

IMPRINT

Internal Medicine Progress in Research, INnovation and Translation



Chair's Corner

As we welcome September, I remain deeply inspired by the transformative research and dedication that define our Department of Internal Medicine. From fundamental discoveries at the bench to transformative clinical studies that directly impact patient care, our faculty, trainees, and staff are driving innovation that resonates far beyond our institution. This fall academic semester brings exciting opportunities to advance collaborative projects, secure new grants, and share our findings with the broader scientific community. This spirit of discovery is well illustrated by a [recent publication](#) of one of our new stellar recruits, Dr. Nina Steele. Utilizing single cell RNA sequencing her team compared pancreatic cancer metastatic sites and primary tumors. This work demonstrated increased prevalence of exhausted T cells in metastases, as well as enrichment immunosuppressive tumor-associated macrophages, consistent with profound immunosuppression in metastatic pancreatic cancer tumors. Pancreatic cancer is a tumor that enhances cancer-associated fibroblasts and in these she identified the gene UPP1 as a potential therapeutic target for new cancer therapies. Dr. Steele's work is

now extending to collaborations with many across the Department and University of Cincinnati Cancer Center. It is an honor to highlight the exceptional work done by Dr. Steele.

John C. Byrd, MD

The Gordon and Helen Hughes Taylor Professor and Chair

VC Views

This issue we'd like to feature one of the added value components of our research mission, **J-Club**. No, J-Club does not stand for "Journal Club". J-Club is a collaborative forum for junior faculty focused on research and career development through peer mentoring. It was established in November 2016 by the Vice Chairs for Research, led by Carl Fichtenbaum. Over the years, more than 50% of J-Club members have successfully received external funding including K08, K23, R01 and R21 grants. It is an important component of the DOIM's commitment to faculty development. J-Club is intended to complement other research-oriented professional development opportunities, such as the [CCTST K Club](#), the [COM Faculty Development Series Recordings](#), and [Faculty Development Series on OneStop](#). Members meet twice-monthly online to provide each other feedback on their grant proposals, manuscript writing, science presentations, data visualization, and other research-related topics. If you are interested in joining J-Club, please email [Kevin Haworth, PhD](#) to learn more.

Carl J. Fichtenbaum, MD

*Gregory P. Rouan Professor of Internal Medicine
Vice Chair for Clinical Research*

Christy K. Holland, PhD

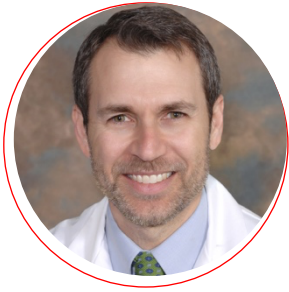
*Hanna Endowed Chair of Cardiology
Vice Chair for Basic Research*

Kristin Hudock, MD, MSTR

*Associate Professor of Internal Medicine
Vice Chair for Translational Research*



SPOTLIGHT



Eric Warm, MD, and Colleagues Address the Crisis of Discontinuity in Medical Education

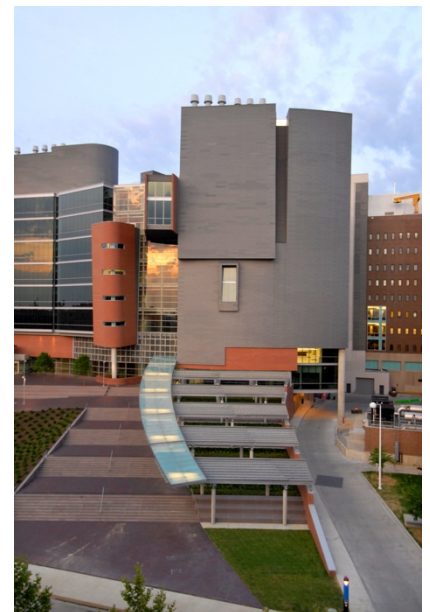
In a *New England Journal of Medicine* review published last June, Eric Warm, MD, and colleagues shine a spotlight on a growing crisis in medical education: the widespread erosion of continuity in both patient care and clinical training. Titled ["Navigating the Discontinuity Crisis in Medical Education,"](#) the article identifies how fragmented schedules, shift-based work models, and disconnected health systems increasingly disrupt consistent relationships between learners, educators, and patients. Continuity — relational, informational, educational, and managerial — is foundational to high-quality care and professional growth. Yet, today's learners often rotate through short stints with different teams, rarely seeing the same patient or mentor twice. This lack of stability undermines competency development, devalues mentorship, and contributes to poorer patient outcomes. The authors highlight that normalized discontinuity leads not only to learner dissatisfaction and burnout but also to increased costs,

higher readmission rates, and even greater mortality.

