UPCOMING RFA MEETING
JUNE 1, 2018

The Vaccine Battle: Where We Stand Today

Historian David Oshinsky, PhD, directs the New York University Medical School Division of Medical Humanities. He received his PhD from Brandeis University, and taught at Rutgers for 29 years. He moved to Texas, where he occupied the Jack S. Blanton Chair in history at the University of Texas-Austin, before joining the History faculty at NYU.

An accomplished writer and American historian, he has authored award-winning books including, *A Conspiracy So Immense: The World of Joe McCarthy*, which won the Hardeman Prize for the best book about the U.S. Congress, and *Worse Than Slavery*, which won the Robert F. Kennedy Prize for distinguished contribution to human rights. His book *Polio: An American Story* won both the Pulitzer Prize in History (2006) and the Hoover Presidential Book Award, and was the subject of a PBS documentary in 2009.

The Vaccine Battle: Where We Stand Today

David Oshinsky, PhD, NYU Medical School Director, Division of Medical Humanities

June 1, 2018
Noon to 1:30 p.m.
Dean’s Conference Room
Rutgers Robert Wood Johnson Medical School
Piscataway, New Jersey

All current and retired faculty, staff, guests, and students are welcome to attend.

Lunch is available for a $10 contribution at the meeting.

Attendees may park without a parking permit in general parking in lots A, B, and C, located across from the medical school on Hoes Lane West.

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His technical and popular articles span a broad range of topics, many of them controversial. Besides McCarthyism and Jim Crow, he has tackled capital punishment and vaccine deniers, the topic of his talk, *The Vaccine Battle--Where We Stand Today*. His latest book *Bellevue: Three Centuries of Medicine and Mayhem at America’s Most Storied Hospital* (Doubleday, 2016) won the NYC Library Society Award for best book about New York City and was chosen by NPR as a best book of the year.

**Editor’s Note:** At Rutgers, Dr. Oshinsky published an account that I remember reading in the Alumni Magazine: “The Case of the Nazi Professor” which recalled how, in the mid-1930s, a young Rutgers history professor was dismissed, by a Nazi-sympathizing department chair. [MG]
could be used to improve vaccine communication and ultimately immunization rates.

**Current Approaches to the Study of Autism Spectrum Disorders**

Emanuel DiCicco-Bloom, MD, and Cynthia Peng

Dr. Emanuel DiCicco-Bloom and student Cynthia Peng provided a summary of his March 2nd RFA address. Cynthia Peng is a former undergraduate researcher in the DiCicco-Bloom lab. She is now continuing her studies of neurite outgrowth in autism NPCs, before starting medical school in the fall. With interest in neurological disorders, she hopes to continue research in medical school while supporting patients in clinical settings.

Autism Spectrum Disorders (ASDs) are a group of pervasive neurodevelopmental disorders with significant social and economic impacts. ASD diagnosis is based largely on behavioral observations under the guidance of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V). Characteristics include deficits in social communication and interaction, as well as the presence of restricted, repetitive behaviors.

ASDs commonly co-occur with one or more additional diagnoses, including anxiety and mood disorders (>60%), epilepsy (30%), and intellectual disability (65%). Currently, approximately 5 million individuals in the U.S. are affected by ASDs (1% of adults and 1.46% of children). Support services cost $236 billion to $262 billion annually. Overall, ASDs pose significant burden to affected individuals, families, and society.

The cost of lifelong care can be reduced by two thirds with early diagnosis and intervention. However, the heterogeneity of ASDs presents challenges to proper diagnosis and treatment. More specifically, the severity, expression, and timing of symptoms vary greatly among affected individuals. Behavioral symptoms may include problems with eye contact or following another person’s gaze, excessive preoccupation with objects and their parts, repetitive movements, and/or inflexible adherence to routines. The level of social impairments is also unique to each individual. High functioning persons may be able to learn social and vocational skills, while those on the more severe end of the spectrum may remain non-verbal with minimal social abilities. Given the clinical variability across ASD individuals, reliable and early diagnosis, followed by early behavioral intervention, is even more imperative to reducing ASD impacts. Fortunately, early brain imaging has recently been shown to accurately predict ASD diagnosis at 24 months. Structural brain MRI scans, at 6 and 12 months, have correlated early increases in cortical surface area and total brain volume with later ASD diagnosis. Similarly, a functional connectivity MRI study at 6 months also accurately predicted which children will be diagnosed with ASD at 24 months. Yet, despite these advances, a deeper understanding of ASD etiology and neuropathology is required to develop more sensitive diagnostic tools and efficacious therapeutics.

