Director of the Bone Marrow Transplantation Program

The Division of Hematology and Medical Oncology Program at Weill Cornell Medical College affiliated with the NewYork-Presbyterian Hospital is seeking candidates for Director of the Bone Marrow Transplantation Program at the Associate Professor or Professor level. The successful candidate will be responsible for directing and expanding the clinical and research efforts for an established multidisciplinary team of clinicians and scientists currently performing over 130 allogeneic, autologous, and cord blood transplants per year in a FACT accredited program. Weill-Cornell is a leading center for developmental therapeutics in leukemias, MDS, myeloproliferative disorders, lymphomas and multiple myeloma. The Transplant Director will have the opportunity to develop clinical and translational research programs in collaboration with the Hematological Malignancies Services and will be instrumental in the development of an outpatient transplant program.

To apply please contact: Dr Eric J. Feldman M.D., Division of Hematology and Medical Oncology, WEILL CORNELL MEDICAL COLLEGE, 525 East 68th Street, New York, NY 10065, Phone: 212-746-6736, Fax: 212-746-6645, Email: ejf2001@med.cornell.edu

EOE/M/F/D/V

Weill Cornell Medical College

Pediatric Faculty - Hematology/Oncology

Stem Cell Sciences

The University of Chicago, Department of Pediatrics, Section of Hematology/Oncology is pleased to announce the availability of a faculty position in Stem Cell Sciences. This program seeks to recruit full-time faculty interested in exploring the developmental and molecular properties of stem cells and/or their translational applications. Individuals interested in developing novel animal and human models to analyze stem cell function and tissue-specific stem cell therapies are strongly encouraged to apply.

Qualified candidates must have an MD, PhD or MD/PhD with training in basic and/or translational research in stem cell biology or a related field. Physicians will practice as part of the combined pediatric/adult Hematopoietic Stem Cell Transplant team. Excellent teaching skills are also required.

MD candidates must be BC/BE in their specialty and must be eligible for medical licensure in the State of Illinois. Salary will be commensurate with background and experience.

Interested applicants should send curriculum vitae, statement of research accomplishments and plans, and the names and full contact information of three references to our academic website: academircareers.uchicago.edu/applicants/Central?quickFind=51492.

Informal inquiries regarding this position may be sent to Dr. John Cunningham, jcunning@peds.bsd.uchicago.edu.

The University of Chicago is an Affirmative Action / Equal Opportunity Employer.

SENIOR MEDICAL DIRECTOR

The American Red Cross is currently seeking a Sr. Medical Director to provide expertise and leadership to the Donor and Client Support Center (DCSC), Biomedical Headquarters and Blood Regions regarding ARC blood banking operations. This position can accommodate a part-time work schedule for the right candidate.

The Sr. Medical Director ensures operational excellence and compliance with all applicable Federal/State requirements. This role is responsible for setting national medical policy and criteria for donor eligibility and developing a process to identify recurrent problems in donor eligibility evaluation. This role enhances ARC’s Biomedical Services’ profile and works with BHHQ Sales and Marketing. In addition, you will identify epidemiological and demographic trends that affect the amount or safety of the blood supply and perform research to inform policy.

Qualified candidates will possess a MD with 7+ years’ relevant work experience including 3 years’ supervisory experience in hematology, pathology or a related discipline. Experience in a hospital setting, transfusion service or blood center/blood banking environment is preferred, including an understanding of the collections, recruitment, manufacturing and testing processes.

We offer a competitive salary and excellent employee benefits.

