

IMPRINT

Internal Medicine Progress in Research, INnovation and Translation



Chair's Corner: Research Impact and Translational Discovery

As we move into May, I am proud to assess the breadth of scholarly achievement across the Department. Our faculty continue to publish in high-impact journals that shape clinical practice, advance translational science, and deepen our understanding of disease mechanisms. Collectively, this work reflects a department committed to discovery across the full research continuum, from bench science to pre-clinical studies, to clinical trials, and to implementation and outcomes research.

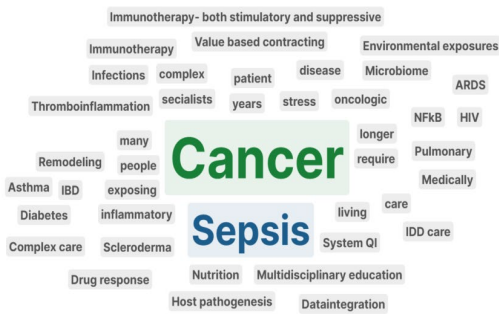
Faculty across the department are active contributors to research published in prestigious cardiovascular, gastroenterology and hepatology, pulmonary, oncologic, and population-focused journals. UC investigators regularly publish in venues such as *New England Journal of Medicine*, *Circulation*, *Journal of the American College of Cardiology*, *Lancet Gastroenterology and Hepatology*, *American Journal of Gastroenterology*, *Blood*, *Journal of Clinical Oncology*, and *American Journal of Respiratory and Critical Care Medicine*, reflecting strengths in cardiovascular outcomes, malignancy biology, immune-based therapies, critical illness physiology, and health services research. Many of these studies integrate molecular biology, biomarker discovery, imaging, and pragmatic clinical trials, which are hallmarks of strong translational science. Equally impactful is the work led by faculty who address questions of health equity, care delivery, and implementation science. Their scholarship

ensures that scientific advances reach diverse patient populations and translate into measurable improvements in quality, safety, and access to care.

These research accomplishments are not the result of isolated effort. They reflect a department that invests in mentorship, team science, and infrastructure, supporting early-career investigators alongside established leaders, and fostering collaboration across specialties. I am particularly proud of the increasing integration of data science, clinical trials, and community-engaged research throughout our work. I extend my sincere gratitude to our faculty, fellows, trainees, and research teams for their dedication and ambition. Your work not only elevates the reputation of our department, but also advances medicine in ways that meaningfully improve patients' lives. I look forward to seeing how this collective momentum continues to grow in the months ahead.

I was very pleased to share the vision for the Inflammation & Immunology Research Consortium (IIRC) during our recent Department of Internal Medicine Faculty & Staff Meeting. The IIRC represents a strategic Department of Internal Medicine initiative designed to strengthen collaboration across our divisions, accelerate translational and clinical research, and further position our department as a leader in inflammation and immunology research and innovation. While this effort will ultimately extend across the broader organization and involve collaboration with multiple departments and disciplines, it appropriately begins within the Department of Internal Medicine given the depth of expertise and research already present across our divisions. Importantly, this initiative has the potential to create new opportunities for multidisciplinary collaboration, clinical trials, faculty engagement, industry partnerships, and impactful discoveries that advance our academic mission and improve patient care.

As we begin shaping this initiative, I encourage our faculty, trainees, and research teams to engage, share ideas, and explore opportunities for collaboration across divisions. The long-term success of the IIRC will depend on our collective expertise, intentional partnership, and shared commitment to advancing discovery, innovation, and academic excellence together.



Anita Afzali, MD, MPH, MHCM, FACG, AGAF

James F. Heady Endowed Chair, Professor and Chair of Internal Medicine

VC Views: Study Section Service

You get that email: “Would you like to serve on a study section and review grants?”

And in that moment, a perfectly reasonable reaction might be, “Fantastic—nothing sounds better than spending a Friday night reading a stack of grants.”