Genetic and environmental factors have been implicated in the development of ASDs. Twin studies are useful for estimating how much of ASD etiology is attributable to genetic factors. Monozygotic (MZ) twins share 100% of their genetic material, dizygotic (DZ) twins share 50%, and both share the intrauterine environment with their twin. Therefore, higher disease co-occurrence in MZ twins (61-94%) than DZ twins (10-17%) supports a genetic etiology, while the less-than-100% MZ concordance rate indicates that non-genetic/environmental factors also play a role in ASD etiology.

Approximately 800 genes have been associated with ASD, many of which are developmental genes that are active during the first and second trimester. These are genes that regulate early brain development, such as transcription factors that define different cell subgroups. These gene networks play major roles in controlling neuronal cell numbers though precursor proliferation, genes that modulate neuronal migration, growth, and differentiation, and genes that are involved in the proteins of neurotransmission and synapse formation and maintenance. Mutations of these ASD-associated genes contribute to alterations at various levels of information processing, ranging from synaptic and dendritic organization to neural circuitry and brain structure. However, single gene mutations and the deletion or duplication of (continued on page 4)
gene segments (copy number variation) only account for about 20% of ASD cases. The remaining 80% of ASDs are known as idiopathic ASD, where multiple common variants, each with small to moderate effects, interact with each other, and perhaps in some cases with environmental factors, to lead to ASD.

The neuropathology of ASD is as complex as its genetic etiology. During normal neurogenesis, undifferentiated neural precursor cells (NPCs) divide and proliferate in the ventricular zone to generate more precursor cells. As NPCs continue to proliferate, some give rise to intermediate progenitors or differentiate into post-mitotic neurons. Newly born neurons migrate out towards the cortical plate, forming axonal processes and dendritic arbors during prenatal and early postnatal periods. These processes lay the foundations for neuronal connectivity and proper brain function, and they are regulated by the interaction between extracellular factors and intrinsic genetic determinants. Importantly, many of these processes may be defective during neurodevelopment for ASD individuals.

Macrocephaly (increased head circumference) occurs in about 1 in 5 ASD individuals, though one may also exhibit early, accelerated brain growth that stabilizes later on during development. Excess neuron numbers have been observed in the cerebral cortex in some ASD brains, whereas other select brain regions, including the fusiform gyrus and cerebellum, may have too few neurons. Disorganization of neurons (neurons in the wrong positions or cortical layers) and defects in neuron differentiation (deficient process outgrowth, abnormal dendritic spines, altered chemical signaling) have also been observed in ASD brains. Altogether, these alterations suggest that abnormalities in neuron proliferation, survival, migration, and differentiation may contribute to ASD pathophysiology, further supporting that ASD is a disorder of abnormal brain development.

In order to understand how gene alteration leads to ASD brain development, scientists have utilized two important model systems: genetically engineered animal models and human induced pluripotent stem cells (iPSCs). For decades, mouse models have focused on the consequences of either over- or under-expression of autism genes. One example is the Engrailed-2 (En2) knockout mouse model of ASD. En2 is required for the normal formation and function of the brainstem and cerebellum, where norepinephrine (NE) neurons are located. NE neurons project to forebrain structures and regulate critical developmental processes. As a result of En2 deletion, mice brains display abnormal NE levels in multiple brain regions, in particular reductions in the transmitter in the forebrain, a finding that is associated with increased cell proliferation and death in the hippocampus, a region important for learning and memory. Furthermore, En2 knockout mice show ASD-like behaviors. These behaviors include abnormalities in social interactions, fear learning, stress response, and sensory gating, as well as depression-like behaviors. Interestingly, hippocampal injections of NE rescues neurogenesis in En2 knockout mice, while treatment of the adult with an NE enhancer rescues social interactions. As such, mouse models are especially valuable in defining the developmental roles of a specific gene and to design targeted therapies.

