

NIH Official Featured at HSC's Research Day, Nov. 17

Barbara Alving, M.D., acting director of the National Center for Research Resources of the National Institutes of Health, will be one of the featured speakers during faculty symposium of New Pathways to Discovery — Clinical and Translational Research in the 21st Century, 2006 Research Day, Friday, in the Beth Robertson Auditorium of the Faye S. Sarofim Research Building. Faculty symposium begins at 9:30 a.m.

"Dr. Alving is coming to Houston for Research Day to meet with our researchers, to learn more about our institution and its research programs and to answer questions about this controversial new program and the vision that has inspired it," explains Peter Davies, M.D., Ph.D., executive vice president for Research at the UT Health Science Center.

Other faculty speakers include Frank Arnett, M.D., director of the Center for Clinical and Translational Sciences; Joseph McCormick, M.D., regional dean of the Brownsville Regional Campus of the School of Public Health; and Robert Bast, M.D., vice president for Translational Research, UT M. D. Anderson Cancer Center.

In addition to the research poster presentations, Davies says, there will be a series of tables and posters set up in the foyer to explain the different components of the university's new Center for Clinical and Translational Sciences. "The directors of many of these components will be present to meet with faculty and trainees to answer questions and to discuss the program and the opportunities it provides for training in and

support of clinical and translational research at our campus. This year's Research Day should provide an excellent opportunity for health science center researchers interested in clinical

and translational research to come together to share ideas, discuss their research and hopefully develop research initiatives and collaborations," Davies says. ★

9:30 a.m.	James T. Willerson, M.D., president, UT Health Science Center at Houston "The Future of Clinical and Translational Research in the TMC"
9:50 a.m.	Frank C. Arnett, M.D., "The Center for Clinical and Translational Sciences - Overview & Examples"
10:30 a.m.	Robert Bast, M.D., "Translational Research at M. D. Anderson Cancer Center"
11:20 a.m.	Joseph McCormick, M.D., "Translational Research: Beyond the Clinic into the Community"
Noon	Barbara Alving, M.D., "The Roadmap for Re-engineering Clinical Research: Where Are We Going?"
12:40 p.m.	Peter J. A. Davies, M.D., Ph.D., closing remarks
12:45 p.m.	Box lunches provided
1-4 p.m.	Faculty and Trainee Poster Session

Genetic Counselors Inform, Counsel Patients during Emotional Times

By Diana Lazzell, GSBS Student

Ashley Haubein's obstetrician knew something was wrong with her baby during a routine ultrasound. "They saw a lot of abnormalities," says Haubein. The fetus was not growing well and had several midline deformities, including incomplete closure of the abdominal cavity at the navel and swelling in the heart and brain. Referred by her obstetrician, Haubein met with genetic counselor Jennifer Hoskovec.

Analysis of the fetus's chromosomes showed that Haubein's unborn child had a fatal defect called Trisomy 13, the presence of an extra 13th chromosome which results in severe birth defects and death of the infant within days to a few weeks after birth, Hoskovec explains. It was Hoskovec's job, as a genetic counselor working at The Women's Clinic in the Division of Maternal Fetal Medicine at the UT Medical School at Houston, to educate Haubein on the meaning and results of chromosomal analysis and to discuss options for the pregnancy.

Like Haubein, the majority of patients seeking the advice of professional genetic counselors are pregnant. They may have had a routine ultrasound that concerned the obstetrician, or they may be having a high-risk pregnancy due to age or family history. "Trisomy 13, 18 and 21 are the three most common chromosomal defects," says Hoskovec.

However, a broad range of patients is seen by genetic counselors, including pediatric and cancer patients. "Most clinical genetic counselors are affiliated with a hospital or university, seeing about 400-500 patients per year," says Sarah Noblin, assistant professor in the

Departments of Obstetrics/Gynecology and Pediatrics and assistant director of the UT Genetic Counseling Program.

"In a prenatal setting, the majority of patients are already pregnant ... and many are over the age of 35, because anyone over the age of 35 has a slightly increased risk of having a baby with a chromosome condition, such as Down syndrome (Trisomy 21). Those under the age of 35 might have had a previous child or family member with a genetic condition," she says.

Patients come to UT-affiliated Genetic

Counseling services not only from Houston, but also from the Dallas/Fort Worth and Austin areas. The genetic counselors see people from a variety of cultural, ethnic and socio-economic backgrounds, says Noblin. "Genetic problems can happen to anybody from any walk of life. We see patients from any kind of background, from highly educated patients all the way to patients with very little education," she says. "We translate the information so that it's understandable for them."

