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Editor: Tony DiNuzzo, PhD

Fall 2009

Medical Effectiveness—Interview with Taylor Riall, MD, PhD



There is increased emphasis on improving the quality of health care by obtaining and disseminating information about the effectiveness and outcomes of care and by facilitating more consumer input participation in decision-making. Research has focused on examining barriers to information use and the challenges that these

barriers pose for effectiveness research. The general goal of medical effectiveness research are: (1) to provide more information so that consumers, providers and policymakers can make “rational” decisions; (2) to incorporate patient preferences into health care decisions; (3) to develop guidelines that incorporate both individual perspectives and societal perspectives; (4) to use information to improve the practice of health care. Recommendations for improving the use of information include: (1) the evidence on how people actually make decisions should be used to inform the design and implementation of effectiveness research; (2) decision-making should be structured through guidelines and policies; (3) criteria should be developed for determining which guidelines should fully incorporate patient preferences; (4) safeguards should be established to guard against misuse of information. The following are excerpts from an interview with Taylor Sohn Riall, MD, PhD associate professor with the Department of Surgery-General Surgery.

Dr. Taylor Riall found her niche in pancreatic surgery early. After receiving a BA in Chemistry with Highest Honors from Rutgers (1992), she earned her MD at Johns Hopkins (1996), where she did her residency in surgery and studied pancreatic cancer as a research fellow. She was an Instructor at Johns Hopkins from 2004 until 2005, when she came to UTMB to accept an Assistant Professorship in General Surgery. She recently earned a PhD in Health Services from UTMB and was appointed Associate Professor. Her

interest in the care of pancreatic cancer patients led her to pursue population-based outcomes research. She received the Dennis W. Jahnigen Career Development Scholar’s Award from the American Geriatric Society (AGS) in 2007 to study the topic. Another AGS award received this year will allow her to continue her studies, but she has already co-authored several studies on the subject. Her most recent article appears in the August 2008 issue of *Surgery*, “Outcomes following pancreatic resection: variability among high-volume providers.”

What is UTMB doing to address this issue in terms of research and education?

Dr. Riall: UTMB is doing a lot of things currently. First Dr. Jim Goodwin, director of the Sealy Center on Aging, and I are working to establish the Center for Comparative Effectiveness and Cancer Outcomes (CCECO). The new center will be part of the Cancer Center, Department of Surgery and the Sealy Center on Aging. This is a multidisciplinary group of physicians including surgeons, internists, oncologists, and geriatricians. We are working together to provide clinical input to focus on the most important aspects of medical effectiveness. This is paired with epidemiologist, biostatisticians and methodologist who have experience in doing this type of research. The Center will provide a comprehensive approach to explore quality healthcare that we deliver, look at adherence to guidelines, and provide quality cancer care for many different cancers. We have clinicians that can apply these findings not only both locally here at UTMB and then translate them into public policy to have a more global impact. The goal is to integrate these findings for the care of our everyday patients. We have already developed protocols for complex surgical procedures that all patients to follow. For example, if you are coming in for pancreatic surgery, we can better manage your care through these protocols and guidelines.

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This really streamlines patient care and allows us to be more cost-effective and at the same time provide optimal care for all the patients.

The other thing that we are doing at the CCECO is integrating resident education into medical effectiveness so with the Department of Surgery and Centers with T32 training grants. We're trying to get residents to get a degree in health services or outcomes research and participate in this medical effectiveness research.

What do you consider to be the most significant aspect of this emphasis on medical effectiveness?

Dr. Riall: I think if it's done correctly this research can be used to define health policy. Because this is so important, we need to be extremely careful about how we approach this research and how the research is applied. The group at UTMB is run primarily by clinicians who have the clinical experience and the clinical insight to ask important clinical questions as the government rolls out the mandates for effectiveness research. You don't want policy makers, who don't have experience taking care of patients, making decisions based on cost alone and not taking everything into account. And you also do not want these policies to override the physician's autonomy and the physician's ability to take care of patients. This cannot be measured strictly on some guideline without having any ability to deviate from that guideline as an individual situation might require. As we develop these policies it is important to have physicians who are also trained in health services researchers defining medical effectiveness and defining these policies and defining the role of patient preference and cost. You need to balance all of those things and cost alone isn't the answer, patient preference alone isn't the answer.

