A $15.9 million grant from the National Institutes of Health (NIH) will help fund construction of a new research facility at the University of Alabama at Birmingham that will be used to develop the next generation of vaccines, drugs and diagnostic tests for emerging infections such as SARS and West Nile, and for defense against organisms such as pox viruses that might be used in bioterrorist attacks.

“This award recognizes UAB’s outstanding research record in virology, bacterial pathogenesis and immunology,” said UAB President, Dr. Carol Z. Garrison. “Acquiring this facility means we can extend our ability to be a research leader in areas that affect the health and well-being of people in Alabama and beyond. We intend to cement our role as a regional and national hub of research activity in these fields.”

Following 9/11 and the subsequent anthrax cases, as well as the spread of diseases such as West Nile Virus and SARS, a panel of scientific experts determined that the nation needed additional laboratory facilities specifically designed to conduct research into these diseases and biological agents. Last fall, the NIH issued a call for proposals, seeking applications to support the construction of such research facilities around the nation. Through its system of competitive review, the NIH awarded 11 grants.

“With this award, we will create a facility that will serve as a regional resource for researchers who are investigating these pressing health issues,” said Richard Marchase, PhD, senior associate dean for biomedical research at the School of Medicine at UAB and principal investigator for the grant. “That we would be chosen as the site for this facility indicates the regard with which UAB’s research program is held.”

The facility is known as a Biosafety Level (BSL-3) Laboratory. Laboratories that handle infectious agents are rated on four levels. BSL-1 laboratories handle agents that are considered harmless. BSL-4 labs handle agents that are considered extremely dangerous and life-threatening. BSL-3 labs handle agents that may cause serious or potentially lethal diseases. UAB and its affiliate Southern Research Institute already operate BSL-3 laboratories; their safety record has been flawless.

“The number of emerging infectious diseases continues to grow. The most recent pandemic of Sudden Acute Respiratory Syndrome (SARS) is a perfect example of how quickly a new disease can appear on the international health scene and require rapid and massive amounts of research to attempt to bring it under control,” said Richard Whitley, MD, professor of pediatrics and infectious disease. “These facilities provide a very controlled, publicly safe environment for the scientific investigation into potentially dangerous disease and microbes.” Dr. Whitley is UAB’s principal investigator in a consortium of six Southeastern universities awarded $45 million in early September to fund research into emerging infections and biological agents.

UAB researchers recently received significant grants to continue investigations into infectious disease that affect large numbers of people. UAB is leading a 35-site study to evaluate the effectiveness of a potential new treatment for West Nile virus. This is part of a seven-year, $31 million grant awarded to UAB to support the ongoing research activities of National Institute of Allergy and Infectious Diseases’ Collaborative Antiviral Study Group. Also, UAB has been awarded a four-and-a-half-year, $16 million grant from the NIAID to lead a multi-center study to develop and test a potential new class of HIV vaccines.

The new biomedical facility will be approximately 40,000 square feet, with 18,000 square feet of laboratory space. A specific site for the facility has not been selected. Construction is scheduled to begin in mid-2004.
TKC At Acton Road Offers New Services

The University of Alabama Health Services Foundation physician office on I-459 — The Kirklin Clinic® At Acton Road — now offers cardiology, plastic surgery, otolaryngology, and obstetric and gynecologic services. The three-story building includes examination rooms, an infusion therapy area, physician offices, diagnostic facilities, a library, and an educational conference room that is connected electronically to UAB’s main campus.

The surgery and obstetrics and gynecology clinics are housed on the third floor. The Center for Women’s Reproductive Health, staffed by maternal-fetal medicine physicians, offers routine and high-risk pregnancy care, as well as a Prematurity Prevention Program. Physicians from the Reproductive Endocrinology and Infertility Division offer infertility evaluations and treatments, genetic preconceptual counseling, and genetic prenatal diagnosis. Appointment numbers are 934-2179 for obstetrics; 801-7623 for reproductive endocrinology and infertility.

Also located on the third floor is the Center for Advanced Surgical Aesthetics and Otolaryngology-Head and Neck Surgery (ENT) Clinic. The center features board-certified general plastic and facial plastic surgeons specializing in all aspects of cosmetic surgery, particularly rhinoplasty, aging face surgery, breast surgery, and body contouring.

The ENT clinic is made up of board certified surgeons specializing in the care of sinus and allergy disorders, ear, balance and hearing disorders, voice disorders, difficulties breathing through the nose, and all other maladies of the ear, nose, throat, and neck region. Appointment numbers are 978-4341 for ENT and 502-9966 for the Center for Advanced Surgical Aesthetics.

Staffed by UAB cardiologists and nurses, the UAB Heart Health Center at Acton Road, located on the second floor, provides cardiac care to patients seeking evaluation, prevention, and management of cardiovascular diseases. Diagnostic services include echocardiography, nuclear cardiology studies, stress tests, lipid (cholesterol) analysis, and Holter monitoring. Additionally, staff will offer periodic screenings and lectures on risk factors and early warning signs of heart disease.