A genetic counselor is an educator and communicator, presenting patients with information so that they can make the best decision for them. "We're translating very complex medical information to a level where a patient can understand what risks they may have, what their options are for screening and/or testing and why they might or might not want to pursue testing, based on their personal feelings," says Claire Singletary, assistant professor in the Department of Pediatrics and director of the Genetic Counseling Program.

In Haubein's case, Hoskovec provided information on how to cope with loss of a baby. "Some people just kind of shut down ... they're in shock," Hoskovec says.

Hoskovec's main role was to provide all the necessary tools for Haubein to make an informed decision about how to handle the impending loss of her baby. "Anything that I would call and ask her, she would find out for me," Haubein recalls. "Having someone to call with all my questions made it a lot easier."

Genetic counselors are highly trained in handling patient reactions and helping them cope with their emotions in order to make an informed decision under difficult circumstances. "The majority of my job is counseling," Hoskovec explains. "Providing information is the other half. We get the whole range of emotions ... they're all normal reactions." Although many patients consult genetic counselors with dread, "we see way more good news than bad," states Hoskovec.

Haubein is now pregnant with her fourth child. She and Hoskovec share a special kinship rarely seen between doctors and patients, a result of sharing a highly emotional experience.

When Haubein discovered she was pregnant again, "I was scared to death." However, the baby is perfectly healthy. "The kids are very excited. They talk to my belly and kiss it," she says with a smile. "We're very happy."

For more information about the Medical School Genetic Counseling Service, visit <http://ped1.med.uth.tmc.edu/divisions/genetics/gcp.html> or call 713-500-5700. ★



Ashley Haubein, left, a client of the UT Medical School Genetic Counseling Services, visits with counselor Jennifer Hoskovec in the genetic counseling consultation room at The Women's Clinic. Photo by Diana Lazzell

Administrative Changes in Academic Affairs, Development & Public Affairs

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and to garner philanthropic support for the institution.

"By renaming and formally joining the two offices, we are demonstrating our intent to create a collaborative, focused effort to advance our institution, by presenting a positive public face to the community, encouraging the flow of communication within our schools and attracting private sector support," said James T. Willerson, M.D., president of the health science center. "The cooperation between the departments has always existed. Now, the various divisions within Public Affairs and Development will operate under central leadership to better coordinate strategic plans."

Randa Safady, Ph.D., vice chancellor for external relations for The University of Texas System and a consultant about the reorganization, explained that the changes come at an ideal time, between the successful conclusion of one campaign and before

the start of a new fundraising initiative.

"Following the extraordinary success of the New Frontiers Campaign, President Willerson requested that we pause and reassess the potential of two key offices — Development and Public Affairs — to support the next generation of strategic initiatives," Safady said. "Integrating the two offices and recruiting highly experienced professionals to staff it will allow the health science center to build the type of fundraising and communications capacity it needs to support the important philanthropic goals of each of the schools and the vision of President Willerson."

C. Gwin Morris, Ph.D., formerly vice president for Public Affairs, has been named interim vice president for the Office of Institutional Advancement. As part of the restructuring, several staff additions, promotions and recruiting efforts have been announced. An assistant vice president for fundraising and advancement programs is

being recruited for the Office of Institutional Advancement.

"Friend-raising and fundraising are two sides of the same coin. Our mission does not change," Morris said. "The merger allows us to focus more intentionally on advancing the mission and vision of the health science center by increasing awareness about and support for the institution."

Advancement Services

Development Operations, now Advancement Services, still processes gifts, does prospect research, donor database management and endowment compliance. Lisa Christison, with the office since 2004, has a new title and expanded role as director of Advancement Services.

Medical School

At the Medical School, Shernaz Boga has been named senior executive director of Development and Alumni Relations. Boga has worked at the health science center since 2002.

Dental Branch

A new director of development, John Greer, was hired at the Dental Branch in October.

Greer is working with Jerre Iversen, the newly named senior development advisor for the Dental Branch. Iversen has spent the past few months laying the groundwork for the future campaign, which has included meeting with key supporters of the school and drafting a comprehensive fundraising plan.

More Restructuring Anticipated

No restructuring has occurred yet in the departments of Communications, Media Relations or Marketing and Community Relations. A campus-wide audit of all internal and external communications efforts and products is planned and should be completed sometime in early 2007. Recommendations of the audit then will be integrated into the restructuring strategy for these departments. ★

— Mary Maher, Wendy Mohon and Pamela Lewis contributed to this report