Human induced pluripotent stem cells (iPSCs) confer different advantages to the study of ASDs. iPSCs are created from adult somatic cells (like lymphocytes or fibroblasts) that are re-programmed into an embryonic/pluripotent state, from which they can differentiate into any cell type of interest. By differentiating iPSCs into neural precursor cells (NPCs), researchers can then characterize neurons and associated phenotypes throughout the course of neuronal maturation. This technology provides the opportunity to study early developmental processes, such as neural precursor cell proliferation, migration, and neurite outgrowth, which occur mostly during prenatal periods. This is especially useful for elucidating the roots of ASD pathophysiology. Importantly, iPSCs and NPCs retain the genetic profile of the individual from whom they are derived. Therefore, even with complex ASD genetics, where causative gene alterations are unknown for 80% of the patient population, researchers can still determine ASD-associated developmental differences using iPSC technology. (continued on page 5)
In recent years, the DiCicco-Bloom laboratory has generated NPCs from severely affected idiopathic ASD patients (I-ASD) and their unaffected sex-matched siblings (Sib) as control. NPC proliferation, neurite outgrowth, and migration phenotypes were characterized to elucidate the developmental, cellular, and/or molecular mechanisms that may contribute to ASD pathogenesis. In the 1st family, the ASD patient (I-ASD-1) showed reduced DNA synthesis and a slower increase in cell number compared to the unaffected sibling (Sib-1), suggesting a lower proliferation rate. However, in the 2nd family, the ASD patient (I-ASD-2) displayed increased DNA synthesis, which correlates with faster proliferation. These findings suggest that, although different individuals with ASD exhibit specific rates of proliferation, both too few, or too many neurons cause problems in neurodevelopment. Neurite outgrowth and migration were evaluated both with and without the stimulation of developmentally relevant extracellular factors (EFs). These EFs include neuropeptides, neurotransmitters, and growth factors. They are known to regulate development through distinct intracellular signaling pathways. The use of EFs thus provides multiple advantages: 1) lack of response to EFs can allow one to detect defective signaling pathways that contribute to developmental abnormalities; 2) identification of aberrant signaling pathways can uncover potential molecules as drug targets; 3) differential response between ASD lines may suggest individualized mechanisms to developmental defects. Indeed, both I-ASD patients showed reduced migration, reduced neurite outgrowth, and no response to EFs. However, while I-ASD-1’s neurite defect can be partly attributed to an under-active mTOR signaling pathway, I-ASD-2’s mTOR pathway was over-active. As a result, an activator of the mTOR pathway rescued the neurite outgrowth phenotype for I-ASD-1, whereas I-ASD-2 was rescued by an inhibitor. The 2 idiopathic ASD patients have different gene alterations. Yet, these genes may converge on common signaling pathways, through different molecular mechanisms, to produce defects in shared developmental processes.

While 80% of ASD cases are idiopathic (meaning the underlying cause is unknown), 20% are still associated with known chromosome abnormalities, single-gene mutations, and copy number variations. One percent of ASDs is associated with a copy number variation (deletion or duplication) at chromosome 16p11.2, which contains 27 genes. Specifically, 30% of individuals with 16p11.2 deletion have ASD. These individuals have ASD core symptoms, as well as macrocephaly, obesity, and seizures. To determine how this genetically defined ASD subtype may be similar to, or different from, the genetically unknown idiopathic ASD, the DiCicco-Bloom laboratory also characterized NPCs from 16p11.2-deletion ASD patients. Interestingly, while 16p NPCs shared proliferation, neurite growth, and migration defects with I-ASD NPCs, their neurites responded normally to EFs. These findings further reinforced the implication that there may be common as well as patient-specific developmental defects across ASD individuals. Furthermore, iPSC technology enables the identification of ASD subtypes, developmental phenotypes, and defective mechanisms, which may allow the design of specific targeted interventions.

In summary, these studies demonstrate that we can use model systems to begin defining the developmental mechanisms that contribute to autism. Mouse models are particularly convenient and informative for analyzing the roles of known genetic pathways in altering brain development and function. In the En2 knockout mouse model we found that autism-related behaviors were associated with changes in the levels of NE in specific brain structures, which when reversed could rescue abnormalities in hippocampal neurogenesis as well as adult behaviors. On the other hand, as 80% of human autism is genetically undefined, the use of iPSC and NPC technology has allowed us to examine neurodevelopmental abnormalities within the context of each person’s genetic information. We found that autism NPCs had common defects in neuronal process outgrowth and cell migration, yet different autism subgroups; comparing idiopathic autism to CNV 16p11.2 exhibited distinct responses to treatment with growth factors. These distinct subgroups may therefore require specifically targeted therapies.
The 8th Annual Scholarship Gala on April 7 raised approximately $200,000 in sponsorships, donations, ticket sales and raffle revenue—of which more than $100,000 was matched as part of the Chancellor's Challenge, bringing the anticipated total raised for student scholarships to a record-breaking $300,000!

Reunion
Serving as a reunion for alumni, this year’s gala celebrated a special milestone—the 50th reunion of the first graduating class, the Class of 1968. Three members of the class and their guests attended the event and other reunion classes were celebrated with 42 alumni attendees, the largest group of alumni to attend a gala.

