational animal models of clinical states. Vendors who are now producing assays for this platform include Bio-Rad, BioSource, Linco, Millipore and R&D Systems.

Other recent laboratory advances include upgrade of our ABI 7900HT system to allow fluorescence based genetic assays using a 384-well format. This will allow higher assay throughput and lower cost per assay due to lower reagent volumes used. The Core Lab is also able to run ABI low density array cards containing 384-microfluidic wells preloaded with TaqMan assays available with a variety panels of disease relevant gene expression qPCR assays (typically 24 – 96 gene targets) or they can be custom formatted by the investigator with 24 genes for each of 8 samples or proportionately more gene targets with fewer samples per card. The Core Lab can also assist investigators with accessing microarray genetic assays run in the UCHC Translational Genomics Core using the Illumina platform.

Additional monies were available to purchase another -80°C freezer and a sample processing centrifuge to support sample collections at clinical sites on the lower campus. We are interested to know if investigators might benefit from a sample processing capacity at the UConn Storrs campus. E-mail Dr. Covault at jocovault@uchc.edu for more information about any of these topics.

UPCOMING GCRC SEMINARS

We are currently lining up a full roster of speakers for the 2007-2008 GCRC Seminar Series, which will begin in the Fall. The first seminar will be held on September 11, at which time, Peter Krause, M.D. of Connecticut Children's Medical Center will present "Tick Immunity and Tick-borne Infection." To view all upcoming seminars, please access our website - (<http://gcrs.uchc.edu/training/gcrseminar.html>)

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.

NEW CLINICAL RESEARCH IN THE GCRC

Impact of HIV on Hepatitis C Infection in Hemophilia

P.I. - Robert Bona, M.D.

Behavioral Gene Bank

P.I. - Carolyn Drazinic, M.D., Ph.D.

The Taste and Colon Cancer Collaboration Project

P.I. - Valerie Duffy, Ph.D., R.D.

Impact of a Protein Supplement on Bone Mass in Older Women

P.I. - Anne Kenny, M.D.

Rescuing CTL from Activation Induced Death

P.I. - Bijay Mukherji, M.D.

Adaptive Immunity in Secondary Syphilis

P.I. - Juan Salazar, M.D.

Effect of Anastrozole on Bone Turnover Markers and Bone Mineral Density in Postmenopausal Women with Primary Breast Cancer: A Pilot Study

P.I. - Pamela Taxel, M.D.

THE GCRC WEBSITE HAS A NEW LOOK!

by Harriet Potts
Systems Coordinator

With the new year, the GCRC website also has a new look. When UConn decided to use a template form for websites, we decided that was the perfect time to do some website housecleaning. We now have a more personal look, including pictures, interviews with study participants, and a little bit more of everything. Each of our main groups has a page that includes updated articles on that group and some contact information. We hope our new navigation proves easier to use as well, allowing readers to easily see what they need. Our Current Research site now includes links to find out what studies are recruiting, as well as links to other Health Center sites that deal with research. Many of our frequently requested forms, such as brochures for investigators, participants, or laboratory procedures can be downloaded directly from the site. All in all, we hope people find it a friendly and a useful site to visit.

If you have any comments, or would like to place a research ad, please contact Harriet Potts at 679-1120 or email potts@uchc.edu. We'd love to hear from you!

RECENT GCRC PUBLICATIONS

Arias A, Feinn R, Covault J, Kranzler H. Memantine for Alcohol Dependence: An Open-Label Pilot Study. *Addictive Disorders and Their Treatment*, 2007 (in press)

Aseltine R. The Academic ED SBIRT Research Collaborative. An Evidence Based Alcohol SBIRT Curriculum for ED Providers Improves Skills and Utilization. *Substance Abuse*, 2007 (in press).

Bonkovsky HL, Snow KK, Malet PF, Back-Madruga C, Fontana RJ, Sterling RK, Kulig CC, Di Bisceglie AM, Morgan TR, Dienstag JL, Ghany MG, Gretch DR, HALT-C Trial Group. Health-related Quality of Life in Patients with Chronic Hepatitis C and Advanced Fibrosis. *J Hepatol*. 46:420-31. 2007.

Covault J, Gelernter J, Jensen K, Anton R, Kranzler HR. Markers in the 5'Region of *GABRG1* Associate to Alcohol Dependence and are in Linkage Disequilibrium with Markers in the Adjacent *GABRA2* Gene. *Neuropsychopharmacology*, 2007 (in press)

Kadden RM, Litt MD, Kabela-Cormier E, Petry NM. Abstinence Rates Following Behavioral Treatments for Marijuana Dependence. *Addict Behav*. 32:1220-36, 2007.

Litt, MD, Kadden RM, Kabela-Cormier E, Petry NM. Changing Network Support for Drinking Initial Findings from the Network Support Project. *J Consult Clin Psychol*, 2007 (in press)

Wagner JA, Tennen H. History of Major Depressive Disorder and Diabetes Outcomes in Diet- and Tablet-treated Post-menopausal Women: A Case Control Study. *Diabetic Med*. 24:211-6, 2007.



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

SUMMER CLINICAL RESEARCH SCHOLARS

This ten-week program is for enrolled or incoming medical or dental students. Undergraduate students are invited to attend as well. The purpose of the program is to provide an introduction to clinical research and to “whet students’ appetites” for clinical research.

Students are expected to develop and carry out well-founded, limited scope studies, working with one or more established investigators. During the summer all students are responsible for attending weekly journal club meetings. They will be expected to briefly describe their research project and critique a peer-reviewed journal article, which relates to their project. In addition, all students are required to develop poster presentations for the annual Medical Student Research Day.