The Comprehensive Cancer Center clinic, located on first and third floors, is supported by a UAB pathology laboratory on site. The in-house physicians are radiation oncologist Jennifer De Los Santos, MD, and medical oncologist Marty Conry, MD. The clinic houses the most modern equipment available, including a Varian Clinac 21EX linear accelerator, which offers the fastest, most precise computer-driven intensity modulated radiation therapy and a General Electric Medical System CT Scanner. “In addition, the clinic is involved in medical research, and offers patients access to participate in a vast array of clinical trials currently available at UAB,” says clinic Administrator Kay Honeycutt. For access to the cancer clinic, call 978-0250.

UAB Researchers Probe Link Between Statin Use and Macular Degeneration

A new study from the University of Alabama at Birmingham indicates that patients who take cholesterol-inhibiting drugs known as statins are less likely to develop symptoms of age-related maculopathy (ARM), better known as macular degeneration. The findings suggest a possible association between ARM and cardiovascular disease. In a study reported in the September issue of the British Journal of Ophthalmology, individuals with a new diagnosis of ARM were 70% less likely to have filled a prescription for statins than a control group.

“The overlap in risk factors for cardiovascular disease and ARM, such as smoking, high cholesterol and high blood pressure, is an indication that the two conditions have similar pathways,” says Gerald McGavin, PhD, assistant professor of ophthalmology at UAB and co-author of the study. “If ARM and cardiovascular disease share common mechanisms, it is possible that there exists a protective association between the use of cholesterol lowering drugs and ARM.”

The team evaluated 550 individuals with a diagnosis of ARM and matched them to 5,500 control subjects, all older male patients at the Birmingham Veterans Affairs Medical Center.

The prominent lesions in ARM are located in Bruch’s membrane, a layer of tissue in the eye that separates photoreceptors and their support cells, the retinal pigment epithelium, from their blood supply. These lesions and Bruch’s membrane contain abundant lipids, including cholesterol, indicating a shared common mechanism at the level of the vessel wall.

“Statins are used to help reduce low density lipoprotein (LDL) cholesterol levels by inhibiting cholesterol production and increasing LDL cholesterol removal from plasma,” says study co-author Cynthia Owlsley, PhD, professor of ophthalmology. “If cholesterol is a common pathway for the development for cardiovascular disease and for ARM, then statin use may decrease ARM risk.”

“This study suggests that patients with ARM were less likely to have filled a statin prescription and thus less likely to have used statins to control cholesterol levels,” says Christine Curcio, PhD, professor of ophthalmology and a study co-author. “Further research is necessary to further understand the pathophysiology of ARM and the precise role, if any, of cholesterol. We also need to evaluate the effect of statins in lowering the risk and rate of progression of ARM.”

ARM is the leading cause of irreversible vision loss in older adults in America. There is no effective treatment for ARM or for slowing its progression in the early stages. One of every three people over the age of 75 will be affected by ARM.

This research was supported by grants from the National Institutes of Health, Research to Prevent Blindness, Inc. and the Evesight Foundation of Alabama. Study co-author Dr. Owlsley is a Research to Prevent Blindness Senior Scientific Investigator. Co-author Dr. Curcio is a Lew R. Wasserman Merit Scholar of Research to Prevent Blindness.
In 2001, the number of living kidney donors rose 21% to 6,520 for the first time surpassing the number of transplants from deceased donors in the U.S.

This upsurge, according to Mark H. Deierhoi, MD, renal transplant surgeon, is primarily attributed to the growing use of laparoscopic nephrectomy, a minimally-invasive procedure with equivalent recipient outcomes and lower donor morbidity than traditional open nephrectomy. “The laparoscopic procedure increases the acceptability of living donation,” says Dr. Deierhoi. UAB’s Transplant Center was recently cited in the Wall Street Journal as the second-busiest kidney transplant center in the nation.

Laparoscopic vs Open Nephrectomy

Unlike open nephrectomy, which calls for a large flank incision, the laparoscopic procedure requires only three or four small incisions. “We perform the surgical resection endoscopically through these small operating ports,” Dr. Deierhoi outlines. “We can then procure the kidney in one of two ways. In the hand-assisted procedure, the surgeon creates an airtight port and removes the kidney manually; alternatively, the surgeon makes another incision and extracts the kidney using an endoscopic retrieval bag.”

Additional donor advantages include less postoperative pain, shorter hospital stays, better cosmesis, and more rapid return to normal activities. Donors are generally discharged from the hospital 2 days to 3 days after a laparoscopic nephrectomy, and most can return to work in 2 weeks versus an average 6-week recovery for those who undergo open nephrectomy.

Expanding the Donor Pool

“A donor candidate must share an ABO blood group with the recipient, but advanced immunosuppressive therapy eliminates the need for a human leukocyte antigen match, greatly increasing potential donor/recipient pairs,” Dr. Deierhoi reveals.

Prospective donors undergo rigorous physiological testing. The best candidates are between the ages of 18 and 70 with perfect kidney function and no chronic medical conditions. “Ensuring donor safety is our highest priority,” he stresses, noting that the procedure and acute postoperative period carry the same risk as any major surgery. In rare cases, donors develop end-stage renal failure and are automatically placed at the top of the kidney transplant waiting list.