The 1968 Graduates

* Distinguished Alumni Awardee: James M. Metz, MD '95, Henry K. Pancoast Professor and chair, Department of Radiation Oncology, Perelman School of Medicine, University of Pennsylvania;

* Meritorious Service Awardee: Gloria A. Bachmann, MMS ’72, MD, professor of obstetrics, gynecology and reproductive sciences, associate dean for women's health and director, Women’s Health Institute;

* Honorary Alumni Awardee and former medical school dean: Norman H. Edelman, MD, professor, Departments of Family, Population and Preventive Medicine, Internal Medicine, Pulmonary Diseases Division, Stony Brook University School of Medicine.

James M. Metz, MD’95 Distinguished Alumnus

James M. Metz, MD’95, serves as professor and chair of the Department of Radiation Oncology at the Perelman School of Medicine and associate director for clinical services and programs at the Abramson Comprehensive Cancer Center of the University of Pennsylvania. Dr. Metz is also executive director of OncoLink (www.oncolink.upenn.edu), the award-winning internet resource from the Abramson Comprehensive Cancer Center of the University of Pennsylvania that was founded in 1994.

He leads OncoLink’s mission to help cancer patients, families, health care professionals, and the general public find accurate cancer-related information online. Dr. Metz has been in this role as executive director since 2014 and editor in chief since 2000, and has overseen every major expansion of OncoLink during that time period.
Dr. Metz has developed large patient databases for research, which also interact with Electronic Health Records to automatically pull discrete data to ultimately develop predictive analytic programs. The website has led the way in online education for cancer patients and healthcare providers, receiving numerous awards and recognition from most major authorities as one of the best cancer information websites. Its reach is international in scope with more than 3.9 million pages served per month.

Dr. Metz also specializes in the use of proton and conventional radiation for the treatment of gastrointestinal malignancies. His research interests include the treatment of GI malignancies in the multidisciplinary setting, the development of novel proton delivery techniques, and use of the internet and informatics to develop personalized training for cancer patients and healthcare providers along with predictive analytic tools. He has overseen the development and operations of the Roberts Proton Therapy Center at the University of Pennsylvania, which is the largest and most advanced proton center in the world.

Dr. Metz has been instrumental in developing new technology for the delivery of proton therapy to cancer patients and an international leader in the field. He received an undergraduate degree at Juniata College, a master’s of science degree at Hahnemann University, and a medical degree at Rutgers Robert Wood Johnson Medical School.

A national authority on women’s health, especially in the areas of mid-life and menopausal health and sexual function, Dr. Bachmann has combined careers as a physician, clinical researcher and educator into a melding of her interests in science and people. She has published extensively and has over 400 articles and chapters in medical literature. Dr. Bachman is actively involved in the American College of Obstetricians and Gynecologists (ACOG), an organization in which she served in several leadership capacities.

Her excellence in advancing the health care field has been recognized by the profession, which has accorded her numerous awards. In 2006, she was inducted into the National Library of Medicine as a Local Legend Female physician, a prestigious recognition, as she was one of the two physicians selected from central New Jersey. She has been honored by the Rutgers-Newark Alumnae Society as an outstanding graduate of that school and recognized by the Russell Berrie Foundation for community outreach and volunteerism.

Dr. Bachmann is also a teacher at heart. She has enjoyed seeing clinicians she has helped train become humane, caring physicians. It remains as an important and satisfying part of her career.

Honorary Alumnus: Norman Edelman, MD
Introduced by Judith A. Neubauer, PhD

It is a great pleasure for me to introduce Dr. Norman Edelman. I have known Norman for over 40 years and have benefited greatly from his mentoring and guidance over the years. By way of his introduction, I wanted to share with you why honoring Norman tonight is so well deserved.

I remember when Dr. Edelman was considering the dean position at RWJMS. In fact, Norman was a considering two positions at that time: dean of the medical school and chair of the Department of Medicine. As is Norman’s way, he asked a number of his colleagues which position he should aspire to. I was a very junior faculty member at that time, and he asked me should he be the dean or the chair of Medicine. I quickly answered that he should be dean and he asked me why.
I told him that I thought that he could do so much more to build programs if he were dean than if he were the chair of the department. At that point Norman shared with me that when asked this same question, all of his male colleagues told him that he should become the chair because it was the more scholarly position and he could continue his research program and build a strong research department. In contrast, all of his women colleagues advised him to become dean because he could nurture a fledgling medical school and build new programs and initiatives to take the school to the next level. Lucky for us he went with his feminine side…. Because that is exactly what he did. He recruited excellent basic science chairs and created resources to build an outstanding basic science arm of the medical school.