How is medical effectiveness currently being assessed within the medical community?

Dr. Riall: I think it's in its infancy. The concept of medical effectiveness is a new idea and the medical community isn't doing it effectively right now. Sometimes patient preferences drive practice before we even have good data on outcomes and that shouldn't be the case. I think right now it is severely lacking in terms of getting a balance between patient preference, cost effectiveness, and outcomes. Process measures are currently being used with increasing frequency to measure quality of care. For example, the use of antibiotic prophylaxis before surgery. However, implementation of these process measures are not correlated with outcomes. We need to design systematic medical effectiveness research that correlates quality measures with outcomes in order to reduce the cost of healthcare. Results from these studies need to drive informed decision-making. We need

rigorous studies to define the criteria for incorporating outcomes, process measures, patient preference, quality of life, and cost.

Are we moving forward in that direction?

Dr. Riall: I think we are, but unfortunately we're never going to be able to do that in the very purest way because the medical market is driven by patient preference. Now we have a completely different kind of patient than you had 20 years ago. These patients come to your office and they may have already been on the internet, they know about new technology. They may want a specific treatment independent of any data and outcome regarding that and that makes it a very challenging environment in which to practice. The flip side is that it makes it a great environment if you can make medical effectiveness data available – bring them the correct information with which to make medical decisions. If people can read and understand it they can participate in health care decisions and have more responsibility in health care reform.

How does your area of expertise, cancer research, compliment what is planned to examine aspects of medical effectiveness research?

Dr. Riall: It fits together beautifully because cancer is an area with ample opportunity to study effectiveness of care and we often times push the envelope on what is effective care. I think there are whole areas of cancer care that haven't been studied at all. For example, we study treatment - chemotherapy and surgery - but nobody looks at survivorship. Once somebody is treated for their cancer what is their quality of life? I operate on people with pancreatic cancer and unfortunately many of them still die of pancreatic cancer but nobody has looked at whether or not their quality of life is better once we have done that operation. Even if they still die of pancreatic cancer, they may still have a much better quality of life in the time period that they are alive. Nobody has looked at issues like how often should we survey these people for recurrence of their cancer. It might be very different in different kinds of cancer. Some cancers might have rescue therapy for recurrent disease and other cancers might not. As we move forward I think we're really interested in using our skills in medical effectiveness research to answer questions and to pioneer in areas that haven't been well defined.

Are their other people at UTMB working on this that you know of?

Dr. Riall: There are. We have a group of health services researchers who all work together. It is very collaborative and it's very multidisciplinary. Within the cancer center

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Dr. Vic Sierpina and Dr. Levine are very interested in sort of a holistic aspect to the cancer center. And as patients sign up as they come in with their cancer, they'll sign up for survivorship care as well. They'll be put on a physical therapy program, have spiritual counseling, and dietary counseling that will be a lot broader than what we provide now in terms of classic allopathic therapy.

What does the future look like to utilize medical effectiveness research, that is, where is this area of research going?

Dr. Riall: I think we have a unique opportunity at UTMB to study effectiveness in the older population. We have a unique group of clinicians who know the clinical questions

to ask and who have the expertise to perform this type of health care research. As I said before, I think the accepted guidelines of care of older patients may not apply. For example, everybody agrees that surgery is indicated for early stage pancreatic cancer. But should we do it if someone is 80? Or 90? We don't know the answer to these questions. So I think we have an opportunity to determine adherence to guidelines in these older patients and also to determine the appropriate guidelines. Do these people need a totally different set of guidelines since they present a unique set of challenges than younger patients? They are an especially vulnerable population. If we study these issues systematically the goal will be to optimize outcomes and resource utilization. We will be the pioneers in this area as new policies are developed.

