

# ROCHESTER MEDICINE

UNIVERSITY OF ROCHESTER MEDICAL CENTER • SCHOOL OF MEDICINE AND DENTISTRY • VOLUME 1 of 3 • 2013



**Chin-To Fong:  
the high art  
of being human**

**Team Players**  
The new Institute  
for Innovative  
Education

**New leaders  
for new times**  
J. Friedberg  
H. Land  
R. Strawderman III

**On the cover**

Chin-To Fong, M.D. remains close with former patient Sarah A. McAuliffe, who is also a registered nurse at Strong Memorial Hospital.

# Alumni Awards Call for Nominations



SCHOOL OF  
**MEDICINE &  
DENTISTRY**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

*The University of Rochester School of Medicine and Dentistry Alumni Council recognizes the achievements of SMD alumni through the alumni awards program. The Alumni Council relies on its fellow alumni to nominate their peers for these prestigious awards.*

All graduates of the MD, PhD, MS, and MPH programs, and former residents, are invited to submit nominations for the following awards:

The **Distinguished Alumnus(a) Award** recognizes achievement that has had an impact on a national and global scale by individuals whose lives and work exemplify the standards and objectives of the School.

The **Alumni Service Award** recognizes outstanding support, commitment, and service which have furthered the interests of the School.

The **Humanitarian Award** recognizes an alumnus of the school who has provided unique, compassionate care to patients who have special needs because of specific afflictions, poverty, or living conditions that lack resources.

The **Alumni Achievement Award** recognizes an outstanding alumnus who has excelled in teaching, community service, research, clinical and/or health policy, *who completed their training at SMD within the last 25 years.*

**For a complete description of award criteria and nomination instructions, please visit [www.urmc.rochester.edu/smd/alumni/alumniawards.cfm](http://www.urmc.rochester.edu/smd/alumni/alumniawards.cfm).**

**A**t one point in time, people believed Earth was the center of the solar system. Nicolaus Copernicus, a 16th century mathematician and astronomer, envisioned a startling new order that moved the planets around the Sun. It became a symbol of reason, and “Copernican revolution” became a metaphor used to describe a paradigm shift.

As you probably know, academic medical centers across the United States are undergoing a Copernican revolution of our own. We are moving away from a model in which we are the Sun, or the nucleus, of the health care system. We are transforming into a model that centers on managing the health of large populations. We are no longer the Sun pulling in patients; we are one component of a far-reaching system that requires us to be in the communities where our patients live. This approach aims to improve the experience of care, boost the overall health of the nation, and ultimately drive down health care costs.

In light of this colossal shift, the University of Rochester Medical Center has been preparing the foundation for a bold new strategic plan. The most critical elements of a successful transition are the people who help make it happen, and a change in culture that helps carry it forward. Fortunately, our people are our greatest strength, and our culture already embraces many of the key values and behaviors needed for this new paradigm.

It's been more than two years since we really began our intense focus on Patient- and Family-Centered Care. I'm so proud that, today, every member of our team has made a personal commitment to the ICARE values: integrity, compassion, accountability, respect, and excellence. I'm excited to be welcoming new leaders such as Michael F. Rotundo, M.D., FACS. As director of the URMF Faculty Group, he is among many who will help us make health care work better for doctors and patients.

On Match Day in March, one of our medical students summed it up well. Tamara John said she couldn't have asked for a better place to begin her training



because she learned “how to care.”

As one of our alumni, you know URMF can lead the way in redefining the nation's health care model. Copernicus spun the earth and stopped the Sun and, in our own way, we will too. Stay tuned for more “astronomy lessons” on how it's done.

*Brad Berk*

*Bradford C. Berk, M.D., Ph.D. (MD '81, PhD '81), CEO, University of Rochester Medical Center; Senior Vice President for Health Sciences*

**I**nnovation in education is part of our DNA. The School of Medicine and Dentistry is known for being progressive in our approaches to teaching and learning. This is a characteristic we are preserving, even as the very nature of our work evolves to meet the new world order described by Dr. Berk.

We are responding to the dramatic and fast-paced changes in health care, medicine, and technology with invention.

In this issue of *Rochester Medicine*, you will learn about the Institute for Innovative Education, a key component of our developing strategic plan. In this era, it no longer makes sense to educate medical and nursing students, residents and fellows, hospital staff, and doctors in separate silos. When it comes to the use of new technology, we need a mechanism to educate everyone across our system. We are being called to deliver care more effectively and efficiently, creating interprofessional teams whose members are all striving for the same measures of accountability. The Institute is allowing us to address issues like these in a comprehensive fashion.

We are also bracing for the inevitable flood of data that will arise from bioinformatics and human genomics technology over the next few years. Both clinicians and researchers will need the skills and tools in place to handle this unprecedented amount and complexity of information. In this issue, you'll meet the new chair of the URM's Biostatistics and Computational Biology department, Robert L. Strawderman III, Sc.D., whose background helps bring us front and center in this arena.

As we build our expertise in informatics and genomics applications for research, we are also putting together a business model designed to make our all of our research and educational endeavors financially sustainable for decades to come —



despite the challenges and uncertainty facing academic medical centers nationwide.

We are moving forward without leaving our innovative past behind.

A handwritten signature in dark ink that reads "Mark B. Taubman". The signature is fluid and cursive, with a long horizontal line extending from the end.

Mark B. Taubman, M.D.  
Dean of the School of Medicine  
and Dentistry, Vice President  
for Health Sciences



# ROCHESTER MEDICINE

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# Chin-To Fong

## the high art of being human

By Michael Wentzel

When they decided to marry, Alexis Weymann, M.D. (M'09), and David Perlmutter, M.D. (M'10), knew they wanted someone who was special to both of them to officiate at their wedding.

The state of Vermont, where they married in May, 2012, can authorize individuals to officiate at a specific wedding held there. Weymann and Perlmutter had their choice of many people. They picked Chin-To Fong, M.D., associate professor of pediatrics and genetics at their alma mater, the University of Rochester School of Medicine and Dentistry.

"In Dr. Fong, we found someone good, honorable, wise, insightful, and someone who knew each of us individually and had traveled through life with us as a mentor," Weymann said.