This year the GCRC is sponsoring seven students. The weekly journal club will be held on Tuesdays from 12:00-1:00 p.m. in ARB EG-052.

If you would like more information, please contact Lisa Godin at 679-4145 or by e-mail (Godin@nso.uchc.edu).

TRAINING COURSE FOR CLINICAL RESEARCH COORDINATORS

Sponsor

UCONN General Clinical Research Center and the Clinical Trials Unit

Where

UCONN Health Center, 263 Farmington Avenue, Farmington, CT 06030
MARB Building, Conference Room N4002

When

October 3 and 4, 2007, 8:30-4:30p m.

Target Audience

RNs, LPNs, APRNs, MDs, other healthcare providers, Clinical Research Technicians
Clinical Research Assistants/Associates, Research Administrators, Research Dental Assistants, Research Pharmacists, and students interested in clinical research

Continuation Education

CNA CONTACT HOURS: 15.0 CNA Contact Hours are pending for this program. (John Dempsey Hospital is an Approved Provider of Continuing Nursing Education by the Connecticut Nurses’ Association, an Accredited Approver by the American Nurses Credentialing Center’s Commission on Accreditation)

Course Description

The Training Course for Research Coordinators was developed to introduce the principles of clinical research to clinical research assistants, clinical research nurses, and others interested in study coordination. Didactic information and resource identification by experienced research personnel will be provided over the 2-day period. The goal of the course is to promote a conceptual awareness that distinguishes research practice from clinical practice. The participants will attend sessions led by staff from the GCRC, Clinical Trials Unit, Human Subjects Protections Office, and Department of Pharmacy. The 16-hour course reviews the research process, with an emphasis on the many facets of coordination that are necessary for safe and effective clinical research. Topics to be covered include subject recruitment, compliance, IRB review, industry-sponsored studies, the drug development process, adverse event reporting, informatics, and fiscal compliance.

Registration Fee for the Two-Day Course and Payment Plan

UCHC employees \$125; others \$200.
Either a personal check made payable to *UCONN Health Center* or a transfer voucher from the sponsoring department are acceptable modes of payment. Registration closes Monday, September 17, 2007. Payment due by September 21, 2007.

Contacts

Lisa Godin at 860-679-4145 or e-mail godin@nso.uchc or Thomas Kiely 860-679-1707 or email Kiely@nso.uchc.edu.

RECRUITMENTS

**ARE YOU RECOVERING
FROM A RECENT HIP
FRACTURE?**



**UConn Study Looking at Strength,
Endurance and Balance After Hip Fracture
Surgery!**

Standard rehabilitation therapy after surgery due to a hip fracture is about two to three months. UConn Center on Aging would like to look at the beneficial effect of an in-home training session for 16 weeks after the standard care and rehabilitation period is received.

Participants will receive:

- Two testing visits at UConn Health Center over 16 weeks after the usual rehabilitation from hip repair.
- Half of the participants will receive in-home training with a licensed physical therapist over the 16 weeks; half the participants will not receive the in-home training.

To Be Eligible:

- Men and Women Must be 65 years of age or older
- Must have had a hip fracture within the last 3 months

Call **toll free** (800) 213-4477 for more information and to see if you are eligible!

This study is being conducted under the direction of Dr. Anne Kenny and Rick Fortinsky
University of Connecticut Health Center,
Center on Aging, Farmington, CT
(IRB#07-061-2)

TMJ PROBLEMS?



6-Week Treatment - No Cost

**Research Study of Brief Comprehensive
Treatment**

For male and female sufferers of temporo-mandibular joint pain. Must be at least 18, have pain for at least 3 months, and no previous treatment for TMJ. Will require monitoring of pain before and during treatment.

Study directed by Dr. Mark Litt.
For information call 679-2172

UConn Health Center
(IRB# 98-101)

**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)

DENTAL IMPLANT & BONE HEALTH STUDY

The School of Dental Medicine



Are you a woman between the ages of 55 & 80?

- Have you been diagnosed with osteopenia or osteoporosis?
- Do you need at least one dental implant?
- Do you have at least 12 remaining teeth?

You may be able to participate in a research study at the University of Connecticut Health Center. The study is looking at dental implants and bone growth and is part of an important ongoing effort made by faculty at the Center for Implant & Reconstructive Dentistry to develop better methods of rebuilding bone.

As a participant in this study you will receive quality dental implants and restoration at substantially reduced fees of approximately 25% of the usual fee. Care will be provided by the faculty of the School of Dental Medicine at the University of Connecticut Health Center.

Purpose

The purpose of this research study is to look at the relationship between general bone health (including the diagnosis of osteoporosis) and the success of rebuilding shrunken jaw-bone prior to dental implant and crown placement.

Procedures

Participants will receive:

- Up to two dental implants, bone rebuilding and crowns at a significantly reduced price.
- Diagnostic procedures that are part of the study will be provided free of cost.

- Reimbursement will be provided for follow-up visits.

Participants are asked to:

- Come to the UCONN Health Center for approximately 11 visits over the course of 26 months.
- Participate in brief interviews at the time of their visits.

For more information, please call:
860-679-2022

(IRB #07-016-1)



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. Participants in the study will be eligible to receive compensation up to \$281 over a one-year period.

To find out if you qualify, please call UConn Health Center at (860)679-7692 or 1-800-535-6232 (Monday-Friday, 8:00 am – 5:00 pm).

Principal Investigator: Dr. Rajesh Lalla.

(IRB#06-022-1)

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(860) 679-4145 - ADMINISTRATION
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General Clinical Research Center Newsletter

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

General Clinical Research Center Newsletter

**General Clinical Research Center
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