All sarcasm aside, one of the hardest skills to master in academic life is selling your ideas to a perfect stranger. Reviewers do not know the backstory, the years of work behind the project, or the excitement that comes with seeing the science move forward. A very short window exists to capture attention, explain the vision, and spark interest before reviewers move on to the next application.

This challenge explains why serving on an internal study review committee — such as the DOIM Pilot Award Scientific Review Panels — offers such a valuable experience. Participation provides a behind-the-scenes look at how NIH study sections and foundation review committees operate. A group of reviewers reads each proposal, many without deep subject-matter expertise in that specific area, and prepares critiques. Reviewers focus on clear ideas, feasible approaches, strong specific aims, and reasons to feel enthusiastic about the work.

Watching the review process unfold from the inside offers powerful insight. Exposure to reviewer discussions reveals what sparks excitement, where confusion creeps in, and how critiques take shape. That perspective consistently translates into stronger grant writing down the road.

Many opportunities exist at UC for service on grant review panels, including DOIM Pilot Awards, CCTST awards, College of Medicine awards, and Center for Cardiovascular Research grants. This spring alone includes 15 DOIM Pilot Award applications under review, creating a strong need for faculty support to ensure thoughtful and thorough evaluations.

Building these panels brings real challenges. Conflicts of interest arise when faculty members collaborate closely or work within the same division. Balancing clinical and basic science representation remains essential. Panel leadership works carefully to manage conflicts and assign reviewers with sufficient general expertise to provide useful, constructive feedback.

The feedback process delivers the greatest benefit. Comments explaining why a proposal succeeded, or where improvement could strengthen a future submission, offer lasting value to applicants. Reviewing other proposals also sharpens grant-writing skills by exposing reviewers to many different ways of presenting science, some highly effective and others less so.

Faculty members interested in joining a DOIM or other scientific grant review committee are encouraged to reach out to the Vice Chairs for Research. We'll bring the popcorn.

Carl J. Fichtenbaum, MD

Gregory W. Rouan Professor of Internal Medicine
Vice Chair of Clinical Research

Christy K. Holland, PhD

Hanna Endowed Chair of Cardiology
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Kristin Hudock, MD, MSTR

Associate Professor of Internal Medicine
Vice Chair of Translational Research



SPOTLIGHT



Silvi Shah, MD, MS, Advances Women’s Health in Kidney Disease

In a series of recent publications spanning clinical research, qualita-

tive investigation, and state-of-the-art review, Silvi Shah, MD, MS, and colleagues are bringing renewed attention to an area long underrecognized in nephrology: the reproductive and cardiovascular health of women with kidney disease. Across her work, Dr. Shah addresses a central challenge, women with chronic kidney disease (CKD), especially those with advanced disease, face complex and often poorly addressed risks related to pregnancy, fertility, and long-term cardiovascular health. Yet despite these risks, the systems and practices designed to guide care have not kept pace.

In a recent [Hemodialysis International review](#), Dr. Shah and co-author Dr. Mangalgi examine one of the most clinically demanding scenarios in nephrology: pregnancy in women receiving dialysis. The article synthesizes a rapidly evolving literature showing that outcomes, once considered uniformly poor, have improved substantially with modern care. At the center of that progress is a deceptively simple concept: more dialysis matters. Intensified dialysis regimens are consistently associated with longer gestational age, higher birth weight, and improved likelihood of live birth. This review highlights the complexity of managing these patients,

balancing volume status, blood pressure, nutrition, and timing of delivery, while emphasizing that success depends on coordinated, multidisciplinary care. The message is clear: progress is real, but gaps in access, expertise, and systems of care remain.