Many of Fong's patients speak just as ardently about him.

"He is genuinely interested in each individual person in our family," said Katie Gajan, whose sons have Fragile X Syndrome. "He is very warm and helpful. He lets me know I can contact him anytime if I have a problem. He has gone over and above any other doctor we've known in his interest in our children and making sure they get what they need."

Fong's way of practicing medicine and of teaching grows out of a view of life that could be called humanism, though he acknowledges he did not always have such a people-centered philosophy.

"You actually learn to be humanistic from seeing patients, from naturally deriving from the patients themselves a lot of strength and perspective," Fong said. "Humanism makes one much more humble. I always learn something from every patient I see. Once you accept that you can learn something from everyone, it opens up such richness. If you are just willing to listen, you learn so much more."

In November, Fong received the Association of American Medical Colleges Arnold P. Gold Humanism in Medicine Award, which honors a medical school faculty physician who exemplifies

the qualities of a caring and compassionate mentor of medical students. The recipient also must possess "the desirable personal qualities necessary to the practice of patient-centered medicine by teaching ethics, empathy, and service by example."

Fong routinely receives School of Medicine and Dentistry awards for teaching and mentoring. But, he said, many of his colleagues at the School and Medical Center are more deserving of the Gold award.

"There are many people here who I consider my role models," Fong said. "However, this is a student-driven award and my proximity to students merely made me more visible to them."

School of Medicine and Dentistry students do see a lot of Fong. He is the course director and primary lecturer of Molecules to Cells, a course for first-year medical students on genetics, biochemistry and cell biology, and of Genes to Generations, a basic science block attached to the clerkship for pediatrics and obstetrics and gynecology for third-year students. He mentors students in the School's Medical Education Pathway program. Fong also is chief of the Division of Pediatric Genetics and director of the Cancer Genetics Clinic, counseling and caring for children and adults.

"The common thread between teaching and clinical care is education," Fong said. "There is a big education component to clinical interaction — educating and counseling the patient, explaining why they are the way they are, and why their children are the way they are and providing a perspective."

"I don't have a monolithic definition of humanism, but part of what makes us human is cultural transmission, passing on what we know and have learned to the next generation non-genetically," he said. "This is where teaching and communication are involved. Teaching is considered one of the high arts of what makes us human. I often think that teaching is the process of seeing a mind

“I don’t have a monolithic definition of humanism, but part of what makes us human is cultural transmission, passing on what we know and have learned to the next generation non-genetically. This is where teaching and communication are involved.



Teaching is considered one of the high arts of what makes us human. I often think that teaching is the process of seeing a mind being opened up, sometimes over small points and other times in big perspectives. Those moments are extremely rewarding.”



Fong often merges his teaching with his clinical duties, inviting his patients and their families to his lectures or classes.



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Chin-To Fong comes from what he calls “a very humble family,” who lived in the ghettos of Hong Kong. His love of education took root there.

His father, from a peasant family in a village in southern China, went to Hong Kong at the age of 13 in 1937 to look for work. He started out emptying trash cans in offices. Primarily self-educated, he taught himself accounting. Fong’s mother received most of her schooling during World War II, when political propaganda by the occupying Japan army dominated education.

“Uneducated as they might have been, my parents have the pragmatic intelligence characteristic of generations of peasants before them,” Fong explained in a talk to medical students. “They taught me family values and personal morals, but above all, they taught me common sense. I actually do not remember which one of my parents taught me this, but one of them told me: ‘Son, in this world there are stupid people and there are smart people; there are mean people and there are nice people. If you are smart and nice, you will do well in your work and have a lot of friends. If you are smart and mean, you will be successful but not happy. If you are stupid and nice, you will not be successful but at least you will be happy. But if you are stupid and mean, you will not get anywhere in life.’ Knowing my limitations, I have always aspired to be the nicest person I can ever be.”

Initially, Fong was not interested in medicine as a career. In 1957, the Nobel Prize in Physics was awarded jointly to Chen Ning Yang and Tsung-Dao Lee, who were born and raised in China but worked in the United States.

“As a young Chinese boy growing up in the 1960’s, ethnic pride dictated that any self-respecting aspiring student of science would



He asks them to tell the medical students their side of an illness: about their diagnosis, the number of doctors they saw and the number of tests, how the doctors acted and what families go through with a genetic illness.

want to grow up to be like Yang and Lee,” Fong explained. So Fong chose physics. He declined the opportunity of medical school in Hong Kong. In 1973, after his family managed, with the help of relatives, to raise \$700, he bought a one-way plane ticket to the United States and college at the Massachusetts Institute of Technology.

But Fong did not stay in the world of physics long. The first day of a class in Introductory Biology taught by the late Salvador Luria, a Nobel Prize winner, captured Fong’s imagination and changed the path of his life. He became a convert to biology and calls Luria the first humanist he ever encountered.

Fong sometimes quotes from Luria’s lecture from that first class: “Like human history, life also is a historical process. The living organisms of today are an incomplete record of the possibilities of the past. The smallest bacteria, the humblest worms and snails, algae and mosses, as well as the proudest trees, the most gorgeous birds, and the billions of human beings are a sparse sample of the total range of possibilities of livings that might have existed.

“Individual men and women often experience a strange nostalgia — a thought of what might have been, a longing for past opportunities either missed or never available, and even more often a longing for horizons that might have opened up, if only ... And yet, how many ever stop to think that they should exist at all? Each human being is the actualization of an extreme improbable chance — in fact, a series of extreme improbable chances, extending all the way back to the unique event that more than three billion years ago started life on earth on its chancy course...”

After he shifted into biology and medicine, Fong conducted research work with two highly respected scientists, endocrinologist John Stanbury, M.D., and immunologist Herman Eisen, M.D. After college, he went into the Harvard-MIT Program in Health Science and Technology for medical school. What happened seems a con-



Sarah A. McAuliffe, a former patient and registered nurse at Strong Memorial Hospital, now speaks to Fong's classes about her illness and experiences as a patient.

tradition to his philosophy today.

