TheWeekly

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-Provost's

Levitt

Professor Pat

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at the common

thread of

PUBLISHED FOR THE USC HEALTH SCIENCES CAMPUS COMMUNITY

VOLUME 17 • NUMBER 4

USC targets neurosciences as key university-wide focus

By Jon Nalick

Provost's Professor Pat Levitt has been named chair of a faculty committee that will work to raise USC's neuroscience programs to a level of undisputed academic excellence and to recruit transformative faculty to accelerate that rise.

Elizabeth Garrett, provost and senior vice president for academic affairs, announced the appointment on Jan. 12, saying that the Neuroscience Advisory Committee will work with the more than 90 faculty members involved in the neuroscience program "to recommend ways to better transcend school and disciplinary boundaries."

The group will also propose ways to integrate research and teaching university-wide, she said, as well as "to collaborate on significant proposals for external funding and philanthropic support, and to ensure that the research done at USC has the impact and influence it merits."

Levitt, director of the Zilkha Neurogenetic Institute of the Keck School of

Pat Levitt, director of the Zilkha Neurogenetic Institute of the Keck School of Medicine, says the areas in which USC is poised to make a significant impact include biomedical neuroimaging.

Medicine, called participating in the committee's work "a once-in-an-academic-career opportunity" and said that because the field of neuroscience impinges on so many other disciplines, its mastery is crucial to reach the highest levels of academic distinction.

He noted, "When one looks at the common thread of excellence at the top universities in the United States, neuroscience is the discipline that is outstanding at each and every institution. USC can reach [its] lofty goals by investing in See **NEURO**, page 4

Major project to improve hospital network connectivity under way

By Tania Chatila

An infrastructure project launched on the USC University Hospital campus is expected to expand network connectivity and decrease the amount of downtime for employees and medical staff during IT-related outages.

The project is part of the USC Health Sciences Information Technology Department's strategic infrastructure plan. It involves creating a "fiber ring" on the campus, affording network circuits two points of entry into every building-USC University Hospital, the Doheny Eye Institute and Healthcare Consultation Centers I and II. "Today, many of our patient care buildings have a single point of entry for network connectivity," said Keith Paul, chief technology officer for USC Heath Sciences. "If one of those circuits goes down, then the whole building could lose computer access. What we are doing now is creating redundant network connections, so if something happens to one circuit, there is a second pathway

for network data to flow." Contractors began laying new fiberoptic cables on Jan. 10, starting at the loading dock behind the Norris Inpatient Tower. Over the next few weeks, they will work their way around the western USC University Hospital property line to the main driveway in front of the Doheny Eye Institute.

The project does involve some significant construction, such as trenching and digging in driveways and near pedestrian walkways. But contractors, IT and Facilities Management staff are working to ensure minimal disruption to staff, patients and visitors. "This project is an important step in building our IT infrastructure," said Paul. He added it is part of the overall plan to prevent outages-such as those experienced on the campus recently-from happening in the future.

Experts discuss causes of, solutions to geographic cost variances in health care

By Sara Reeve

Does market share influence how much hospitals charge patients? Does health care cost more in Los Angeles than in San Diego? And why has a small town in Colorado been able to control health care costs better than elsewhere in the counpublic and private payers. Jonathan Skinner, economics and health policy expert at Dartmouth, dispelled some of the common misconceptions surrounding geographic differences. Some of those beliefs state that regional variances are caused by more severe health conditions or more "One thing economists are cynical about, and understand, is that if there is some way to work the system, institutions will figure it out," Skinner said.

Robert Kaplan, distinguished professor of UCLA's Department of Health Services in the School of Public Health,

"When all is said and done, this will provide a stronger network backbone for our clinical buildings," he said.

Construction is expected to be completed on Feb. 22.

try? These were among the questions posed at a pharmaceutical economics and policy seminar held on Jan. 13 in the Ronald Tutor Center on the University Park Campus.