Live donor renal transplantation offers recipients numerous advantages, as well, including immediate graft functioning and decreased cost of care, advises Dr. Deierhoi, citing that the UAB Alabama Transplant Center has the highest 1-year patient survival rate (98.27%) in the nation.

Live donors make preemptive transplantation possible; patients who receive a donor kidney before starting dialysis have improved graft survival times. And the planned nature of living donation means procedures are scheduled within minutes of each other, ensuring a kidney in optimal condition.

"Currently, approximately 53,000 patients are waiting for a donor kidney. We hope the low morbidity associated with laparoscopic nephrectomy encourages more people to consider live donation," he concludes. "Even a small increase in living donors will significantly improve the quality of life and mortality rates for those on the transplant list."

UAB Health System Ranks Among the Most Wired

UAB Health System was recently included among the “top 100” for 4 of the 5 years that the list has been compiled.

“We’re very proud of our information infrastructure,” says Michael R. Waldrum, MD, UAB Health System chief information officer. “Our technology enables us to provide physicians and nurses with fast and accurate clinical data, which can be immediately applied to patient care decisions.”

At UAB, physicians are able to perform a host of clinical functions online. UAB also provides health information for the public through its Health System Web site at www.health.uab.edu.
America’s Top Doctors Cites 49 UAB Physicians

The 2003 annual edition of the reference book, America’s Top Doctors, includes 49 UAB physicians in a wide variety of specialties, representing 5% of the full-time medical faculty at UAB. The cited physicians were nominated by peers and screened by a physician-directed research team. The book also lists a total of 620 leading hospitals across the nation, including University Hospital and Children’s Hospital.

Top Doctors is a major knowledge-based medical referral service. It surveys leading medical specialists worldwide and asks them which doctors they themselves would go to for treatment in their specialty. After processing more than a million evaluations, only about 20,000 doctors, or about 3% of all physicians in the United States are eventually listed.
## PRIMARY CARE PHYSICIAN LIST

### General Medicine Physicians
**4th Floor**  
The Kirklin Clinic  
2000 6th Avenue South, Birmingham, AL 35233

- Emily A. Boohaker, M.D.
- Anna Castiglioni, M.D.
- Stuart J. Cohen, M.D.
- Anna L. Davis, M.D.
- Thomas Huddle, M.D., Ph.D
- Deborah Levine, M.D.
- F. Stanford Massey, M.D.
- Katherine Romp, M.D.
- Alan Stamm, M.D.
- Lisa Willett, M.D.

Tax ID # 63-0649108

### Internal Medicine Physicians
**2nd Floor Office #1**  
The Kirklin Clinic  
2000 6th Avenue South, Birmingham, AL 35233

- Mary Balkovetz, M.D.
- Vicki Carlisle, M.D.
- Edward Childs, Jr., M.D.
- Charles Louis Cummings, M.D.
- James Davis, M.D.
- Patricia Garver, M.D.
- Laurie Hall, M.D.
- Frederick Ransom, M.D.
- Mark Stafford, M.D.
- Stephen Stair, M.D.

Tax ID # 63-0649108

### Internal Medicine Physicians
**2nd Floor Office #2**  
The Kirklin Clinic  
2000 6th Avenue South, Birmingham, AL 35233

- Emmy Bell, M.D.
- David Gettinger, M.D.
- Alan Gruman, M.D.
- Leta L. Herring, M.D.
- Steven L. Hunt, M.D.
- Laura D Pointer, M.D.

Tax ID # 63-0649108

### Geriatric Medicine Physicians
**4th Floor**  
The Kirklin Clinic  
2000 6th Avenue South, Birmingham, AL 35233

- Richard Allman, M.D.
- Andrew Duxbury, M.D.
- Patricia Goode, M.D.
- Richard Sims, M.D.

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### Family Medicine Physicians
**930 South 20th Street**  
Birmingham, AL 35205

- Nidhi Bansal, M.D.
- Morris W. Cochran, M.D.(OB/GYN)
- William B. Deal, M.D.
- T. Michael Harrington, M.D.
- Robert E. Kynard, M.D.
- Peter S. Lane, M.D.

Tax ID # 63-0649108  
*Tax ID # 63-6005396

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*Please note the TAX ID NUMBERS for each group.  
**Please note the TIN and remit address for Family Medicine*
SATELLITE CLINIC LOCATIONS
(including Selma)

**UAB CLINIC HUEYTOWN**
3029 Allison Bonnett Memorial Drive
Hueytown, AL 35023
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John Holcombe, M.D. (Family Medicine)
Jonathan Mize, M.D. (Family Medicine)
L. Doyle Moore, M.D. (Family Medicine)

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**UAB CLINIC INVERNESS**
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Morris Cochran, M.D. (OB/GYN)
Fred Herndon, M.D. (Internal Medicine)
Amy LeJeune, M.D. (Internal Medicine)

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**UAB CLINIC MOODY**
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Jennifer De Los Santos, M.D. (Rad./Oncology)
Alan Gertler, M.D. (Cardiology)
Leland Eaton, M.D. (Cardiology)

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