"As I was motivated to go into medicine because of my love for science, I became one of those rare medical students for whom medical school got more unbearable as it moved into the clinical years," he has explained. "The clinical clerkship seemed to me endless exercises in learning how to behave as a medical student. My discontent and disillusionment deepened throughout the third year, only to be relieved by a long stint in the lab during my fourth year."

Fong blames his own attitude then, not his professors. He did not change significantly, he said, until his internship at St. Louis Children's Hospital and what he calls his "good fortune" of coming under the influence of James P. Keating, M.D., M.Sc., the recently retired W. McKim Marriott Professor of Pediatrics at Washington University School of Medicine. He calls Keating a, "phenomenal clinician, old school in many ways, demanding but, at the same time, a compassionate physician."

"Medicine was no longer a 'game' of showing who was smarter than whom," Fong said. "It was about real people in need of help and whatever little each one of us could do to help them. Internship was a defining year of my career and Dr. Keating had a lot to do with it. He is a teacher's teacher."

When he joined the Rochester faculty in 1990, Fong still had one foot in the world of research. He focused initially on cancer genetics, then moved to study the genetics of cranial-facial abnormalities. But about six years ago, he gave up his lab.

"I came from an era where gene mapping was the focus in genetics," Fong explained. "With the sequencing of the human genome, gene mapping became totally different. The focus now is on finding genes for complex genetic traits. It has become more statistical. It has moved on from what my strengths are."

But he remains more than busy. In addition to his many hours of teaching and mentoring, he consults with other researchers on their projects and participates in conducting clinical trials.

Outside the Medical Center, Fong regularly works with Changing Children's Lives Inc., a non-profit organization established to provide plastic surgical medical missions abroad that was founded by Mark H. Weinstein, M.D. (BS '65, M '69). Fong, who has taken many trips with the group, is scheduled to go to Laos and Vietnam. He consults with a newborn screening program at the Medical College of Kathmandu in Nepal, and is the faculty advisor for a University student interest group called Paternering for Africa. He also helps with counseling in special needs adoptions.

Fong often merges his teaching with his clinical duties, inviting his patients and their families to his lectures or classes. He asks them to tell the medical students their side of an illness: about their diagnosis, the number of doctors they saw and the number of tests, how the doctors acted and what families go through with a genetic illness.

For more than seven years, Sheryl Czekanski has been speaking to Fong's students about her son, Bryce, who has Hurler-Scheie syndrome. She usually brings family members and friends with her to the classes.

"Not only has this opportunity been rewarding for myself, I think it is an awesome idea that he has started," Czekanski said. "From our experience, I truly believe that the medical students need to understand what it is like to be a parent or a patient who receives difficult news and to learn to really try to develop a rapport with their patients and families, which would only cause a parent or patient to have trust and confidence in them."

Lynn Bement, a nurse, is another patient who meets with Fong's students. Her daughter, Tori, has a rare degenerative neuromuscu-

“There is part of all of us that is humanistic. I like to think that anyone who chooses to go into the medical profession would be drawn to humanism. If they are not drawn to that, they will learn.... You have to realize there is tremendous diversity. Our job as physicians is not so much to judge but to accept and see how, given a certain perspective, a patient or family can achieve a higher quality of life.”

lar disease that often causes death by the teenage years.

Tori, now 25, actually enjoys meeting with medical students.

“She’s articulate and beautiful and talks about living with a body that doesn’t work,” Lynn Bement said. “She is one of 500 known cases of this disease in the United States. She sets an example for people living with this kind of disease. She wants the medical students to see that and she hopes they will learn more about her disease and the process of disease.”

To Fong, the people he invites to his classes demonstrate that “humans are incredibly resilient—I am simply in awe of many of my patient families and I want the students to share that.”

“It is important for physicians to be compassionate on one hand and know what people are going through but, on the other hand, they must develop the belief that a patient can still have a good quality of life despite these issues of illness by making certain adjustments,” Fong said. “If we don’t believe in that ourselves, the patient won’t. It is not a matter of giving false hope. It is truly a matter of readjusting the views of patients about themselves, their families and the world.”

“There is part of all of us that is humanistic,” he said. “I like to think that anyone who chooses to go into the medical profession would be drawn to humanism. If they are not drawn to that, they will learn. It will be part of their education and training so they will see that people are incredibly powerful in how they can take care of themselves in some sort of way and that you, as a physician, can draw strength from that. You have to realize there is tremendous diversity. Our job as physicians is not so much to judge but to accept and see how, given a certain perspective, a patient or family can achieve a higher quality of life.”

Before the first exam in his Molecules to Cells course, Fong often e-mails his students to boost their spirits and urge them to look to the future. One e-mail stated:

“While I do want you all to do well on the exam, work reasonably hard, and carry forward the momentum you have gained so far, I think you should have a brief moment of reflection. Biochemistry and genetics are important in understanding human disease processes and treatment, which is why it is in your curriculum. However, the volume and degree of difficulty of the course can be overwhelming. Some of you may have doubts about whether the sacrifices you are making are worthwhile. Such self-doubt is a normal sign of intelligence. For some of you, it will recur many times in the next couple of years.

“You need to realize that how well you do in this course will not determine how good of a physician you will become. This is humbling for me to say, but I think you deserve to know it. Thus, if you are struggling to keep your focus, and are in a moment of need, do not forget why you decided to become a physician and who has helped you get to where you are. Give them a call or a hug this weekend such that both you and they know that your struggles require teamwork. Health and support from family and friends are far more important for the remainder of your career and life pursuits than your knowledge in biochemical and genetic pathways. There are many wonderful rewards that lie ahead from being caretakers of your patients, and I hope you will do your best to hold on to that promise.”



# Team Players

Extensive changes in health care and rapidly developing technology require new and creative approaches to teaching and training. To accomplish this, the University of Rochester Medical Center has created the Institute for Innovative Education (IIE) to identify common educational priorities across the institution and develop a strategic plan for URMC's educational missions.

The IIE board of directors will serve as a kind of "think tank," identifying educational needs across the medical center and leading

initiatives to address those needs most effectively. The board's first task is the development of the medical center's educational strategic plan.