The discussion brought together renowned health economists, as well as Keck School of Medicine Dean Carmen A. Puliafito, a practicing physician, to discuss geographic variations in health care costs. Moderated by Darius Lakdawalla, associate professor in the USC School of Policy, Planning and Development, speakers examined not only the causes of geographic variations, but also how causes differ between

advanced health care options.

"What do you get for spending more on health care?" Skinner asked. "Well, you're not necessarily getting better quality." According to Skinner's interpretation of data based on Medicare expenditures, much of the variation in publicly funded health care is due to productivity differences and inefficiencies in communication and care. He argued that new innovations in cost and outcome measurements could help reduce the cost variances, but that there will continue to be challenges as accountable care organizations try to maximize profits.

stunned the audience when he showed that health care costs are dramatically higher in Los Angeles than in the San Diego area.

Kaplan stated that much of the price discrepancies could be attributed to the fact that Los Angeles doctors performed more services per patient than their counterparts in San Diego. He also pointed to a lower use of hospice care and more days in the intensive care unit at end of life in Los Angeles-area hospitals.

"We think the most likely explanation... is the volume—more tests, more procedures and more pre-See **CARE**, page 2

Study shows pharmacists improve clinical outcomes for diabetes patients

By Kukla Vera

About 44 million people in the **United States** are uninsured, low-income underinsured, Medicaid beneficiaries or patients with special health care needs who do not receive regular medical care.

A study led by USC School of Pharmacy faculty members Kathleen Johnson, Steven Chen, Mel Baron and Jeffrey McCombs demonstrates that integrating pharmacist-led management of type 2 diabetes into safety net clinics with the patient-centered medical home model improves clinical outcomes.

The study appeared in the December issue of The Annals of Pharmacotherapy. Other authors on the study included Paul Gregerson, a physician and chief medical officer at the JWCH Institute; I-Ning Cheng, a clinical pharmacy specialist at HealthCare Partners; and Carla Blieden, a clinical pharmacist, and Mimi Lou, project manager, both at the USC School of Pharmacy.

Johnson, holder of the William A. and Josephine A. Heeres Endowed Chair in

Community Pharmacy, said, "While several previous studies have acknowledged the expanded role of pharmacist services in the U.S. health care system, most lack comparison groups to evaluate outcomes of these clinical services. Our study evaluates the outcomes of patients with type 2 diabetes who received care from pharmacists in safety net clinic settings, compared to the outcomes of patients in clinics receiving 'usual care' that is without a clinical pharmacist on the team."

The study evaluated changes in A1C levels, a test that measures an individual's average blood glucose level over a two- or three-month period. The test, which provides an indication of how well a treatment plan is working for the patient, is the current standard for correlating blood glucose control with risk of

diabetes-related complications. Patients were included in the study if they had poor diabetes control, defined as an A1C level greater than 9 percent.

The study found that patients who received care that included pharmacists had adjusted A1C levels reduced, on average, by 1.38 percentage points compared to those without pharmacist involvement in treatment. This is a clinically meaningful improvement, making it three times as likely for patients to achieve an A1C level of less than 7 percent, the typical treatment goal in the study.

Landmark studies also have shown that a 1 percentage point decline in A1C reduces the risk of microvascular complications, myocardial infarction and diabetes-related death over a 10-year period.

About 44 million people in

the United States are uninsured, low-income underinsured, Medicaid beneficiaries or patients with special health care needs who do not receive regular medical care, and these are the patients that often utilize safety net clinics. Improving outcomes in this setting holds significant implications on a national scale.

"These findings provide important information for our policymakers as they reevaluate our health care system," Chen said. "Patients cared for in safety net clinics often rely on emergency rooms when complications occur, and many patients use emergency rooms as their source of primary care, so improving their outcomes in patient-centered medical homes will ultimately save health care dollars and improve overall quality of life." Diabetes patients in

See **DIABETES**, page 4

George J. Higué, School of Dentistry alum and supporter, 95

George J. Higué, a 1940 graduate of the Herman Ostrow School of Dentistry of USC, passed away on Dec. 11 at his home in Huntington Harbour, Calif. He was 95.