Employment Opportunities

Department of Internal Medicine-Geriatrics Open Rank, Tenure Track/Tenured Faculty Position

The University of Texas Medical Branch (UTMB), Division of Geriatric Medicine seeks outstanding physician-scientist candidates with an active research program in clinical trials in geriatric populations for an open rank tenure-track/tenured faculty position. The position includes a superb startup package and ample office and laboratory space. The successful candidate will join a very active and well funded group of investigators on aging, and will enjoy a collegial environment with ample opportunities for interdisciplinary collaborations including: the UTMB Claude D. Pepper Older Americans Independence Center; the Sealy Center on Aging; the Institute for Translational Sciences/CTSA; several institutional training grants; and a research-oriented Acute Care for Elders Units, which has been recently designated as an inpatient research unit for clinical and translational studies on hospitalized older patients. The ideal candidate will have a nationally-recognized scholarly publication record and extramural funding, a history of successful pre- and/or post-doctoral mentoring, and be willing to significantly contribute to the vibrant interdisciplinary research and research training activities at UTMB.

UTMB is an equal opportunity, affirmative action institution which proudly values diversity. Candidates of all backgrounds are encouraged to apply. Nominations and letters of intent including curriculum vitae, a one-page description of research interests, and the names of three references can be submitted in confidence to the attention of:

Elena Volpi, MD, PhD
Department of Internal Medicine-Geriatrics
The University of Texas Medical Branch
301 University Blvd., Galveston, TX 77555-0460
or evolpi@utmb.edu

Department of Internal Medicine-Geriatrics Assistant/Associate/Full Professor

The Department of Internal Medicine, Division of Geriatric Medicine of the University of Texas Medical Branch at Galveston is seeking an expert in nutrition research to join an active research program on aging and metabolism. Responsibilities include; research, teaching, and patient care, if appropriate. Appointment will be at the Assistant, Associate, or Full Professor level, depending on experience. The ideal applicant will have experience in clinical research on nutritional requirements in older people. Candidates with evidence of research productivity and funding are highly desirable. A doctoral degree is required, and additional qualifications, such as LD/RD, are desirable.

Resources include: a Claude Pepper Older American Independence Center; a research-oriented ACE Unit; the NIH-funded Institute for Translational Sciences/CTSA with an established, well equipped Clinical Research Center with metabolic kitchen and equipment for body composition measurements; and 6.3 million dollars a year in external funding by geriatric faculty.

UTMB is an equal opportunity, affirmative action institution which proudly values diversity. Candidates of all backgrounds are encouraged to apply. Submit a statement of career goals, CV, and names of three references to:

Melinda Sheffield-Moore, PhD, c/o Jay Torres
Department of Internal Medicine-Geriatrics
The University of Texas Medical Branch
301 University Blvd
Galveston, Texas 77555-0460



Senior Seaside Club established through UTMB President's Cabinet Award

Rev. Helen Appelberg, DMin, director of the Center for Spirituality of Aging, Sealy Center on Aging, has received a President's Cabinet award to establish the Senior Seaside Club. The primary goal is to nurture community, confidence, and renew the bond of vitality and reliance between seniors and UTMB faculty and students. This will be accomplished through Learning Dinners, "By the Sea" senior beach walks, a three day Abundant Living conference, support for the renewal of the House Call program, and the expansion of senior volunteer, "Friends of the Acute Care of the Elderly (ACE) Unit" services.



Senior dinners will be on the first Tuesday of each month beginning in December. The first dinner, December 1st, will be held in Levin Hall Dining Room (2nd floor), 11th & Market Street, Galveston from 4:30 - 6:30 p.m. The guest speaker will be Dr. James Goodwin, M.D., George & Cynthia Mitchell Distinguished Chair in Geriatric Medicine, Director, Sealy Center on Aging. COST: \$6.00 per person, cash or check at door. To make a reservation contact (409) 747-0008 or email: omtownse@utmb.edu by Monday, November 30, 2009. FREE PARKING will be available after 4:00 pm at 11th and Market St. (Lots J and D).

For more information contact, Rev. Helen Appelberg, D.Min., at (409) 772-5352 or by e-mail, hwappelb@utmb.edu.