The IIE board of directors consists of key leaders from the Medical Center. The board includes: Mark B. Taubman, M.D., dean of the School of Medicine and Dentistry; Kathy Rideout, Ed.D., P.N.P.-B.C., F.N.A.P., dean of the School of Nursing; David R. Lambert, M.D., the School of Medicine's senior associate dean for medical student educa-

## What is the Institute for Innovative Education?

**Taubman** The pace of change in information, technology, and the way we have to deliver health care is extremely rapid. We want to intelligently disseminate information and educate our entire workforce on changes that will result in the best possible care for patients. It no longer makes sense for our medical school to be educating independently from our nursing school, our residents and fellows, or our hospital staff and docs. It won't work. There is teaching and training we have to do across the entire system, and the Institute for Innovative Education will enable us to do that.

**Peyre** The IIE is a mechanism for us to come together as a larger health care professional community to learn and train together around educational issues that we all face. The IIE board of directors will identify educational training needs for URMC as a whole and develop interprofessional and technology-driven educational initiatives that strengthen and complement our existing educational programs.

## What programs should the Institute address?

**Taubman** Take new technology as an example. The handheld portable ultrasound looks like a PDA and gives far more information than you can get with a stethoscope. You can see a baby in utero, a stone, or a heart beating, and you can transmit what you see wirelessly. Let's say we adopt a portable ultrasound. You can't just teach 100 medical students how to use it. You have to teach residents, fellows, nurses, attendings and other physicians. We will need an educational body that can develop a mechanism to educate 20,000 people across our system.



Mark B. Taubman, M.D.

Sarah E. Peyre, Ph.D.

# New institute will develop and oversee education across the Medical Center

by Michael Wentzel

tion; Diane Hartman, M.D. School of Medicine's senior associate dean for graduate medical education; Edith M. Lord, Ph.D., senior associate dean for graduate education; Janine R. Shapiro, M.D., the School of Medicine's associate dean for faculty development; Cyril Meyerowitz, D.D.S., M.S., the director of the Eastman Institute for Oral Health; Kathy Parrinello, R.N., Ph.D., chief operating office of Strong Memorial Hospital; Pat Witzel, R.N., M.S., M.B.A., the chief nursing office of Strong Memorial Hospital; Bill Passalacqua, M.B.A., the School of Medicine's

senior director of finance; and Sarah E. Peyre, Ph.D., the director of the Center for Experiential Learning; and Pamela Herendeen, D.N.P., R.N., P.N.P., B.C., School of Nursing's associate dean for education and student affairs.

Four members of the board—Taubman, Rideout, Lambert and Peyre—discussed the institute for *Rochester Medicine*.

**Rideout** When health care providers from different disciplines—nurses, physicians, social workers, nutritionists, pharmacists and others—work well together as a team it has been shown to decrease the length of stay for patients and increase the quality and safety of their care. The very best path to having teams of providers work well together is to have them educated together.

**Taubman** We need to cut costs. We need to create a model that will be efficient and high quality, and that will require teams. Everybody is now struggling with how best to educate people to prepare them be part of teams. Our educational system has been built in silos where doctors learn to be doctors, nurses learn to be nurses. There might be some places where they interact, but if you are going to create a hospital where people's skills are not duplicative and are being used efficiently, you have to train people how to work effectively in teams.

**Lambert** Additional programs I would like to see include public health and health care economics. This would increase understanding of the evolving medical landscape and how it influences what we as physicians and nurses do on a daily basis. We have to look at how we can impact individuals and populations in a high-yield, cost effective manner. When we fully understand the costs of interventions and the medications we prescribe, we have a better appreciation for the costs that disease and illness bring to patients, families, and society. This would help us all to do better at prevention.

**Rideout** My goal is that the institute supports the School of Nursing's focus on three key critical educational areas which are health care economics, patient- and family-centered care, and quality and safety.



Kathy Rideout, Ed.D., P.N.P.-B.C., F.N.A.P.

David R. Lambert, M.D.

## Will simulation be a major part of the Institute's work?

**Taubman** Simulation will be a major area for the institute. Every health care provider needs some simulation for training. Medical students increasingly are being taught with simulators. Certainly as the number of hours they can spend in the hospital decreases and the number of hours patients spend in the hospital decreases, it becomes more important that we provide other ways for them to be exposed to a diversity of patients and cases. Simulation is being used to train residents, fellows, and doctors how to do procedures, work in teams, and deal with crises. From an economic and efficiency point of view, having every individual group in the medical center come up with a simulation plan doesn't make a lot of sense. We want to make sure that we are not wasting money or duplicating services.

## Will the Institute oversee all areas of education across the Medical Center?

**Peyre** No. The institute will identify educational needs that all of our areas might share in common and then develop curricula that are complementary to the education and training programs already in place.

**Lambert** The institute will set priority areas for education across the medical center and facilitate their delivery. Each different area or school will determine its own curriculum with some reflection on URM priorities.

**Taubman**  
We're not interested in micromanaging our schools.



## How will the Institute foster innovation?

**Lambert** The institute will foster innovation not only through the education programs that are created but also in the assessment and evaluation tools that are developed. The goal is to return to fundamentally important concepts, demonstrate how they are applicable to a changing health care environment, and assure they are not just achieved but that they excel.

**Peyre** The institute will foster innovation through the interprofessional makeup of the board and the integrated approach to addressing educational issues. We are able to create and implement educational programming, overcoming traditional barriers that exist at other academic medical centers.

**Taubman** We want to establish an office of innovation. The person who heads that office would have a seat on the Institute's executive committee. We will look in all directions for innovation. We will bring in people from outside who are doing innovative things, particularly in technology. We want to encourage and incentivize people at every level to come to us with ideas.

## What do you see ahead for the Institute?

**Rideout** The synergy and shared sense of mission and purpose that exists across the medical center—between the School of Medicine and Dentistry, the School of Nursing, and Strong Memorial Hospital—gives us an opportunity to be at the forefront in creating effective and sustainable interprofessional education initiatives. URMC is one of only a handful of medical centers across the country to enjoy this level of collaboration. In addition to the strong partnerships we share, we have the infrastructure and technological resources in place for us to be the gold standard for interprofessional education. I know we can become a model for how the next era of health care providers can and should be educated.