A lifelong resident of Los Angeles, he attended George Washington High School and Los Angeles City College before entering the Ostrow School of Dentistry. After graduating with his doctorate of dental surgery, he served in the 417th Artillery Field Unit of the U.S. Army and was honorably discharged in 1946 with the rank of major in the Dental Corps. He went on to practice dentistry in the city of Bell for 45 years, garnering a reputation as a strong advocate for children's oral health care and earning several commendations from organized dentistry, the Bell Chamber of Commerce, the California State Assembly and more.

Higué devoted much of his time and resources to the Ostrow School of Dentistry, USC, the dental profession and the community. He served as president of the Ostrow School of Dentistry's Century Club and the Dental Alumni Association and was also a member of the School's Board of Councilors. His generosity made the Ostrow School of Dentistry's George J. Higué Student



George Higué and Associated Student Body President Anahita Taraporewalla cut the ribbon on the George J. Higué Student Lounge in 2008.

Lounge a reality, helped the School build the Oral Health Center faculty practice, and more. At the University level, he was a founding Presidential Associate and a member of the Scholarship Club, and he was awarded both the Alumni Service Award and the USC President's Award for his service to USC as a proud alumnus.

In lieu of flowers, the family has asked that donations be sent to the Ostrow School of Dentistry.

Etcetera

The U.S. Bureau of Health Professions recently named 14 USC Primary Care Physician Assistant Program students National Health Service Corps (NHSC) Scholars.

The NHSC, through scholarship and loan repayment programs, helps health professional shortage areas in the U.S. get medical, dental and mental health providers to meet their tremendous need for health care.

The competitive federal program, which awards scholarships to students pursuing primary care health professions training, attracted 2,000 applicants last year.

The scholars are: third-year students Tina Carbajal, Anoosheh Nikkar and Rachel Newgard; second-year students Valerie Aguilar, Luke Ardill, Jessica Jimenez, Janice Matias, Stephen Neal, Ernesto Ortiz Jr., Claudia Solis, Susanne Valenti and Julie Vuong; and first-year students Sara Coburn and Lalia Gerges.

CARE: No 'one-size-fits-all' solution seen

Continued from page 1 scriptions in Los Angeles than in San Diego," said Kaplan.

Focusing on the strengths of the private market to control prices and reduce inefficiencies, Tomas Philipson, the Daniel Levin Professor of

market forces present in Boston help to shift patients from low-cost to high-cost providers.

"The bigger you are, the more market power you have-the more power you have to control the marketplace," said Puliafito. "This is



Next Issue: Feb. 11

The Weekly is published for the faculty, staff, students, volunteers and visitors in the University of Southern California's Health Sciences Campus community. It is written and produced by the Health Sciences Public Relations and Marketing staff. Comments, suggestions and story ideas are welcome. Permission to reprint articles with attribution is freely given.

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MIX Paper from responsible sources FSC® C102128 Public Policy Studies at the University of Chicago, outlined the differences between private payers and Medicare.

According to Philipson, private payers have more incentive to limit inefficient care with requirements of utilization reviews, prior authorizations and disease management offerings.

As the concluding speaker, Dean Puliafito offered real world examples of best and worst practices of cost containment. He contrasted two cities: Grand Junction, Colo., and Boston, Mass., and showed how Grand Junction's economic risk sharing between primary care physicians and specialists provided incentives to provide strategic care, while

bad. It's very bad."

The roundtable discussion that followed the individual presentations gave the speakers the opportunity to outline their prescriptions for reducing geographic variations in health care costs. While they agreed that there is no "one-size-fitsall" solution, they offered the following starting recommendations:

• Make cost variations between major medical providers transparent;

• Develop and share community consensus of best practices of care;

• Give physicians the right incentives to provide appropriate and effective care; and

• Monitor expenditures and penalize inefficiencies.