On the clinical side, he established a strong relationship with the hospital, creating new clinical programs. He worked with the State to float a bond issue to build the Clinical Academic Building, creating much needed outpatient space. But perhaps his grandest vision was that Norman wanted a comprehensive cancer center at the medical school. He built the community and state support for the initiative. And I don’t know how he did it, but he got his research dean, Mike Gallo, to give up his treasured summer vacation on the Cape to work on an NIH planning grant that would create the catalyst that would become the Cancer Institute of New Jersey. With the recruitment of Bill Hait, MD, as the first director of CINJ, Norman’s vision would become reality.

But while all of these programs and buildings form a physical legacy, perhaps the most important legacy is the culture of excellence that Norman fostered during his tenure as dean. He was ahead of his time by nurturing a culture of collaboration, scholarship, and mentorship. He treated women as equals and promoted their careers and embraced diversity as a pillar of RWJMS educational programs. These concepts are woven into the fabric of RWJMS and are principles that all of us in the RWJMS community hold dearly and are proud that this legacy is alive and well within our halls. Thus, it is so fitting that we honor Norman tonight at this Scholarship Gala.

Editorial Note:

Dr. Edelman served as Dean of Robert Wood Johnson Medical School from 1987 to 1995. Under his watch, there was a growth spurt for the medical school. He supervised the establishment of the Environmental and Occupational Health Sciences Institute, the Center for Advanced Biotechnology and Medicine and the NCI-designated Cancer Institute of New Jersey.

Dr. Edelman was very supportive of the development of the Graduate Program in Public Health, now Rutgers School of Public Health, and he has his own credentials in public health, including an appointment in Public Health at Stony Brook.

For more details see https://publichealth.stonybrookmedicine.edu/faculty/NormanEdelman

LCME SITE VISIT - MARCH 4-6, 2018

Letter from Carol Terregino, MD
Senior Associate Dean for Education

Dear Colleagues,

On March 4-6, 2018, a survey team visited the school as a final step in the Liaison Committee of Medical Education (LCME) accreditation process. There are 93 separate elements categorized under 12 standards of the medical education program, spanning governance and administration, leadership, academic and learning environments, faculty, educational resources and infrastructure, the curriculum, teaching, and medical student selection, support and services. This visit followed an extensive self-study and preparation process, beginning with a May 2016 launch of the self-study. The accreditation process is an opportunity to create a culture of continuous improvement of academic quality and to engage faculty, students and staff comprehensively in institutional evaluation and planning. We thank all of the faculty, students, staff, residents, chancellor’s office, and our academic affiliate partners who graciously supported us with their time, their passion to improve the medical education program, their
Wisdom, and true dedication to the mission of Rutgers Robert Wood Johnson Medical School.

We present the findings of the survey team based on the information provided by the school before and during the survey visit. Disclaimer: The LCME may come to differing conclusions when it reviews the report prepared by the survey team. The LCME determines the accreditation status. We will hear the accreditation status over the next few months--after the June meeting--or latest, after the October meeting. We hope for an eight-year accreditation cycle.

The team noted the positive changes in the medical school environment, the school’s financial performance and overall faculty optimism with engagement, commitment to student life and the medical student program.

There were six findings that will need attention:

1. **Diversity:** At the present time there are limited programs in place to enhance retention of faculty and inadequate programs to develop senior administration in the school-defined diversity groups. They noted the new position of associate dean for inclusion and diversity; but it is too early to evaluate the impact of the position on recruitment and retention of faculty and senior administration in the school-defined diversity groups.

2. **Adequacy of Financial Resources:** There is an improvement in the financial position of the school over the last fiscal years. They noted the ability of the school to invest in programmatic and capital resources has been limited in the past and that the Letter of Intent between Rutgers and RWJBarnabas Health will strengthen the financial position of the school. Investments have already been made by the health system in advance of the definitive agreement, but future outcomes of the partnership will need to be monitored.

3. **Building:** Currently office space for clinical faculty is adequate, but they noted with anticipated increases in clinical faculty, the adequacy of office space for these faculty is not certain.

4. **Student Spaces:** They acknowledged our responsiveness to student study and lounge space in Piscataway and the plans for renovations in the Library of Science and Medicine, but noted there is no defined timeline for the renovations and that Somerset Campus call room and lounge space renovations to accommodate an eventual 30 students are not yet complete.

5. **Timely Summative Assessment:** We do not have a full academic year of timely submission of clerkship grades.

6. **Self-Directed and Lifelong Learning:** They noted that there are limited experiences in the first two years of the curriculum, most notable in first-year basic sciences courses.

In advance of receiving our final accreditation letter, which will finalize the findings and our accreditation status, we will be engaging the medical school community to address each of the findings with implementation plans, execution, and evaluation of our processes. These “few” preliminary findings affirm our beliefs of the strength of our organization: its people and their commitment to the educational program.