Geriatrics to receive federal funds to improve care of older patients

The University of Texas Medical Branch will receive more than \$11 million in federal stimulus grants to shore up employment and to ramp up research in areas from cancer to emerging infectious diseases. Funding will come from the \$787 billion American Recovery and Reinvestment Act.

"These funds are very much welcome," Bill New, associate dean for research administration at the medical branch, said. "The infusion of funding is allowing us and medical centers across the country to fund very worthwhile projects that wouldn't otherwise be funded. One of the projects targeted for funding is improving the Care of the elderly hospitalized patient.

With continuing medical advances, Texans are living longer and requiring more age-related health care. U.S. Department of Commerce statistics indicate that, between 2000 and 2010, more than 500,000 people over 65 will be added to the state's population. The number of those 85 and older living in the United States is predicted to increase from 12 million in 2000 to 19 million in 2030. Currently, the Sealy Center on Aging research includes the study of muscle function, hormone and nutrition interventions, the impact of neurodegenerative conditions on aging, the influence of positive attitudes on the incidence of stroke and other diseases common in the aging population and recovery from illness particularly among the older hospitalized patient. Discussions are on-going into how to best use these new funds for the care of older patients who require hospitalization in the Acute Care for the Elderly (ACE) Unit. This unit is located on the 10th floor of John Sealy Hospital and has a team of geriatric experts to provide comprehensive and interprofessional care.

The UTMB Claude D. Pepper Older Americans Independence Center Funded for Third Cycle

The UTMB Claude D. Pepper Older Americans Independence Center (OAIC) grant was approved for renewed funding by NIA for a third 5-year cycle. During the next 5 years, the UTMB OAIC will focus on translating basic discoveries on the mechanisms of muscle loss and re-growth with aging to clinical practice to promote functional recovery and prevent disability in older adults. Observational studies will provide crucial information for selection of appropriate in-hospital, post-discharge, and long-term outcomes for inclusion in clinical trials of geriatric patient populations.

Over the next cycle the UTMB OAIC will pursue the following objectives:

1. Identify predictors of physical function and recovery from illness in hospitalized geriatric patients
2. Identify potential treatments to improve function and accelerate recovery
3. Determine the efficacy of the identified treatments in clinical trials in geriatric patients
4. Increase the number of junior and senior investigators involved in geriatric research

Look for more information on the UTMB Pepper OAIC in future Sealy Center on Aging newsletters. For more information, please contact Tony DiNuzzo, PhD at x25367 or by e-mail, adinuzzo@utmb.edu.

Grants

James S. Goodwin, M.D., Director, Sealy Center on Aging. 1R01 AG033134-01A1. Care of the Elder Hospitalized Patient: The Role of Hospitalists. NIH/NIA \$656,488, 09/15/09-08/31/2011 The goal of this project is to assess the growth of hospitalists and their impact on the processes and outcomes of hospital care in the US 1995-2008 using the 5% national sample of Medicare charge data for this period. This study will allow us to comprehensively assess the strengths and limitations of the hospitalist model in different settings so that appropriate modifications and interventions can be developed to ensure high quality across transitions in medical care.

James S. Goodwin, MD, Director, Sealy Center on Aging. Summer Research Training in Aging for Medical Students. University of Pittsburgh/NIA T35 Subcontract. \$10,405.00.

Ritchie A. Adoue, Sealy Center on Aging. Retired Senior Volunteer Program (RSVP) of Galveston County. Corporation for National & Community Services. \$133,749.00/3 yrs.

Al Snih, Soham, MD, PhD, Division of Rehabilitation Sciences. Obesity, Muscle Strength and Disability in Older Mexican Americans and Elders from Latin America and the Caribbean. National Inst on Aging R03. \$125,460.00/2 yrs.

Kyriakos S. Markides, PhD, PMCH-Sociomedical Sciences. Longitudinal Study of Mexican American Elderly Health. National Inst on Aging R01. \$3,941,360.00/5 yrs.

Douglas J. Paddon-Jones, PhD, Physical Therapy. Protein Needs for Optimal Meal Response. National Cattlemen's Beef Association. \$151,178.00/2 yrs.