# New Leaders For New Times

Part 1

*by Julie Philipp*

ON A CLEAR DAY, THE VIEW FROM THE TOP FLOOR OF THE JAMES P. WILMOT CANCER CENTER STRETCHES WELL BEYOND THE CITY OF ROCHESTER, AND THAT IS WHERE DIRECTOR JONATHAN W. FRIEDBERG, M.D., M.M. Sc. & CO-DIRECTOR HARTMUT K. LAND, PH.D. ARE EXTENDING THEIR VISION AS WELL.

“We feel a responsibility to advance the quality of cancer care, not just at Strong Memorial Hospital, but throughout the region. We feel we are the best equipped and most appropriate cancer center to do that,” says Friedberg.

Appointed as Wilmot director this spring, Friedberg was the unanimous choice of URM senior leadership. The hematologist and national leader in lymphoma care and clinical research is joined by co-director Land. Land, who also serves as research director, has been making critical discoveries related to the role of gene mutations and cancer for nearly three decades.

Friedberg and Land say the concept of





Jonathan W. Friedberg, M.D., M.M.Sc.  
& Hartmut K. Land, Ph.D.

ied<sup>o</sup>, MD  
f Division  
o'



regional cancer was not even on the Medical Center's radar screen a decade ago. Nor was URMC ready to take on such a prominent role. In the late 1990's, the roughly 25-year old main cancer facility was showing its age.

In 2001, Richard I. Fisher, M.D. became director, endeavoring to turn things around.

"He spent a number of years fundraising, with the vision of putting up this building," Friedberg says from his airy office. "As you can see, it's been quite a success."

Now more comprehensive than ever, Wilmot houses inpatient and outpatient care, family amenities, radiation treatment, and both clinical- and laboratory-based research in the same seven-story building, which is filled with natural light and open spaces. Friedberg is only half-joking when he says the building makes it easy to recruit top scientists and clinicians; they have steadily arrived to fill the Center with world-class expertise. They have been accompanied by a dramatic growth in the number of patients, as well as millions in competitive research grants such as the \$11.5 million Specialized Programs of Research Excellence (SPORE) grant supporting lymphoma research and clinical trials.

"Our growth has been double-digit each year in volume, revenue, and many other metrics since 2009," Friedberg notes.

Now Friedberg, along with Land, the Center's co-director and director of research, is charged with building on this success, in an era of diminishing resources and pervasive reform coupled with rapid scientific and clinical advancement. Friedberg says the URMC's entire leadership team is backing cancer as a priority, and that is why he is predicting success.

"I feel a tremendous sense of responsibility to deliver, in the sense that we're in a position where we should succeed because everybody really wants it to succeed."

Friedberg and Land have drawn up a blueprint for progress that is somewhat less tangible than Fisher's was. Rather than building walls, it focuses on building on four dynamic objectives: assuming greater responsibility for cancer care in the region, adopting a new strategic plan for research, providing true, multi-disciplinary cancer care, and serving the community through outreach and advocacy.

#### **Dictating quality of care for the region**

At the end of 2012, the URMC acquired Pluta Cancer Center, an independent cancer care center situated in a nearby suburb. Pluta had earned an excellent reputation as a small, compassionate provider. Given the



“Rather than focusing on the diversity of cancer, we really need to focus on the underlying commonalities of cancers. The idea to focus on this concept is — at the moment — quite unique.” — Hartmut K. Land, Ph.D.

multitude and complexity of changes in health care, however, Pluta recognized it could not sustain high level of care. Leaders from both organizations developed a plan to preserve much of Pluta’s individuality while making it part of the much larger entity.

Friedberg says Pluta is just the beginning. He anticipates making other acquisitions and affiliations throughout the Finger Lakes and Western New York. He says this will lead to patients receiving the same level of cancer care, including diagnostics, wherever they live.

“Just diagnosing cancer is far more complex than it’s ever been. It used to be — you have breast cancer, or you don’t. Now you need to know if the breast cancer is estrogen receptor positive, progesterone receptor positive, or HER2/neu positive,” Friedberg notes. “These are specialized tests that require interpretation, and they have therapeutic implications because we have new treatments that target these small subgroups of cancers.”

New partners will have access to Wilmot’s more sophisticated facilities for

the most accurate, modern diagnoses available. He says similar opportunities exist in other areas, such as the sharing of surgical techniques, radiation techniques, and types of chemotherapy.

“It’s not practical for a 75-year old woman with metastatic breast cancer to drive two-and-a-half hours to see us for an appointment. But it shouldn’t be all or nothing. There should be ways that we can positively affect the quality of care throughout the region, and that’s really what we are looking to do,” says Friedberg.

#### **Taking a new approach to research**

As they develop the Wilmot’s new strategic plan for growth, Friedberg and Land are keeping an eye on four key points scribbled in Expo marker on Friedberg’s office whiteboard: hallmarks of cancer, blood malignancies, solid tumors, and cancer control and survivorship.

“We’ve narrowed down our focus to these four main research areas that are appropriately broad in scope, but allow us to recruit and invest in areas of strength,” he explains.

It sounds simple, but when there are faculty members in virtually every department of the medical center who are studying cancer — it’s not. Friedberg and Land formed a committee to comb through the entire portfolio of research across the URMC. Members then fit the vast majority of that research into the four buckets.

“We’re going to try to provide resources in a way that will help as many of these groups as possible,” says Friedberg. “For example, if a new machine helps all of the groups, that is something we should invest in.”

A key area of research in Land’s mind is called Hallmarks of Cancer, which are a set of biological features common to most cancer cells. Land has been at the forefront of this pioneer approach to exploring cancer treatment, and he has been successfully building a research program around it since 1999. Despite mounting evidence suggesting no two cancers are alike — given the many different types of cells of origin and mutated gene combinations — Land suspects every cancer does not necessarily need its own specific treatment.

“Rather than focusing on the diversity of cancer, we really need to focus on the underlying commonalities of cancers,” says Land, who is also the Robert and Dorothy Markin Professor and chair of Biomedical Genetics. “The idea to focus on this concept is — at the moment — quite unique.”