USC NORRIS BENEFIT—The San Pedro Peninsula Cancer Guild recently donated \$75,000 in proceeds from its annual fashion show/luncheon to the USC Norris Comprehensive Cancer. The funds will support a post doctoral fellow in the laboratory of Heinz-Josef Lenz, professor of medicine and preventive medicine at the Keck School of Medicine. Lenz was the featured speaker at the luncheon, held last November, and to date, the group has donated over \$1.6 million to USC Norris. At the event are, from left: Mary Ann Viculin, president of the San Pedro Peninsula Cancer Guild, Lenz, and event co-chairs Ann Harder and Wendy Madison Trujillo.

Age of onset of puberty linked to adult osteoporosis risk

A team of researchers led by Vicente Gilsanz, director of Clinical Imaging at The Saban Research Institute of Children's Hospital Los Angeles, determined that the onset of puberty was the primary influence on adult bone mineral density, or bone strength. Length of puberty did not affect bone density.

Reduced bone mineral density leads to osteoporosis, resulting in bones becoming increasingly brittle and at risk for fracture. Osteoporosis is a significant public health issue with the cost of treatment in 2010 estimated at \$10 billion. This condition affects 55 percent of Americans aged 50 and older.

The Bone Mineral Density in Childhood Study is an ongoing multicenter study examining bone development in healthy children and teenagers of both sexes and ethnic groups in the United States. For this analysis, the investigators studied 78 girls and 84 boys who had just entered puberty, until they reached sexual maturity.

"Puberty has a significant role in bone development," Gilsanz said. "During this time, bones lengthen and increase in density. At the end of puberty the epiphyseal plates close, terminating the ability of the bones to lengthen. When this occurs, the teenager has reached maximum adult height and peak bone mass. We found that early puberty was associated with greater bone mass in an effort to achieve greater height. This study indicates that prolonging the growth period by delaying puberty may have unexpected consequences in later life.

The 2000 National Institutes of Health Consensus Development Conference on Osteoporosis Prevention, Diagnosis, and Therapy identified bone mineral deposition during adolescence as a critical determinant of osteoporosis risk later in life. The care of patients with osteoporosis is difficult, and most therapies increase bone density by small amounts yet require long periods of treatment. In contrast, during puberty large increases in bone density occur over a short period of time.

Given that the rate of decline of bone mass in adulthood is approximately 1 percent to 2 percent each year, a 10 percent to 20 percent increase in bone density resulting from a natural early puberty corresponds to an additional 10 to 20 years of protection against the normal agerelated decline in bone strength.

Collaborators on this study included Tishya Wren and James Chalfant, Children's Hospital Los Angeles; John Shepherd, University of California, San Francisco; Heidi Kalkwarf, Cincinnati Children's Medical Center; Babette Zemel, Children's Hospital of Philadelphia; Joan Lappe, Creighton University; Sharon Oberfield, Columbia University; and Karen Winer, National Institute of Child Health and Development. The article was published in the *Journal of Pediatrics*.

CHLA tapped to join Autism Treatment Network as Center of Clinical Excellence

Following a competitive application process, Children's Hospital Los Angeles will become part of the Autism Treatment Network (ATN) as an ATN Center of Clinical Excellence.

Michele D. Kipke, professor of Clinical Pediatrics and Preventive Medicine at the Keck School, and vice chair of research for the Department of Pediatrics, Children's Hospital Los Angeles, was awarded a \$420,000 grant that enables Children's Hospital to become the only ATN Center of Clinical Excellence in California.

The ATN is supported by Autism Speaks, North America's largest autism science and advocacy organization.

"It is with great enthusiasm that we join the Autism Treatment Network. Participation will allow us to engage in cutting-edge clinical and translational research that seeks to promote both discovery and delivery of high-quality care to children with autism spectrum disorder and their families," said Kipke.

The ATN is a clinical program, administered by Autism Speaks, serving a critical role in advancing scientific discovery and developing clinical guidelines and evidencebased approaches to meet the complex medical needs of children with an autism spectrum disorder.

The ATN consists of a network of hospitals and doctors employing a common protocol for diagnosis of autism and treatment of associated medical conditions.