Rebeca Wong, PhD, PMCH-Sociomedical Sciences. Social Disparities in Health among Latinos. University of California, Los Angeles/National Inst. of Child Health and Human Development R01 Subcontract. \$53,616.00.

Michael Kinsky, MD, clinical director, Resuscitation Research Laboratory—Grant # 427140. “Decision-Assist and Closed-Loop Control of Fluid Therapy”—Office of Naval Research/Department of Defense—\$779,000 (three years, 07/08-06/11).

Gulshan Sharma, MD, associate professor, Division of Pulmonary, Allergy and Critical Care Medicine. Continuity of care and end of life ICU use—Mentored Oriented Career Development Award—K08 AG31583-01, 9/1/2008–8/30/2013.

Awards/Accomplishments



The Sealy Center on Aging has selected Blake Rasmussen, PhD, professor in the School of Health Professions (SHP) Department of Physical Therapy, to serve as the inaugural holder of the Lloyd and Sue Ann Hill Professorship in Healthy Aging. This endowment was established by Lloyd L. and Sue Ann Hill in 2007 and supports translational and/or clinical aging research, including, but not limited to, one or more of the following areas of interest: muscle biology, muscle function, exercise, nutrition, metabolism, rehabilitation, integrative physiology, biomechanics, obesity and cardiovascular health. Dr. Rasmussen is a key member of the Sealy Center on Aging, the Claude Pepper Older American Independence Center and serves as the Core Leader for the Pepper Center Pilot/Exploratory Studies Core. His R01 NIH grant, renewed in 2008 for five years, examines the molecular basis for the muscle response to exercise and nutrition in an effort to develop evidence-based rehabilitation strategies to promote muscle growth in various clinical conditions associated with significant muscle loss.

Dr. Rasmussen's appointment is a fitting recognition of his research accomplishments and collaborative contributions to the Sealy Center on Aging and UTMB.

PEPPER CENTER RECRUITMENT

To answer questions about why muscle function deteriorates with age, researchers with the Pepper Center are looking for volunteers 60 years-old or older, and in good general health. For information contact: Susan Minello (409) 772-8350, Roxana Hirst (409) 772-3588 or use our toll-free number (800) 298-7015.

THE SEALY CENTER ON AGING VOLUNTEER REGISTRY

More than 700 volunteers have joined the UTMB Sealy Center on Aging Volunteer Registry to participate in a variety of UTMB research projects. If you are 55 or older and would like information on becoming a volunteer, please call Roxana Hirst or Susan Minello, registry coordinators, (409) 772-3588 or (800) 298-7015.



Upcoming Events

► 13th Annual Forum on Aging

Once again the Sealy Center on Aging in conjunction with Research Services will be sponsoring the Forum on Aging. The event is scheduled for Thursday, November 12, from 5-7 p.m. in the Levin Dining Hall. This poster forum is designed to inform gerontology researchers and the general UTMB community of the types of aging research, programs and educational initiatives conducted at UTMB. The Forum also highlights resources available from the Sealy Center on Aging, and throughout UTMB and the Galveston-Houston area.

All are invited to attend—so please mark your calendars. All guests and participants will view posters representing a wide diversity of topics, with adjoining study areas and visits with presenters. Monetary prizes will be awarded for the best student posters. Wine and cheese will be served.

For more information contact: Tony DiNuzzo, PhD at the Sealy Center on Aging at extension 25367 or email, adinuzzo@utmb.edu.

► The 15th Annual Lefebvre Winter Series on Aging

Every year the Sealy Center on Aging sponsors six weeks of nationally and internationally known speakers on topics in aging. This year, the Winter Series on Aging begins Tuesday, January 26 and continues each Tuesday until March 2. All lectures will be held from 5–6 p.m. in Levin Hall North Auditorium on the UTMB campus. There are wine and cheese receptions following each lecture in the Levin Hall lobby. All are welcome!

For more information, contact Beth Schilling at (409) 747-3525 or baschill@utmb.edu.