With gratitude,
Carol A. Terregino, MD
Sherine E. Gabriel, MD, MSc
Thomas Hecker, PhD
A GIFT THAT KEEPS GIVING

A charitable gift annuity allows you to make a gift of cash or appreciated assets and receive a fixed amount of income in return. If you are interested in supporting Rutgers while still preserving an income stream, a gift annuity may suit your needs.

HOW IT WORKS

- In return for a minimum $10,000 gift of cash or securities, the university agrees to pay the donor and up to one other individual a fixed payout for life.
- The payout rate is determined by the age of the annuitant(s) at the time the contribution is made.
- A contract governs the terms of the agreement between the donor and Rutgers. Annuity payments are backed by the full faith and credit of the university.

Sample: Charitable Gift Annuity Rates

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To inquire about a charitable gift annuity, please contact the Office of Gift Planning at 848-932-8808 or at giftplanningoffice@ruf.rutgers.edu.

NATIONWIDE: Residency Match Day Grows Again, Hitting New High in 2018

By Marcia Frellick
MEDSCAPE March 16, 2018
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Nationwide, the 2018 Residency Match is the largest yet, with a record 37,103 U.S. and international applicants listing program choices for 33,167 positions.

The number of first-year (PGY-1) positions increased by 1,383 from last year and now stands at 30,232.

Of those 30,232 positions, nearly half (14,695) were in primary care: family medicine; internal medicine; internal medicine–pediatrics; internal medicine–primary; and pediatrics.

Within the primary care slots, 14,333 (97.5%) were filled, and 7,104 (48.3%) were filled by U.S. allopathic seniors.

The most competitive specialties fill all of their positions nationwide with U.S. allopathic graduates. "The ones that fill at least 90% with U.S. allopathic seniors are the ones we say are very competitive," Mona Signer, president and CEO of the NRMP, told Medscape Medical News.

This year, the specialties for which more than 30 positions were available and that filled all available positions (with a combination of allopathic and osteopathic students) were integrated interventional radiology, neurologic surgery, physical medicine and rehabilitation, and thoracic surgery.

In internal medicine, both the number and percentage of U.S. allopathic seniors matching have declined every year since 2015; in pediatrics, the percentage of U.S. allopathic seniors matching has declined since then.
Where the RWJMS Grads Are Going

MATCH DAY
MARCH 16, 2018

Match Day is the day on which graduating students learn their next academic destination.

Carol Terregino, MD, senior associate dean for education reported: Each year the class has a different profile. I would call this year the Class of Subspecialists. Thirty-two of 127 graduates selected general surgery or a surgery subspecialty. Primary care matches declined to 35% of graduates (pediatrics, family medicine, internal medicine) or 42% if obstetrics is included as primary care.

Robert Wood Johnson Medical School 2018 Graduate Medical Education Placement
97% of graduating students who participated in the National Residency Matching Program matched. The national match rate is 94%.

Editorial note: As a statistician, I think it sounds more substantial to report that only 3% did not match compared to the national unmatch rate of 6%. --MG

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Family Medicine
U Washington Affil Hosps-WA
Cambridge Health Alliance-MA
Christiana Care-DE
Rutgers Robert Wood Johnson Medical School-NJ

Internal Medicine
Massachusetts Gen Hosp-MA
Hosp of the Univ of PA-PA (2)
NYP Hosp Weill Cornell Med Ctr-NY (2)
Dartmouth-Hitchcock Med Ctr-NH
B I Deaconess Med Ctr-MA
Icahn SOM at Mount Sinai-MA (3)
Emory Univ SOM-GA
U Southern California-CA
Tufts Medical Center-MA
Thomas Jefferson Univ-PA
UPMC Medical Education-PA
U Texas Southwestern Med Sch-Dallas
Temple Univ Hosp-PA
Stony Brook Teach Hosps-NY
U Texas Med Sch-Houston-TX
CMSRU/Cooper University Hospital-NJ
Jersey Shore Univ Med Ctr-NJ
St. Josephs Reg Med Ctr-NJ
Rutgers Robert Wood Johnson Medical School-NJ (3)

Int Med/Comm Prim Care
Icahn SOM Elmhurst Hospital-NY

Medicine Preliminary
Icahn SOM Elmhurst Hospital-MA

Neurological Surgery
U Wisconsin Hospital and Clinics-WI
Thomas Jefferson Univ-PA
U Kentucky Med Ctr-KY
Rutgers New Jersey Medical School-NJ (2)
SUNY Upstate Med University-NY

Neurology
Rutgers Robert Wood Johnson Medical School-NJ

Obstetrics-Gynecology
Emory Univ SOM-GA
Thomas Jefferson Univ-PA (3)
Mountain AHEC-NC
Rutgers New Jersey Medical School-NJ
St Barnabas Med Ctr-NJ
(continued on page 12)
(continued from page 11)

