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When (And when was this specifically? Please always state as many orienting details as you can asap in a narrative. I try to state the where, when, why, what and how right of the bat, if possible.) my grandfather ran out of treatment options for pancreatic cancer, I learned medicine is limited by our understanding and translation (Translation of what to what?) of disease mechanisms. As a result, I began working in the pathology lab of a physician-scientist while studying at Johns Hopkins. Over the next three years, I studied the mechanisms underlying pancreatic tumors to search for novel therapeutic targets, supporting the translation of our basic insights into a preclinical drug combination (I didn't understand that last sentence, and this may be due to my lack of expertise in this field, specifically the term "translation" in this context, but mightn't it be better to say something like, "Translating our findings into a preclinical drug trial?." I was privileged enough to co-author a paper in the *Proceedings of the National Academy of Sciences (PNAS)*, whereupon I realized the potential for physician-scientists to improve clinical outcomes by discovering therapeutic targets of disease and translating their attendant data into new treatments for patients. (Excellent opening. Very powerful and concise. Nice!

To learn more about the complementary relationship between research and medicine, I shadowed MD/PhD physician-scientists at the Johns Hopkins Hospital. Impressively, Dr. _____ researched bone marrow transplants, then applied them (Applied what specifically? The data?) in the clinic to cure patients of leukemia (Good, but a bit vague? Just a detail here? I know there is a character limit so adding words is tough). Watching him make such an immediate impact on patient health catalyzed my longstanding desire to practice medicine.

Moreover, I learned research training using cutting-edge technologies facilitates evidence-based clinical decisions. Meanwhile, patient interactions (With whom? Maybe a better noun here is "interviews"?) reveal unmet medical needs and inspire research questions that address patient priorities. My clinical experiences in hospice also proved that patients are among the most weak and vulnerable people in our society. As a physician-scientist, I wish to make medicine not only more effective but also more safe, gentle and humane.

After graduation, I began full-time research at the National Institute of Health (I think you should avoid using a vague metaphoric phrase like "solidify my commitment"; it makes me think what you are perhaps unconsciously implying is that you worked here to solidfy in the minds of admissions boards how committed you are to medicine?) for MD/PhD training, focusing on basic and translational research at the laboratory of Dr. _____ MD, PhD, with whom I have been studying idiopathic pulmonary fibrosis (IPF), a fatal lung disease of unknown etiology. Given the urgency for new treatment strategies in the clinic, it has been profoundly rewarding to develop a promising novel drug candidate based on our mechanistic insights. This experience has culminated in (the publication of six additional papers, including a first-author manuscript and a second-author paper. However, publishing in and of itself has not given me the same joy and satisfaction as patient care. Presenting at this year's American Thoracic Society Conference was especially meaningful to me because I had the opportunity of connecting with IPF patients in person, building loving relationships that validated my lab work.

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My career goals include applying for an NIH-F30 grant, pursuing a research residency, and becoming a physician-scientist in academic medicine. To this end, I am applying exclusively to MD/PhD programs. Superb. I don't think this sounds like a list at all. It's very moving, genuine and unique. They gave you a strict character limit, and you displayed your first-rate organizational skills by expressing the necessities concisely and compassionately. Well done! Wow. I'm very impressed.