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Division of Hematology and Medical Oncology

Peter Quesenberry, M.D.

Dr Peter Quesenberry was recruited in October 2006 to head the Hematology/Oncology Divisions at Rhode Island Hospital, Miriam Hospital, the Veterans Administration Hospital and Memorial Hospital as the Calabresi Professor and Professor of Medicine at Brown. Joining Dr. Quesenberry are a group of outstanding clinical and research colleagues who were with him at Roger Williams Hospital. These include Drs. Gerry Colvin, Eric Winer, and Jason Aliotta. Basic research colleagues include Gerry Dooner, Mark Dooner, Kevin Johnson, and Michael Del Tatto. The goals of Dr. Quesenberry are to enhance and expand the clinical activities of the Division of Hematology Oncology, to expand the teaching purview and to establish a Center for Stem Cell Biology. In a more global sense he will be working with surgical, radiation oncology, pediatric oncology and pathology colleagues and administrative leaders to further develop the Lifespan Comprehensive Cancer Center.

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Dr. Quesenberry was head of the Research Department, the Cancer Center and Bone Marrow Transplantation at Roger Williams and has a lifetime interest in treatment of Blood and Cancer diseases with an emphasis on leukemia/lymphoma/myeloma and bone marrow transplantation. Both his basic and clinical research have revolved around marrow engraftment and the definition of adult bone marrow stem cells. Most recently he has focused on the capacity of marrow cells to restore damaged tissue in lung, skeletal muscle and wounds.

Dr. Quesenberry has 263 articles listed on Pubmed and has been continually funded by NIH since 1980. He was editor of Experimental Hematology from 1990 to 1998, President of the International Society of Experimental Hematology from 2003 to

INSIDE

Andrew Bostom, MD, MS receives $19.6 million federal grant

Multi-site trial aims to reduce cardiovascular disease in kidney transplant recipients

Andrew G. Bostom, M.D., M.S., a specialist in the division of kidney disease and hypertension at Rhode Island Hospital, has received $19.6 million from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) to fund another five years of his landmark study, which looks at ways to reduce heart attack and stroke in kidney transplant patients.

The Folic Acid for Vascular Outcome Reduction in Transplantation (FAVORIT) trial is critical because patients with chronic kidney disease, including those who have received kidney transplants, are at high risk for cardiovascular disease (CVD)—the nation's leading cause of death.

The multi-site FAVORIT trial, which began in 2002, is a double-blind, randomized controlled clinical trial designed to evaluate whether lowering an amino acid known as total homocysteine using vitamin supplements like folic acid can reduce CVD in kidney transplant recipients.

Elevated homocysteine—which is more prelavent in patients with chronic kidney disease—can increase the risk of coronary heart disease, stroke and peripheral vascular disease, while folic acid and other B vitamins help break it down.

Bostom, who is also an associate professor of medicine at The Warren Alpert Medical School of Brown University, initiated the trial five years ago and will continue to direct the clinical coordinating center at Rhode Island Hospital. Federal funding will be distributed to each of the 30 major kidney transplant centers in the United States, Canada and Brazil participating in this trial.

Because of their high rates of cardiovascular disease, kidney transplant recipients are a unique group for testing the theory that lowering total homocysteine may reduce the risk of heart attack, stroke and other cardiovascular events in the much larger population of people with chronic kidney disease, Bostom said.

"With a better understanding of why these patients are at significant risk for cardiovascular disease, we can develop more effective ways to prevent and treat it, enabling us to improve the overall health, as well as the quality of life, of people with chronic kidney disease," he added.

In 2006, more than 17,000 people in the United States received a kidney transplant. Overall, 20 million Americans—or one in nine adults—have chronic kidney disease, which can often lead to kidney failure. Another 20 million are at increased risk. Kidney transplant recipients have nearly twice the incidence of CVD than the rest of the population.

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Participants in the FAVORIT trial are clinically stable kidney transplant recipients who have had their new kidney for at least six months and who also have elevated total homocysteine. Patients are randomized to a multivitamin containing high doses of folic acid and vitamins B6 and B12 or a vitamin with no folic acid and the estimated average daily requirements of vitamins B6 and B12. To date, 42 percent of the randomized patients had a history of diabetes and 21 percent had prevalent CVD. Patients will be followed until June 2010.

The primary endpoint of the trial is a composite of incident or recurrent coronary heart, cerebrovascular, and abdominal/lower extremity events, such as stroke, heart attack, resuscitated sudden death, and limb amputation resulting from hardening of the arteries that supply blood to the legs and feet.

"Under Dr. Bostom's leadership, the FAVORIT trial will undoubtedly play a major role in how we approach cardiovascular disease in patients with chronic kidney disease," said Lance Dworkin, M.D., chief of the division of kidney disease and hypertension at Rhode Island Hospital and a professor of medicine at Alpert Medical School. "Patients and physicians will both benefit from this trial, even if the research suggests that lowering homocysteine does not, in fact, reduce the risk of cardiovascular disease."