Using a fictional case study that could be pulled from any teaching hospital, the authors illustrate how handoffs, siloed information systems, and inconsistent supervision create confusion, compromise care, and stifle learning. Importantly, the authors don't just diagnose the problem—they offer a roadmap forward. Solutions include designing longitudinal clerkships, ambulatory long blocks, team-based documentation practices, improved handoff protocols, and health information exchanges that prioritize seamless transitions. These interventions require coordinated action across micro- (clinical teams), meso- (institutional), and macro- (policy) levels. This impactful article is a call to action for educators, administrators, and policymakers. Improving continuity isn't just an academic ideal—it's a measurable necessity for cultivating compassionate, competent physicians and delivering safe, patient-centered care. As Dr. Warm and colleagues argue, if not now, when?

Dr. Warm is a long-time advocate for educational innovation in our Department. He and his colleagues have published extensively on medical education innovations, measurement of competency, and the creation of systems to improve learning. His research and scholarship in this area have been

well recognized nationally and internationally. Behind every major publication lies a story—and sometimes, a pivotal moment that changed everything. That moment came in 2008 for Dr. Warm, in an elevator at a national meeting. At the time, his first major manuscript had just been submitted. As fate would have it, the editor of the journal, Judy Bowen, MD, PhD, now senior author on the *NEJM* publication, stepped into the elevator and provided blunt feedback: "Your submission was terrible!" But instead of walking away, she lingered in the elevator vestibule and spent valuable time offering thoughtful guidance on how to improve the manuscript. That conversation — and the mentorship that followed — changed the course of Dr. Warm's career. The takeaway? *Seek out great mentors (especially editors), take feedback seriously—even when it's hard—and keep going.*



Academic Research Service (ARS)**Removing Foreign Collaborations:**

If you have a foreign collaborator (or site) on an *existing funded grant* or on a *grant that has already been submitted*, particularly one involving human subjects, you can renegotiate and remove the foreign subaward and do a Type 3 administrative supplement (for a single foreign entity) which then will get a distinct document number. This is an option in addition to those outlined in [NOT-OD-25-104](#).

Fairness and Originality in NIH

Applications: The use of AI is being monitored and can be used in a very limited aspect. If AI is used inappropriately, research misconduct may result with severe consequences levied. Additionally, NIH will only accept six new, renewal, resubmission, or revision applications from an individual Director or Multiple Principal Investigator for all council rounds in

a calendar year starting September 25, 2025. This policy applies to all activity codes except T activity codes and R13 Conference Grant Applications.

Training for Other Support

Disclosure Requirements: Training will be required to comply with other support disclosure by October 1, 2025.

NIH Public Access Policy

The [NIH Public Access Policy](#) ensures public access to all publications funded by the National Institute of Health. Announced in late 2024, the policy mandates that final peer-reviewed manuscripts resulting from NIH-funded research, accepted for publication on or after July 1, 2025, be deposited into [PubMed Central](#) (PMC) immediately upon acceptance, *without* an embargo period. This rule applies to any manuscript accepted for publication in a journal

that is the result of funding by NIH in whole or in part through a grant or cooperative agreement, including training grants, contracts, NIH intramural research, or the official work of an NIH employee. Publishing in an open access journal removes embargo restrictions, enabling immediate public access and allowing the author to promptly deposit the manuscript in PubMed Central—ensuring full compliance with the updated policy. **UC Libraries provides a limited number of Open Access fee waivers per year** which can be used to defray the cost of fees imposed by open access journals. These agreements are available to individuals affiliated with the University of Cincinnati and who are the corresponding author. Currently there are 12 publishers that are part of the UC Read and Publish Deals. To learn more and determine if a specific title is part of these deals click [here](#).

**ANNOUNCEMENTS, AWARDS + EVENTS**

Congratulations to the Spring 2025 Intramural Faculty and Trainee Awardees!