There are two primary autism clinics at Children's Hospital Los Angeles: the Boone Fetter Clinic and the USC University Center for Excellence in Developmental Disabilities. Larry Yin, a board-certified developmental behavioral pediatrician and Keck School assistant professor of clinical medicine, patient care. Teams conduct interdisciplinary assessments while providing access to 100 pediatric medical and surgical subspecialists, occupational therapy, speech and language therapy, nutrition services, physical therapy, and vision and hearing screening. Coordination of services is performed by a nurse management team with the participation of parents as partners in the delivery of care.

Brent Polk, chair of the Department of Pediatrics and director of The Saban Research Institute, said "Children's Hospital Los Angeles has become one of the leading providers of autism-related assessment, diagnosis and medical care in Los Angeles County and throughout Southern California. Participation in the Autism Treatment Network will allow us the opportunity to provide cuttingedge care while continuing to leverage our internationally renowned partner, the University of Southern California, in advancing highly innovative basic, clinical, translational and community-partnered research in order to change the future for those with autism and their families."

Children's Hospital Los Angeles has also established a Diagnostic, Clinical & Research Center for Autism and Other Neurodevelopmental and Behavior Disorders to support autism clinical and translational research. This was made possible through the support of the Boone Family Foundation, the Las Madrinas Endowment for Autism Research Intervention and Outcomes, and the William Randolph Hearst Foundation. Through this effort, numerous studies have been launched in collaboration with the Keck School-based Zilkha Neurogenetic Institute, USC's Occupational Science and Occupational Therapy programs, USC School of Social Work, USC Rossier School of Education and the USC Viterbi School of Engineering.

while later puberty resulted in less."

Adolescents with short stature sometimes undergo medical intervention to delay puberty

provides medical leadership at both sites. Both clinics use a family-centered model for

The Weekly NEWSMAKERS

A Jan. 25 *Daily Breeze* story cited the daughter of a cancer patient who wrote that her father was treated by **Heinz-Josef Lenz**,

professor of medicine and preventive medicine, at the USC Norris Comprehensive Cancer Center and Hospital.

"Everything my dad has told me about Dr. Lenz has me ready to outright chant 'fight on,'" wrote Rachael Bogert. "My dad liked him instantly and describes him as a brilliant [physician] who deserves his own television show."

A Jan. 25 *Long Beach Post* article reported that **Andrea Hricko**, professor of preventive medicine, submitted a presentation on zero-emissions efforts to the Long Beach Environmental, Tidelands and Harbor Committees. The presentation included her team's research on poor air quality near freeways.

The story reported that the research indicates that diesel emission levels at the Intermodal Container Transfer Facility in San Pedro operated by Union Pacific are estimated to be the third worst of 18 rail yards in California.

A Jan. 31 Boston Globe

article quoted **Robert Kloner**, professor of medicine, about his research published in the journal *Clinical Cardiology*.

The research showed that, for two weeks following the 1980 Super Bowl, heart attacks and deaths among fans of the defeated Los Angeles Rams increased. The study also showed increased death rates for women. "Physicians and patients should be aware that stressful games might elicit an emotional response that could trigger a cardiac event," Kloner said. The research was also covered by USA Today, U.S. News & World Report, the Daily Mail, WebMD, Bloomberg News, the Pittsburgh Tribune-Review, and the Wall Street Journal.

Calendar of Events

This Calendar of events is also online at www.usc.edu/hsccalendar for the Health Sciences Campus community

Monday, Feb. 7

Tuesday, Feb. 15

Noon. ZNI Seminar. "Regulation of Neural Development of Dentate Neurons by DISC 1 Signaling," Ju Young Kim, Johns Hopkins. ZNI 112. Info: (323) 442-2144

4 p.m. – 7 p.m. "Cranioklepty: Grave Robbing and the Search for Genius," Colin Dickey, author. Following a talk with Colin Dickey, USC Norris Medical Library will display its rare historical works on phrenology and anatomy. NML West Conference Room. Info: (323) 442-1130

Tuesday, Feb. 8

5 p.m. Global Health Lecture. "Combustion Particles and Global Health: Cooking, Smoking and Climate," Kirk Smith, UC Berkeley. NRT Aresty Aud. Info: (323) 865-0419