Dr. Shah's recent work in [American Journal of Kidney Diseases](#) and [Kidney International Reports](#) examines why those gaps persist. In a qualitative study of nephrologists across the United States, her team found a consistent pattern: reproductive health is often not addressed, not because it is unimportant, but because clinicians feel unprepared. Limited training, lack of clear guidelines, and fragmented coordination between specialties all

contribute to hesitation in counseling patients about contraception, fertility, and pregnancy risks. A complementary national survey reinforces these findings at scale. Many nephrologists report rarely discussing key topics such as contraception, sexual health, or menstrual disorders, and more than half describe low confidence in managing them. The most commonly cited barriers — lack of standardized guidance, time constraints, and knowledge gaps — highlight structural issues rather than individual shortcomings.

Underlying this body of work is a broader vision. Supported by her NIH K23 career development award, Dr. Shah's research program brings together epidemiology, patient-

centered research, and clinical investigation to explore how sex-specific factors from pregnancy to reproductive history influence kidney and cardiovascular outcomes. Her work also highlights disparities in access to care and aims to inform interventions that are both evidence-based and equitable. Like many impactful research programs, this one reflects both clinical urgency and long-term commitment. Whether defining optimal dialysis strategies for pregnancy or identifying the barriers that prevent timely counseling in clinic, Dr. Shah's work continues to push the field toward a more comprehensive and patient-centered approach to women's health in nephrology.



NIH UPDATES

Academic Research Services (ARS)

NIH Insight: Understanding “Competitive but Not Discussed” Applications

Investigators may occasionally see their NIH applications labeled as “*competitive but not discussed*” during peer review, a designation that can be confusing and discouraging. In a recent [NIH Extramural Nexus](#) article, NIH clarifies that this outcome reflects the realities of a highly competitive review process rather than a lack of merit.

Key points include:

- **Triaging is routine:** Due to the high volume of applications, only those in approximately the top third are discussed during study section meetings. Applications that fall just below this threshold may still receive strong preliminary scores but are not discussed.
- **“Competitive” still matters:** A “competitive but not discussed” designation indicates that reviewers saw strengths, but the application did not rank high enough relative to others in that review cycle.
Written critiques remain valuable: Even without discussion, applicants receive detailed reviewer feedback. These critiques are essential for strengthening resubmissions.
- **Resubmission is encouraged:** Many funded applications were not discussed in their initial submission. Careful attention to reviewer comments and strategic revisions can significantly improve outcomes.
- **Context is critical:** Funding decisions depend not only on scores but also on paylines, institute priorities, and available funding.

This resource underscores the importance of persistence and iterative improvement in NIH grant submissions. Investigators are encouraged to use reviewer feedback constructively and consult program officers when planning next steps.

College of Medicine Update: Bridge Funding Program to Support Research Continuity

The University of Cincinnati has announced a new **Bridge Funding Program** designed to help sustain research programs amid disruptions in federal funding. This initiative reflects institutional recognition of the challenges posed by recent shifts in the funding landscape and reinforces UC's commitment to maintaining research excellence. The program will provide **short-term financial support during FY'26 and FY'27** to investigators facing qualifying disruptions, including:

- Terminated or canceled federal awards
- Eliminated funding programs
- Delayed funding decisions for highly rated proposals
- Interruptions in expected renewals or review timelines

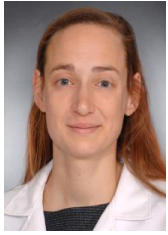
The goal is to preserve research momentum, retain critical personnel, and maintain core infrastructure during uncertain funding periods. While the specific College of Medicine guidelines are forthcoming, faculty who may be eligible are encouraged to begin discussions with the Academic Research Services office to prepare for application opportunities.

The **National Institutes of Health (NIH)** is updating its **Data Management and Sharing Plan (DMS Plan)** requirements if official due date is after **May 25, 2026** ([NOT-OD-26-046](#)). This change aims to simplify the plan, reduce applicant burden, and improve consistency. Follow [these instructions](#) for writing a DMS plan.