► Tuesday, January 26, 2010

“The Institute of Geriatrics in Mexico: Scope and goals towards strengthening a strategic alliance with the WHO/PAHO Collaborating Center on Aging and Health at UTMB” | **Luis Miguel F. Gutiérrez Robledo, MD, PhD** | Director, Institute of Geriatrics, National Institutes of Health in Mexico

► Tuesday, February 2, 2010

“Nutrition for Successful Aging” | **Stephen Kritchevsky, PhD** | Professor of Internal Medicine, Gerontology and Geriatrics, Director, J. Paul Sticht Center on Aging and Rehabilitation; Core Leader, Leadership and Administrative Core and Co-Core Leader, Research Career Development Core; Wake Forest University Health Sciences (WFUHS) OAIC

► Tuesday, February 9, 2010

“Life-Space Mobility and the UAB Study of Aging: Predictors, Trajectories, and Outcomes Over Eight Years” | **Richard Allman, MD** | Director, Birmingham/Atlanta VA Geriatric Research, Education and Clinical Center (GRECC); Parrish Endowed Professor of Medicine at the University of Alabama at Birmingham (UAB); Director of the Center for Aging and the Division of Gerontology, Geriatrics, and Palliative Care, University of Alabama at Birmingham

► Tuesday, February 16, 2010

“Lack of Pep” | **John E. Morley, MB, BCh** | Dammert Professor of Gerontology, Director, Division of Geriatric Medicine, Saint Louis University Medical School; Director of the Geriatric Research Education and Clinical Center at the St. Louis V.A. Medical Center

► Tuesday, February 23, 2010

“Use and Comparative Effectiveness of Adjuvant Hormonal Therapies for Breast Cancer” | **Ann B. Nattinger, MD, MPH** | Professor of Medicine and Health Services Research, Chief, General Internal Medicine, Lady Riders Professor of Breast Cancer Research; Director, Center for Patient Care and Outcomes Research, Medical College of Wisconsin

► Tuesday, March 2, 2010

“What we know about designing S.M.A.R.T. Programs: Safe, Manageable, Anabolic Resistance Training for Seniors” | **Anthony Vandervoort, PhD** | Professor and Acting Chair, Health and Rehabilitation Sciences Graduate Program; Faculty of Health Sciences at the University of Western Ontario, Canada