Jersey Shore Univ Med Ctr-NJ
*Rutgers Robert Wood Johnson Medical School-NJ*

**Ophthalmology**
Yale New Haven Medical Center-CT
Tufts/New England Eye Ctr-MA
Medical College of Wisconsin-WI
U California-Davis-CA
Drexel U-PA
UPMC Medical Center-PA
Rutgers New Jersey Medical School-NJ

**Orthopaedic Surgery**
Massachusetts Gen Hosp-MA
NYP Hosp-Columbia Univ Med Ctr-NY
NYU School of Medicine-NY
U Maryland Med Ctr-MD
U Rochester/Strong Memorial-NY
Jackson Memorial Hosp-FL
Geisinger Health System-PA
Rutgers New Jersey Medical School-NJ (2)
*Rutgers Robert Wood Johnson Medical School-NJ*

**Otolaryngology**
U Connecticut School of Medicine-CT

**Pediatrics**
Children’s Hospital-Boston-MA
NYP Hosp-Columbia Univ Med Ctr-NY (2)
Montefiore Med Ctr/Einstein-NY
Icahn SOM at Mount Sinai-NY
UPMC Medical Education-PA
Univ of Chicago Med Ctr-IL
University of Virginia
Hofstra Northwell SOM-Cohen Childrens-NY
Penn State-PA
St Christopher’s Hosp-PA
*Rutgers Robert Wood Johnson Medical School-NJ (2)*

**Physical Medicine & Rehab**
Phys Med & Rehab/JFK Edison-NJ
Albany Medical Center-NY

**Psychiatry**
Icahn SOM Beth Israel-NY
Butler Hospital-Brown Univ-RI
Jersey Shore Univ Med Ctr-NJ
Stony Brook Teach-Hosp-NY
Hofstra Northwell SOM-Zucker Hillside-NY
*Rutgers Robert Wood Johnson Medical School-NJ (2)*

**Psychiatry-Neurology**
U Massachusetts Med School-MA

**Radiation Oncology**
Vanderbilt Univ Med Ctr-TN
*Rutgers Robert Wood Johnson Medical School-NJ*

**Radiology**
Dartmouth-Hitchcock Med Ctr-NH
U Tennessee COM-Memphis-TN
Icahn SOM St Lukes-Roosevelt-NY
Stony Brook Teaching Hosps-NY
Morristown Mem Hosp-NJ
Albert Einstein Med Ctr-PA

**Surgery**
Mayo Clinic School of Grad Med Educ-MN
U Rochester/Strong Memorial-NY
U Massachusetts Med School-MA
Medical University of SC-SC
CMSRU/Cooper University Hospital-NJ
*Rutgers Robert Wood Johnson Medical School-NJ*

**Surgery-Preliminary**
*Rutgers Robert Wood Johnson Medical School-NJ*

**Urology**
Duke Univ Med Ctr-NC
U Wisconsin Hospital and Clinics-WI

**Vascular Surgery**
Mayo Clinic School of Grad Med Educ-MN
*Rutgers Robert Wood Johnson Medical School-NJ*

REMINDER: You don’t have to actually be FAR AWAY to contribute a note to “News from Afar”
Send to: gochfeld@eohsi.rutgers.edu
STANDING ON PRINCIPLE: LESSONS LEARNED IN PUBLIC LIFE
By The Honorable James Florio

On April 23, an audience of more than 200 attended a book launch conversation between former New Jersey Governor Jim Florio and journalist Steve Kornacki. Florio’s new book covers wide-ranging topics, beginning with his successful ban on assault weapons which (along with his tax increase) cost him re-election. Florio recounted his entrance to politics, strife with the Democrat machine, and successes as an assemblyman, representative, and governor. He spoke with pride of accomplishments, “standing on principle,” and with some regret, recounted his seriously underestimating the attractiveness of Christy Whitman’s campaign focus on lowering taxes. Hers was unrealistic, but not unsuccessful. She paid for her tax cuts by raiding the public pension fund, and Florio proudly announced that he was the last governor to fully fund the pension fund. Asked about then vs. now in Washington, Florio emphasized the importance of bipartisan endeavors for real, lasting accomplishments, while lamenting the loss of “collegiality” and particularly “civility.” Florio’s assault weapon success attracted the NRA, which successfully tilted the legislature to gun-supporting Republicans who quickly repealed the Assault Weapon ban. Florio vetoed the repeal and claims as one of his major successes the multidisciplinary campaign to thwart an override. The Assault Weapon ban is still in effect in NJ, but like all “gun control” efforts, the law itself, is under assault.