Wednesday, Feb. 9

9 a.m. Neurology Grand Rounds. "Neural Stem Cells and Repair in a Viral Model of Demyelination," Thomas Lane, UC Irvine. ZNI 112. Info: (323) 442-7686

9 a.m. - 4 p.m. Pharmacology and Pharmaceutical Sciences: Symposium on Drug Design and Molecular Pharmacology. Various speakers. PSC 104. Info: (323) 442-3400

Noon. Center for Excellence in Research. "Developing NIH Grant Applications, Steve Moldin, USC. UPC: CUB 329. Info: (213) 740-6709

5 p.m. "Vitamin D and Non-Hodgkin Lymphoma Risk and Prognosis," James Cerhan, Mayo Clinic. NOR 4444. Info: (323) 865-3950

Thursday, Feb. 10

Noon. Cellular Homeostasis Lecture Series. "The Functional and Proliferative Capabilities of Hepatocytes Derived from Induced Pluripotent Stem Cells," Holger Willenbring, UC San Francisco. MCH 156. Info:

10:30 a.m. USC Hospital Guild Women's Health Focus. "How to Look as Young as You Feel," Regina Baker and Kristy Morrell, USC. Wilshire Country Club, Los Angeles. \$65. Info: (323)

Wednesday, Feb. 16

254-0600

Noon. Childhood Obesity Research Center Seminar. "Use of Stable Isotope Tracers for Metabolic Research in Humans," Luc Tappy, University of Lausanne, Switzerland. CSC 250. Info: (323) 442-2637

Noon. Center for Excellence in Teaching. "Writing Learning Objectives," Win May, USC. KAM B21/23. Info: (213) 740-3959

4 p.m. Center for Excellence in Research. "New Congress, New Challenges: Assessing Your Federal Research Opportunities," Jennifer Grodsky and Jean Brodeur, USC. UPC: CUB 329. Info: (213) 740-6709

Thursday, Feb. 17

Noon. Dean's Translational Medicine Seminar. "Diet, Obesity and Liver Fat: Why are Some Macronutrients Worse Than Others," Luc Tappy, University of Lausanne, Switzerland. MCH 149. Info: (323) 442-1146

Noon. Center for Excellence in Research. "The Image of the Journalist in Popular Culture: Researching an Innovative Field of Scholarship," Joseph Saltzman, USC. UPC: CUB 329. Info: (213) 740-6709

Noon. Cellular Homeostasis Lecture Series. " The Functional Relevance of Stem Cells in Pancreatic Adenocarcinoma," Zeshaan Rasheed, Johns Hopkins. MCH 156. Info: (323) 442-3121

4 p.m. Center for Excellence in Research. "New Congress, New Challenges: Assessing Your Federal Research Opportunities," Jennifer Grod-

DIABETES: Study links pharmacists' care with better health

Continued from page 4

particular risk experiencing medical complications if their disease is not managed properly. These complications include cardiovascular disease, which accounts for the majority of diabetes-related mortality, nephropathy and end-stage renal disease, retinopathy and neuropathy.

Patient self-management skills are essential to the success of diabetes management, and these skills typically were taught by a

pharmacist in the study's clinic settings. In addition, the pharmacists review medical, laboratory and medication histories, evaluate and modify drug therapy under an established protocol, order



USC researcher Kathleen Johnson said the study evaluates the outcomes of patients in safety net clinics

routine laboratory tests, monitor adherence to drug therapy regimens and provide follow-up care. Pharmacists work with all members of the patient-centered medical home; when appropriate, referrals are made to physicians, social workers and mental health professionals.

"Our study shows that when a pharmacist is on the team, the outcomes are better," Gregerson said. "Pharmacists fulfill the pivotal role of medication expert on today's health care team."

Studies like this one provide evidence that the expanded role of the pharmacist can have a positive impact on the health outcomes of at-risk patients.