Recent Publications

1. Dallo FJ, Al Snih S, Ajrouch KJ. 2009. The Prevalence of Disability among US- and Foreign Born Arab Americans: Results from 2000 US Census. *Gerontology*, 55:153-161.
2. Dillon EL, Sheffield-Moore M, Paddon-Jones D, Gilkison C, Sanford AP, Casperson SL, Jiang J, Chinkes DL, Urban RJ. 2009. Amino Acid Supplementation Increases Lean Body Mass, Basal Muscle Protein Synthesis, and IGF-1 Expression in Older Women. *Journal of Clinical Endocrinology and Metabolism*. Feb 10.
3. Drummond MJ, Dreyer HC, Fry CS, Glynn EL, Rasmussen BB. 2009. Nutritional and contractile regulation of human skeletal muscle protein synthesis and mTORC1 signaling. *Journal of Applied Physiology*. Jan 15.
4. Drummond MJ, Fry CS, Glynn EL, Dreyer HC, Dhanani S, Timmerman KL, Volpi E, Rasmussen BB. 2009. Rapamycin administration in humans blocks the contraction-induced increase in skeletal muscle protein synthesis. *Journal of Physiology*. Feb. 2.
5. Durham WJ, Dillon EL, Sheffield-Moore M. 2009. Inflammatory burden and amino acid metabolism in cancer cachexia. *Current Opinion in Clinical Nutrition and Metabolic Care*. Jan;12(1):72-7.
6. Ketchandji M, Kuo YF, Shahinian V, Goodwin JS. 2009. Cause of death in older men after the diagnosis of prostate cancer. *Journal of the American Geriatric Society*. 57:24-30.
7. Kuo YF, Sharma G, Freeman JL, Goodwin JS. 2009. Growth in the care of older patients by hospitalists in the United States. *New England Journal of Medicine*. 360 11:1102-1112.
8. Lemus FC, Tan A, Eschbach K, Freeman DH, Freeman JL: Correlates of Bacterial Pneumonia Hospitalizations in Elders, Texas Border, *Journal of Immigrant and Minority Health* (published online: 18 March 2009).
9. Ottenbacher KJ, Graham JE, Al Snih S, Raji M, Samper-Ternent R, Ostir GV, Markides KS. 2009. Mexican Americans and frailty: findings from the Hispanic established populations epidemiologic studies of the elderly. *American Journal of Public Health*. Apr;99(4):673-9.
10. Paddon-Jones D, Rasmussen BB. Dietary protein recommendations and the prevention of sarcopenia. 2009. *Current Opinion in Clinical Nutrition and Metabolic Care*. Jan;12(1):86-90.
11. Papaconstantinou J. 2009. Insulin/IGF-1 and ROS signaling pathway cross-talk in aging and longevity determination. *Molecular and Cellular Endocrinology*. 2009 Feb 5;299(1):89-100.
12. Rasmussen BB, Richter EA. 2009. The balancing act between protein synthesis and breakdown: exercise as a model to understand the molecular mechanisms regulating muscle mass. *Journal of Applied Physiology*. ePub ahead of print Jan. 29. 2009.
13. Riall TS, Reddy DM, Nealon WH, Goodwin JS. 2008. The effect of age on short-term outcomes after pancreatic resection: a population-based study. *Annals of Surgery*. Sep 2008;248 3:459-467.
14. Reddy DM, Townsend CM Jr, Kuo YF, Freeman JL, Goodwin JS, Riall TS. Readmission After Pancreatectomy for Pancreatic Cancer in Medicare Patients. *J Gastrointest Surg*. 2009 Sep 16.
15. Sharma G, Freeman JL, Zhang DD, Goodwin JS. 2009. Continuity of care and intensive care unit use at the end of life. *Archives of Internal Medicine*. Jan;169(1):81-6.
16. Sharma G, Fletcher K, Zhang D, Kuo Y-F, Freeman J, Goodwin JS. 2009. Continuity of outpatient and inpatient care by primary care physicians for hospitalized older patients. *JAMA* 2009;301(16):1-10.



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Information

Contact Tony DiNuzzo, PhD, at (409) 772-5367, or the Sealy Center on Aging, (409) 747-0008, for information regarding items in this issue.

THE SEALY CENTER ON AGING at UTMB has openings for pre-doctoral and post-doctoral positions for Fall of 2009. Funded by a training grant from the National Institute on Aging, these research positions focus on the health of older minorities, with a particular emphasis on older Hispanics. Fellows will collaborate with any of more than 15 center faculty with more than \$42 million in ongoing aging research in the areas of medical outcomes, health service utilization, social epidemiology, psychosocial stress, and health promotion as they pertain to older minorities. The pre-doctoral stipend is approximately \$20,000; post-doctoral stipends range from \$36,000–\$51,000 depending on experience level. Applicants must be U.S. citizens or permanent residents. Applicants should send a letter stating research interests, relevant prior training, and curriculum vitae to: Jean Freeman, PhD, Sealy Center on Aging, The University of Texas Medical Branch, 301 University Blvd., Galveston, TX, 77555-0460. Email: jfreeman@utmb.edu.

UTMB is an equal opportunity, affirmative action institution which proudly values diversity. Candidates of all backgrounds are encouraged to apply.

Donations and Bequests UTMB's Sealy Center on Aging welcomes contributions to further geriatric research, education and training. You can help by contributing to the Fund for the Study of Aging, or contact us for information on how to select a particular program to support. Donations can be made to honor an individual and are deductible for income tax purposes to the extent allowed by law. Donations and bequests may be sent to:

The Fund for the Study of Aging
The Sealy Center on Aging
UTMB Office of University Advancement
301 University Blvd.
Galveston, TX 77555-0842

Please direct inquiries to: (409) 772-3950.

For more information on the Sealy Center on Aging, please go to our web site: <http://www.utmb.edu/aging/>