THE LAW: New Jersey prohibits the knowing possession of “assault firearms” (unless the purchaser or possessor is licensed to possess the assault firearm or the weapon is registered or rendered inoperable). See more details on NJ Law at http://lawcenter.giffords.org/assault-weapons-in-new-jersey/

NEW BRUNSWICK PERFORMING ARTS CENTER

[Source: George Street Playhouse web page. https://georgestreetplayhouse.org/about/our-history/new-home-george-street-playhouse/

Visitors to downtown New Brunswick have been impressed by the progress in demolishing the old and erecting the new New Brunswick Performing Arts Center.

The construction represents a partnership spearheaded by the City of New Brunswick, the New Brunswick Development Corporation (DEVCO), and several additional agencies and organizations. The Partnership has funded construction of the complex on the site of the George Street Playhouse’s former home on Livingston Avenue.

A groundbreaking ceremony was held October 4, 2017, and the new building is expected to be completed in time for the grand opening of George Street Playhouse’s 2019-2020 season.

Meanwhile theatre-goers enjoy the free and close parking available at the theater’s temporary home on College Farm Road, off Route 1.
Robert Wood Johnson Medical School Retired Faculty Association
Global Health Fellowship Fund

The RFA is sponsoring medical students to learn, help, and teach in foreign countries, a potentially life-changing experience under the aegis of the Global Health Initiative of Rutgers Robert Wood Johnson Medical School. The RFA is helping to support summer programs or international electives for medical students and is asking you to consider adding your support to this effort. All funds go to help the students without any deduction for administrative expense.

You can submit your donation to support the RFA Global Health Fellowship Fund by sending a check made payable to the “RWJMS Retired Faculty Association” and mailing it to:

Paul Lehrer, PhD, RFA Treasurer
Department of Psychiatry
Rutgers Robert Wood Johnson Medical School
671 Hoes Lane West, Piscataway, NJ 08854

All contributions are tax deductible as charitable contributions. The RFA is a 501(c)(3) tax-exempt organization.

Global Health Experiences for Robert Wood Johnson Medical School Students


According to AAMC (Association of American Medical Colleges) data, there has been a significant increase in the number of medical students who participate in overseas clinical activities (from 6% a decade ago, to almost 40% since 2000) and these numbers keep growing.

Here at Robert Wood Johnson Medical School, a recent survey (November 2012) shows that more than one-third of Robert Wood Johnson Medical School medical students indicated an interest in participating in a rotation abroad during their medical school years.

The major goals of the global health programs are:

- To enhance medical students’ awareness of global issues related to health
- To encourage medical students to immerse themselves in the culture and health system of other countries
- To send groups of medical students to different institutions all over the world with whom we have ongoing educational collaborations
- To provide information about clinical and community programs in diverse ethnic communities in New Jersey that would benefit & enhance the clinical experiences of students
- To stimulate and support international activities of the faculty including educational, clinical, and research activities.
The annual dues period now corresponds to the calendar year. Dues are due now for calendar year 2018.

Also, if you like to support medical students to have an opportunity to participate in the Global Health Program, consider donating to the RFA Global Health Fellowship Fund. Please send your check to Paul Lehrer. Both contributions are tax deductible as charitable contributions. Thank you.

RWJMS Retired Faculty Association 2018 (January 1, 2018 – December 31, 2018)

**Benefits of RFA Membership:**
- Defining, advocating for and publicizing the benefits of retired faculty at RWJMS,
- Fostering ongoing engagement and participation of retired faculty in RWJMS activities,
- Promoting continuing interaction among retirees,
- Providing information and options for faculty considering retirement, and
- Interacting with other academic retired faculty associations (e.g., The AAUP Emeriti Assembly of Rutgers University, The Rutgers Retired Faculty and Staff Association).

Please cut along the dotted line below and return that portion with your payment.

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Please Print:

Name:  _______________________________________________________________
Address:  _______________________________________________________________
Telephone:  ___________________________________________________________
E-mail address:  _________________________________________________________

Please enclose a check for a donation to the Global Health Program and/or for dues ($15) made payable to the “RWJMS Retired Faculty Association,” and mail the check to Paul Lehrer, PhD, at the address shown below.

Global Health Program (indicate dollar amount)  ____________________
RWJMS RFA Dues ($15)  ____________________
Total Amount  ____________________

Paul Lehrer, PhD
Department of Psychiatry
Rutgers Robert Wood Johnson Medical School
671 Hoes Lane West
Piscataway, NJ 08854

Please include any personal information that you wish to share with others. Thank you.