To apply, visit: https://www.americaredcross.apply2jobs.com/index.cfm and search for req. # NHQ9684.
Invasive aspergillosis: Data from a global, multicenter, open-label trial of 391 patients (QT1 evaluable for modified intent-to-treat [MITT] analysis) with invasive aspergillosis randomized to either IV IVREX (ivermectin 6 mg/m² Q24h for the first 24 hours, then 4 mg/m² Q24h, which could be followed by 200 mg/g Q12h) or IV amphotericin B (1-1.5 mg/kg/d intravenously) for up to 12 weeks. Other licensed antifungal therapy was allowed after initial therapy in patients who were refractory to, or intolerant of, their initially randomized agent. Efficacy (successful response) required complete or partial resolution of all detectable symptoms, signs, and radiographic abnormalities, and was assessed by the blinded Data Review Committee. Data from a prospective, global, compassionate-use, open-label study of 432 non-IVREX patients (370 evaluable for MITT analysis with candidemia randomized in a 2:1 ratio to either IV IVREX (6 mg/m² Q24h) on day 1, 3 mg/m² Q24h on days 2 and 3, then switched to 200 mg/g Q12h when clinically indicated) or IV amphotericin B (0.7-1.0 mg/kg/d, between days 4 and 8, switched to 0.5 or 0.0 amphotericin B 400 mg Q6h), treatment duration was at least 14 days following resolution of candidemia, up to 8 weeks. A successful response required complete or partial resolution of all detectable clinical symptoms and signs of infection, evidence of clinical disease, lack of evidence for Candida, decreased deep-tissue sites positive for Candida, or resolution of all signs of infection, and no systemic antifungal therapy other than treatment (ketoconazole, itraconazole, and amphotericin B) on day 0. References: 2. Hertert K, Denning DW, Patterson TF, et al; for the Invasive Fungal Infections Group of the European Organization for Research and Treatment of Cancer and the Global Aspergillosis Study Group. Voriconazole versus posaconazole for therapy of invasive aspergillosis in neutropenic patients. N Engl J Med. 2002;347:181-190. 3. Kullberg BJ, Andes D, Denning DW, et al; for the European Organization for Research and Treatment of Cancer/Aspergillosis Working Party. Voriconazole versus a regimen of amphotericin B followed by fluconazole for candidemia in non-neutropenic patients: a randomized non-inferiority trial. Lancet. 2005;366:949-953. 4. Data on file: Pfizer Inc, New York, NY.

**Invasive Related**

**Infection**

Invasive aspergillosis is a fungal infection that can occur in patients who are immunocompromised, such as those with a weakened immune system due to diseases like HIV/AIDS or cancer treatment. The infection is caused by the fungus Aspergillus, which is a common mold found in the environment.

**Indications and Usage**

VORICONAZOLE is indicated for treatment of the following fungal infections:

- Invasive aspergillosis
- Candidemia in non-neutropenic patients
- Invasive candidiasis in patients intolerant of or intolerant to, other therapies

**Warnings**

- Oral suspension should be taken at least one hour before or one hour following a meal.
- They may not be effective in patients who have received previous treatment with an amphotericin B product.
- The patient should not discontinue treatment and may require additional doses to achieve a successful outcome.
- Drug interactions may occur.

**Contraindications**

VORICONAZOLE is contraindicated in patients with known hypersensitivity to voriconazole or its excipients. There is no information available on the risk of cross-sensitivity between voriconazole and other azole antifungal agents.

**Precautions**

- The patient should be monitored for the development of signs and symptoms of hepatic dysfunction, lack of response to therapy, or flutamide-related liver failure.
- VORICONAZOLE should be used only in patients with a confirmed diagnosis of invasive aspergillosis or candidemia.
- VORICONAZOLE is not intended for the treatment of superficial candidiasis.

**Drug Interactions**

- VORICONAZOLE is a highly potent inhibitor of the cytochrome P450 3A4 (CYP3A4) enzyme system.
- VORICONAZOLE may interact with other drugs that are metabolized by CYP3A4, leading to changes in their blood levels and potentially altering their therapeutic effects.

**Dosage Adjustment**

Dosing decisions should be based on the patient's clinical response and laboratory test results.

**Adverse Reactions**

- VORICONAZOLE may cause liver function abnormalities, including increases in liver enzymes or transaminases.
- Other possible adverse reactions include nausea, vomiting, diarrhea, and skin reactions.

**References**