By studying the molecular architecture of blood cancers and solid tumors, scientists at Wilmot are finding fundamental features that drive all cancer cells to behave differently than normal cells. They are then locating vulnerable spots in this architecture, and investigating the potential for new or repurposed drug interventions at these susceptible points. Other studies are looking at how to protect cancer patients from tissue damage and other adverse side effects from treatment.

Ultimately this research could lead to highly precise cancer treatments, with minimal unwanted side effects. Land calls this “targeted demolition.”

To add depth to its areas of strength in research, URMC is collaborating with Roswell Park Cancer Institute in Buffalo to conduct joint investigations. Friedberg and Land add, working together, the two institutions can accomplish a lot more than they could separately in this era of increasingly competitive funding.

#### **Treating patients, after they’ve gone home**

A patient is diagnosed with testicular cancer, treated, and cured. Now what?

“The primary care physician doesn’t necessarily know what to do because he

Continued on page 49



Robert L. Strawderman III, Sc.D.



# New Leaders For New Times

## Part 2

*By Leslie Orr*

**BIostatistician Robert L. Strawderman III, Sc.D., is about to get his hands dirty. Harvard-trained, the former Cornell University scholar is no longer spending his days theorizing about study design and analysis.**

As the new chair of URMC's Biostatistics and Computational Biology department, Strawderman is also putting his visionary ideas to work. His shift in focus coincides with a revolutionary change in biostatistics: the emergence of big data.

"With the ever-expanding volume and complexity of the biomedical data becoming available, we are additionally being confronted with the challenge of helping researchers to formulate the relevant scientific questions," explains Strawderman. At its core, biostatistics is a science that focuses on quantifying the impact of uncertainty when drawing scientific conclusions from biomedical data. Once viewed as a backroom endeavor, it is increasingly moving to the forefront in all fields of biomedical study.

"Statistics has morphed into an unusually interdisciplinary and exciting field,"



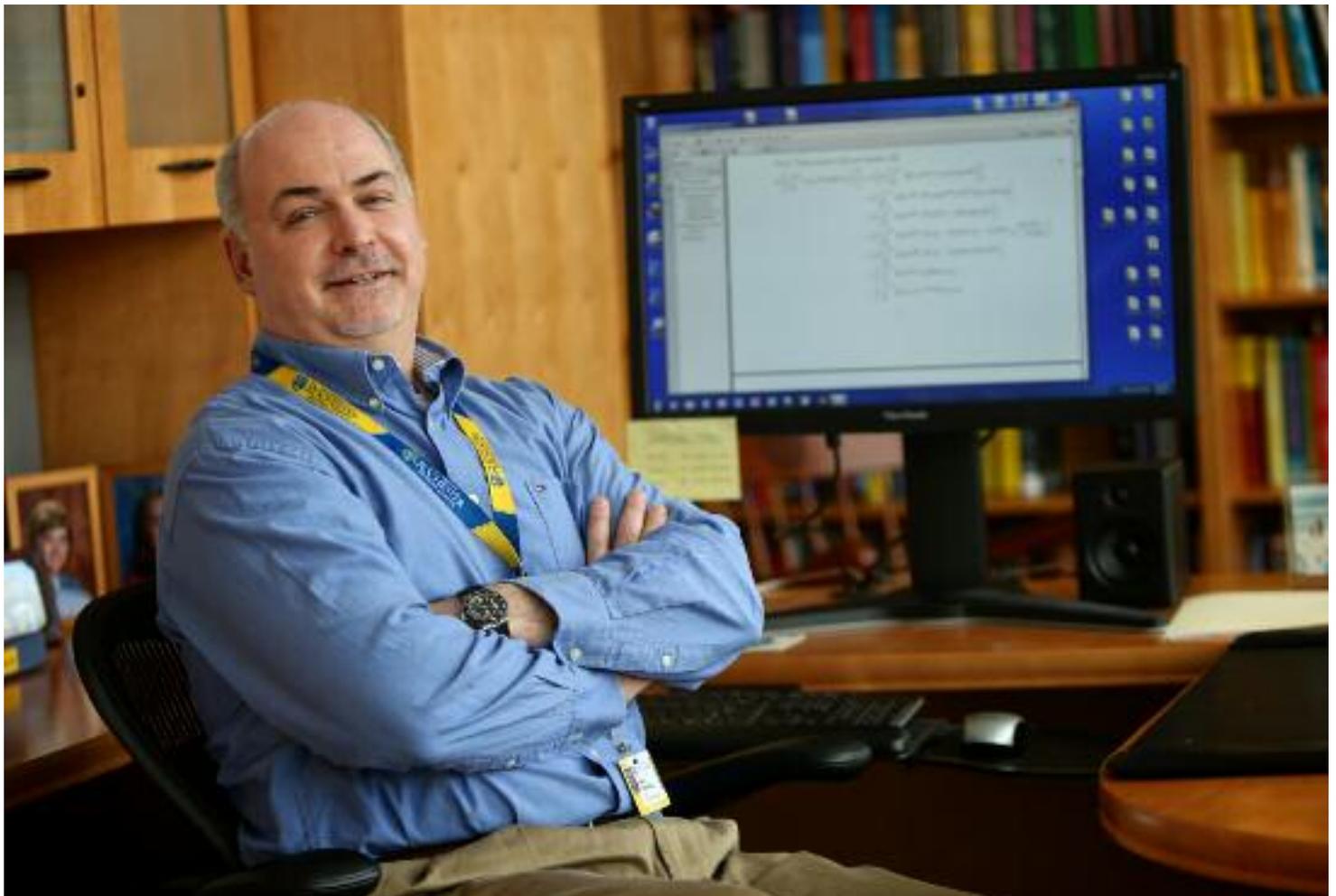
Strawderman says.

Statisticians thrive on problem-solving. They confront unimaginably complex data, seeing opportunities to help others shape important advances in medicine. Just as one solution does not fit all health problems, complex data raise numerous questions that can't be addressed with simple, "off the shelf" statistical methods. To be effective, biostatisticians like Strawderman must be in tune with the art of science.

With that perspective, Strawderman joined URMC in July of 2012. He replaced interim chair David Oakes, Ph.D. Oakes led the department after the sudden death in 2008 of Andrei Yakovlev, M.D., Ph.D. Yakovlev had initiated a major expansion, and the URMC search committee praised Strawderman's style as perfect for building on that effort.