The USC School of Pharmacy currently provides clinical pharmacy services to 12 safety net clinics in the Los Angeles area.

NEURO: USC seeks 'outstanding' new neuroscientists

Continued from page 1

neuroscience, and the many disciplines that it impactsfrom economics, law, social sciences and business to biology, chemistry, psychology and medicine. New faculty hires will occur in some of these disciplines university-wide."

Levitt said the areas in which USC is poised to make a significant impact include biomedical neuroimaging.

"We have outstanding neuroimaging led by the Dana & David Dornsife Cognitive Neuroscience Imaging Center at the University Park Campus, which focuses on high level questions of consciousness, perception and social and moral behavior.

"These are important questions. We hope to complement that by making a major growth effort in biomedical neuroimaging, so that we can contribute to both the understanding of brain diseases and new treatments and interventions for these conditions that impact people and their families very severely," he said.

He added that this growth effort "will complement our strengths in genetics and basic neuroscience studies of brain diseases, creating a fabulous, interdisciplinary, collegial community of scientists and students." Garrett is now soliciting from USC's schools the names of outstanding neuroscientists with records of accomplishment that distinguish them as major scholarly figures and with convincing evidence of future productivity and influence. She said that consideration "will be given to the proposed faculty member's success in mentoring Ph.D. students, in

Neuroscience Advisory Committee

- Pat Levitt, Provost's Professor of Neuroscience, Psychiatry & Pharmacy
- Roberta Brinton, R. Pete Vanderveen Chair in Therapeutic Discovery and Development and Professor of Pharmacology and Pharmaceutical Sciences
- Antonio Damasio, David Dornsife Professor of Neuroscience
- Mark Humayun, Cornelius J. Pings Chair in Biomedical Sciences and Professor of Ophthalmology, Biomedical Engineering, and Cell & Neurobiology
- Larry Swanson, Milo Don and Lucille Appleman Professor of Biological Sciences

attracting top post doctoral fellows and junior faculty, and in interdisciplinary collaboration. In addition to providing a CV, nominators should discuss the likelihood that such recruitment will be successful, and how the work of the scholar will complement the work being done by our own exceptional faculty. Hiring clusters of faculty will also be considered."

The Neuroscience Advisory Committee will review

USC Health Sciences Public Relations and Marketing 1975 Zonal Ave. KAM 400 Los Angeles, CA 90033

submissions and advise Garrett on the candidates' strengths and weaknesses. Her office will then work with school deans to determine the types of university-level assistance and resources that can be provided to achieve success in recruiting the candidate.

To submit candidate names for consideration, or for additional information, e-mail Executive Vice Provost Michael Quick at evp@usc.edu.

> Non-Profit Organization U.S. POSTĂGE PAID University of Southern California

(323) 442-3121

Friday, Feb. 11

8:30 a.m. Surgery Grand Rounds. "Current Status of Aggressive Donor Management," Lydia Lam, USC. DOH 100. Info: (323) 442-2506

sky and Jean Brodeur, USC. NML East Conference Room. Info: (213) 740-6709

Friday, Feb. 18

8:30 a.m. Surgery Grand Rounds. "Innovation and Perseverance in Burn Reconstruction," Michael Neumeister. Southern Illinois School of Medicine. DOH 100. Info: (323) 442-2506

Notice: Deadline for calendar submission is 4 p.m. Monday to be considered for that week's issue—although three weeks' advance notice of events is recommended. Please note that timely submission does not guarantee an item will be printed. Send calendar items to The Weekly, KAM 400 or fax to (323) 442-2832, or e-mail to eblaauw@usc.edu. Entries must include day, date, time, title of talk, first and last name of speaker, affiliation of speaker, location, and a phone number for information.

Update Your Directory Listing

The start of the new year is the perfect time to make sure your listing in the USC faculty, staff and affiliate directory up to date. Please view your listing, accessible at https://my.usc.edu/wp/faculty/SearchForm.do, and take note of any inaccuracies, omissions or outdated information.

All faculty and staff: To make any changes to your listing, please log onto eTrac or contact your home office coordinator.