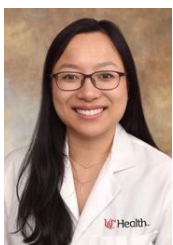
ANNOUNCEMENTS, AWARDS + EVENTS

Congratulations to 4 Junior Faculty K-Awardees!



Kristine Karkoska, MD
Hematology and Oncology
NIH NHLBI K23 Career Development Award
“Mapping Activated Microglia and Their Effect on Cognitive Deficits in Adults with Sickle Cell Disease”

Dr. Kristine Karkoska has received a prestigious NIH K23 award from the National Heart, Lung, and Blood Institute to support her research on the mechanisms underlying cognitive impairment in adults with sickle cell disease (SCD). Her work focuses on neuroinflammation—specifically the role of activated microglia—and how these inflammatory processes contribute to deficits in memory, attention, and executive function. Utilizing advanced diffusion MRI techniques alongside cognitive assessments, Dr. Karkoska aims to identify imaging biomarkers of neuroinflammation that could inform earlier detection and future interventions. This award will support her career development as she works toward independence as a clinician-scientist dedicated to improving neurologic outcomes for individuals with SCD.



Simin Zhang, MD
Rheumatology, Allergy, and Immunology
NIH NIAID K08 Career Development Award

“Consequences of Mast Cell Activation and Complement Dysregulation in Eosinophilic Esophagitis”

Dr. Simin Zhang has been awarded an NIH K08 from the National Institute of Allergy and Infectious Diseases to investigate novel mechanisms driving eosinophilic esophagitis (EoE). Although eosinophils define the disease diagnostically, accumulating evidence suggests mast cells play a central role in disease pathology. Dr. Zhang’s research examines how complement activation, particularly C3a-mediated mast cell signaling, contributes to epithelial dysfunction and fibrosis in EoE. Leveraging in vitro and in vivo models, this work has the potential to identify new mast cell-targeted therapeutic strategies. The award will support Dr. Zhang’s transition to independence as a translational physician-scientist studying allergic and immune-mediated gastrointestinal disease.



Jahnvi Gollamudi, MD
Hematology and Oncology
CCTST K Scholar Career Development Award
“Interactions of Bone Complications with Musculoskeletal Pain in Sickle Cell Disease”

Dr. Jahnvi Gollamudi has been named a CCTST K Scholar for her research focused on chronic musculoskeletal (MSK) pain in sickle cell disease (SCD), a condition that affects nearly 30% of individuals and significantly impacts quality of life. Her work centers on sickle cell bone disease as a potential key driver of chronic pain, an area that remains poorly understood despite its growing clinical importance as patients with SCD live longer. Her project investigates the mechanisms linking

bone pathology and pain, addressing an important gap in current treatment approaches. While disease-modifying therapies such as hydroxyurea and stem cell transplant improve survival, they do not reliably reduce MSK pain and may have unintended effects on bone health. As a result, pain management often relies on opioids, which carry substantial long-term risks. Through this career development award, Dr. Gollamudi is integrating expertise in pain biology, bone physiology, and SCD to better define the drivers of MSK pain and explore novel therapeutic strategies. In particular, her work evaluates whether bisphosphonates, commonly used to treat bone pain in oncology, may offer a non-opioid approach to managing skeletal pain in SCD.



Steven Sayson, PhD
Infectious Diseases
CCTST K Scholar Career Development Award
“Neutrophil Heterogeneity and Lung Injury during *Pneumocystis* Pneumonia”

Dr. Steven Sayson has received a CCTST K Scholar Career Development Award to support his research on immune-driven lung injury in *Pneumocystis* pneumonia. His work focuses on defining how distinct neutrophil populations contribute to inflammation, epithelial damage, and respiratory failure in immunocompromised hosts. Using cutting-edge single-cell approaches, Dr. Sayson seeks to identify pathogenic neutrophil programs and the cytokine signals that sustain them, with the goal of uncovering host-directed therapeutic targets. This award will support his mentored transition to independence as a physician-scientist in inflammatory lung immunology.