"He brings the vision of a great leader,

With the advent of personalized medicine — where treatments can be tailored according to genomic, imaging, cytometric and health history from individual patients — serious challenges arise in designing studies and methods of statistical analysis capable of identifying the causal effect of genes on disease.



the experience of a great scholar, the patience of a great teacher, and the thoughtfulness of a true collaborator,” says Robert G. Holloway, M.D., chair of the search committee and a URM professor of Neurology and Public Health Sciences.

“Traditional methods of study design and statistical analysis are quickly being outpaced by the ability of modern technology to generate vast amounts of data. To remain relevant — a mission that must include successfully preparing the next generation — the department needs to enhance its ability to engage in cutting edge methodological research while maintaining the same level of collaboration for which we are already known throughout the University,” Strawderman says.

#### **Making Sense of Big Data**

Overseeing how the department responds

genes on disease. Spurious associations between genes and disease can be easy to find, and lead to the wrong treatment targets.

Therefore, the overriding goal for biostatisticians is to keep research conclusions objective and honest.

“I have never encountered a researcher that I felt was dishonest,” Strawderman says. “But a researcher that’s not being careful can easily end up with data and/or analyses that have significant problems. Put simply, our job is to make sure the study results are well-supported.”

#### **Rich History, Future Strides**

One of the department’s greatest achievements was converting a mathematical theory known as sequential design and applying it to clinical trials.

The late W. Jackson “Jack” Hall, Ph.D., started the groundbreaking work in

tics departments are housed in schools of public health and come with heavier teaching requirements. His home is in the School of Medicine and Dentistry. However, one of Strawderman’s goals is to create stronger links to University of Rochester undergraduates in Statistics and Computer Science.

“Rochester is experiencing a trend that’s occurring nationwide, the swelling of enrollments in many advanced undergraduate courses in statistics,” Strawderman says. “We’d like to add undergraduate teaching to our portfolio of activities, which would be a significant contribution to the University and would really make us unique among our peers.”

#### **Public Health Perspective**

Strawderman’s training and expertise are based in delivering high-quality, efficient

One of the department’s greatest achievements was converting a mathematical theory known as sequential design and applying it to clinical trials....

Sequential design later became a national model due to its cost savings and ability to provide early insights about the viability of an experimental treatment.

to the vast amounts of data generated by new technologies will be among his biggest challenges.

The field of statistics, developed in the 20th century as a scientific way to answer specific questions about specific populations, is relatively young. In less than a hundred years, it has literally turned on its side. Picture a simple database table, with a lot of rows listing the population subjects, and a few columns containing the data values associated with them. But as ongoing technological advances allow scientists to capture a comparatively gargantuan amount of information, the database table has become much wider than it is tall.

“We are increasingly confronted with the opposite situation: data involving tens, to hundreds, perhaps thousands of rows, and potentially more than one million columns,” explains Strawderman. “In many cases, time-tested tools and basic methods of statistical design and analysis, just don’t apply anymore.”

With the advent of personalized medicine — where treatments can be tailored according to genomic, imaging, cytometric and health history from individual patients — serious challenges arise in designing studies and methods of statistical analysis capable of identifying the causal effect of

sequential analysis decades ago, enabling Rochester researchers to study fewer patients and stop clinical trials earlier while still obtaining powerful results. Sequential design later became a national model due to its cost savings and ability to provide early insights about the viability of an experimental treatment.

Heading into the future, Strawderman anticipates recruiting faculty and doctoral students internationally in the area of big data, with a strategic focus on research areas important to genomics (e.g., bioinformatics), imaging, and early-stage trial design. He also plans to tap regional resources and step up recruitment activities at area colleges and universities, something that’s not been done much in the past within the department.

“A lot of people don’t realize that you can pursue a PhD in statistics or biostatistics at almost no cost to yourself,” he says. “Once you enter this critical area of science — the job prospects are terrific.”

Strawderman’s department is already loaded with more than 20 tenured or tenure-track faculty, two fully funded training grants, several research grants from the National Institutes of Health, and professional staff to support a statistical consulting service.

Rochester is a trendsetter in another way too, Strawderman says. Many peer biostatisticians

health care. He was a professor of Biological Statistics and Computational Biology and Statistical Science at Cornell University, and professor in the Department of Public Health at Weill-Cornell Medical College.

His longtime research interests in patient survival and outcomes, and related problems of evaluating quality of life and comparative and cost effectiveness, make him relevant in an atmosphere of reform. “We’re front and center in this environment,” Strawderman says. If anyone can sell the attributes of biostatistics and computational biology, he can.

“I’ve had dinner with a couple of outstanding scientists here and we end up talking about how you make the jump from the formulas that we all learned in math and basic statistics — getting from point A to point B — to what we really do, which is very complex. It stumps a lot of people,” he said. “I tell them that the right answers aren’t always obvious — and that it’s as much an art as science.”



## Moving stem cells out of the lab

**A state-of-the-art facility helps researchers create, study and use stem cells and their derivatives in early-phase experimental human therapies**

*By Mark Michaud*

The University of Rochester Medical Center has opened a state-of-the-art facility that will enable researchers to create, study, and ultimately use stem cells and their derivatives in early-phase experimental human therapies.

"One of the critical barriers to moving cell-based therapies into clinical trials is the requirement that these cells be manufactured in a facility that meets strict federal requirements," says Steve Dewhurst, Ph.D., chair of Microbiology and Immunology. "Without this resource, much of this science remains stuck in the lab."

The Upstate Stem Cell cGMP Facility is located in URM's Ernest J. Del Monte Neuro-medicine Research Institute. cGMP stands for "Current Good Manufacturing Practice," a term that means the laboratories, operations, and employees all meet stringent federal guidelines to ensure biological materials

produced there are suitable for human clinical trials. The facility incorporates sophisticated design features including redundant air handling systems; walls covered with a fiberglass gel coating that aids in cleaning; air lock entryways; and extensive, 24-hour remote monitoring systems.