Trainee Awards**Suchandrima Dutta, BSc**

“Engineering a novel RNA sensing system for precise cardiac fibroblast targeting”

The pilot project proposed by Suchandrima Dutta presents a highly

significant and innovative strategy to overcome a major hurdle in heart failure therapeutics—precise targeting of cardiac fibroblast (CF) subtypes involved in fibrosis. By engineering a novel RNA-sensing system based on ADAR-mediated editing that operates as an “AND” logic gate responsive to co-expression of Tcf21 and Pcsk6, the project offers a breakthrough approach to subtype-specific identification and functional

modulation of fibrogenic CFs. If successful, this technology could fundamentally shift how fibrotic heart disease is treated by enabling precision cell targeting and opening new avenues for regenerative therapies.

Sencer Goklemez, MD

“Using multiparametric spectral Flow cytometry to immunophenotype multiple myeloma”

The pilot project led by Dr. Sencer Goklemez represents a significant and innovative contribution to the field of multiple myeloma (MM) research, particularly in the context of resistance to chimeric antigen receptor T-cell (CAR-T) therapy. The study's significance lies in its focus on understanding the immunological mechanisms underlying treatment failure in relapsed/refractory MM—a population with poor outcomes despite advanced therapies. Overall, the project has the potential for high impact by informing future translational studies, guiding biomarker development for treatment response, and supporting a broader investigator-initiated trial aimed at overcoming CAR-T resistance in high-risk MM.

Ahmet Kaynak, PhD

“Determination of the precise phosphorylation sites of cancer secreted Hsp70”

The pilot project proposed by Dr. Ahmet Kaynak presents a highly significant and innovative approach to addressing the immunosuppressive tumor microenvironment in pancreatic ductal adenocarcinoma (PDAC), a malignancy with exceptionally poor prognosis and limited treatment options. The project's core objective—identifying the specific phosphorylation sites of secreted heat shock protein 70 (Hsp70) that drive M2 macrophage polarization—targets a critical gap in our mechanistic understanding of tumor-immune interactions. If successful, this work could significantly impact

the field by establishing phosphorylated Hsp70 as a therapeutic target and opening the door to immunomodulatory strategies that may complement or enhance current PDAC treatments.

Junior Faculty Pilot Awards

Anusha Anukanth, MD

“Engineering a novel feeder cell line for expansion of NK cells”

This pilot project proposes a highly innovative approach to overcoming a critical barrier in the field of NK cell therapy by engineering a novel, proprietary feeder cell line (UC-NKF) to support robust NK cell expansion and enhanced cytotoxicity against tumor cells. The significance of this project is considerable, as it addresses limitations of current CAR-T therapies—such as toxicity and logistical complexity—and offers a scalable, safer, “off-the-shelf” NK cell alternative that could greatly expand access to cellular immunotherapy. If successful, this work has the potential for high overall impact by enabling local development and deployment of NK cell therapies, fostering translational research capacity, and improving therapeutic options for cancer patients.

Clayton Lewis, PhD

“Alternatively spliced tissue factor: a novel contributor to MASLD”

This pilot project presents a compelling investigation into the role of alternatively spliced tissue factor in the pathogenesis of metabolic dysfunction-associated steatotic liver disease (MASLD), a highly prevalent

and morbid condition lacking effective antifibrotic therapies. The significance is strong, as the study targets a novel molecular mechanism linking integrin activation to hepatic fibrosis and sinusoidal endothelial remodeling—central drivers of MASLD progression. Overall, this work has high potential impact to shift mechanistic understanding and treatment strategies in MASLD.

Senior Pilot Award

Silvi Shah, MD

“Racial differences in cardiovascular disease risk in women with parity”

Dr. Silvi Shah's pilot project presents a compelling and timely investigation into the intersection of female reproductive history, chronic kidney disease (CKD), and cardiovascular disease (CVD) risk, addressing a critical knowledge gap in women's health. The project is highly significant, as CVD is the leading cause of death among women, and CKD exacerbates this risk, yet current predictive models lack female-specific reproductive factors. The overall impact of this work is substantial, with strong potential to reshape cardiovascular risk prediction and preventive strategies for women, particularly those with CKD.