Supported by a \$3.5 million grant from the Empire State Stem Cell Board, the 3,600 square foot facility will be used by academic and private sector scientists from across New York.

"Our scientists have made tremendous progress over the last several years unlocking the potential of stem cells to treat a long list of diseases," says Bradford C. Berk, M.D., Ph.D., CEO of URM and a member of the Empire State Stem Cell Board. "I anticipate this new facility will accelerate fundamental and clinical research, both in Rochester and across that state. It will be a valuable

resource for collaboration with multiple academic institutions."

At URM alone, more than 260 scientists and technicians, backed by \$80 million in research funds, are conducting basic stem cell studies in more than 40 labs. Several projects are already being supported by the new facility. These include investigations into the use of stem cells to repair spinal cord damage, treat patients with multiple sclerosis, improve bone transplants, and restore vision in people with macular degeneration.

# Distinguished pediatrician earns top honor

**Elizabeth R. "Lissa" McAnarney, M.D. awarded 2013 John Howland Medal**

By Heather Hare

Elizabeth R. "Lissa" McAnarney, M.D.'s prodigious list of accomplishments has a new accolade on top. McAnarney is receiving the 2013 John Howland Medal, which is the highest honor bestowed by the American Pediatric Society. The distinction recognizes decades of groundbreaking work in the field of adolescent medicine, as well as McAnarney's strong commitment to education and mentorship.

McAnarney discovered the unique physical, psychological, developmental, and social needs of teenagers during medical school, while she was working on an adolescent maternity project. She went on to direct the adolescent maternity program at URM C for more than two decades before becoming

chair of Pediatrics. McAnarney helped establish Adolescent Medicine as a national board-certified subspecialty, and served on the initial Adolescent Medicine sub board of the American Board of Pediatrics. She was the first editor of *Textbook of Adolescent Medicine*, which is considered to be the definitive scholarly work in that field.

"We could not be prouder of Dr. McAnarney and her incredible accomplishments," says the dean of the School of Medicine and Dentistry Mark Taubman, M.D., noting McAnarney's influence can be seen across the country. "You can see it in the way we treat pregnant adolescents, recognizing that — although they are mothers — they still have many of the needs of childhood. And you can see it in the army of advocates her teaching and mentoring have created."

McAnarney, who is now professor and Chair Emerita, has also been very influential close to home. Over the past two decades, her leadership has been a key factor in the consolidation and expansion of pediatric care in Rochester, as well as in the creation of Golisano Children's Hospital at Strong Memorial Hospital.

"She has worked diligently to make Rochester a beacon for pediatric care in the region," says Nina F. Schor, M.D., Ph.D., William H. Eilinger Chair of Pediatrics and pediatrician-in-chief of Golisano.



McAnarney helped establish Adolescent Medicine as a national board-certified subspecialty, and served on the initial Adolescent Medicine sub board of the American Board of Pediatrics.

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## Small change leads to big benefits for heart patients

By Emily Boynton

A new URMCM study shows that defibrillators — devices designed to detect and correct dangerous heart rhythms — can work better than they do now. Instead of asking the device to fire when the heart rate exceeds 170 beats per minutes, research shows the rate should be bumped up to 200 beats per minute. This small, very simple change in the way physicians program the device could help people with heart disease live longer and have a higher quality of life.

“The way we’ve been using implantable defibrillators for the last 20 years has really been less than optimal,” says Arthur J. Moss, M.D., professor of Cardiology and a world-renowned expert in the treatment and prevention of cardiac arrhythmias and sudden cardiac death. “The extent to which the new programming reduced death and inappropriate therapies was quite striking and has the potential to beneficially affect a wide spectrum of patients who are at risk for sudden death or rhythm disorders.”

Moss’ team conducted the MADIT-RIT (Reduce Inappropriate Therapy) trial to look at how the devices are “set,” which is a complex process performed by a heart rhythm specialist prior to device implantation in a patient’s chest. Most defibrillators are set to initiate therapy when the heart rate exceeds around 170 beats per minute. However, rates of 180

or 190 are not always dangerous, are usually short-lived, and can be related to increased activity or exercise. Unfortunately, Moss says, defibrillators aren’t very good at differentiating benign rhythms from malignant ones in this “in-between” range.

Setting the device to fire at 200 beats per minute significantly reduced the risk of experiencing shocks delivered for rhythms that aren’t dangerous. The change led to an 80 to 90 percent reduction in these potentially painful and anxiety-provoking shocks. Data from a 2002 trial suggests shocks are associated with reduced mental well-being. In addition, a recent review of more than 45 studies found that emotional distress is common; between 11 and 28 percent of ICD patients had some form of depression, and between 11 and 26 percent had an anxiety disorder.

To the MADIT-RIT authors’ surprise, the new programming also significantly increased rates of survival, lowering the risk of death by 55 percent compared to patients whose devices were traditionally programmed. Fewer shocks corresponded with less energy delivered to the heart. Study authors believe this contributes to the reduced risk of death.

“There is considerable research to suggest that there is a small amount of damage to the heart muscle with each delivered shock,” added Moss. “If we can eliminate the unne-

cessary shocks, this is going to be associated with less heart damage and improved outcomes.”

Implantable cardioverter defibrillators, or ICDs, constantly monitor the rate and rhythm of the heart and are supposed to deliver electrical shocks in response to very fast and potentially fatal heart rhythms. In 2002, Moss and the MADIT (Multicenter Automatic Defibrillator Implantation Trial) research group showed that ICDs are extremely effective in preventing death in patients at risk of irregular heart rhythms and sudden cardiac death, including individuals who’ve suffered a heart attack. The work changed medical guidelines nationwide, making thousands of heart attack survivors eligible for ICD therapy. Currently, around 200,000 ICDs are implanted in the U.S. every year.



## School of Medicine & Dentistry implements electronic curriculum

By Julie Philipp

First-year medical student Akosua Korboe rarely pages through a textbook. She doesn't jot notes with a pen during lectures, and she has never peered through the lens of a microscope. So it might come as a surprise to find Korboe has a bright future in medicine.

"I use the iPad for everything," she explains.

Korboe is among the first medical students in the nation to learn from a fully electronic curriculum. Her syllabi, class notes, books, presentations, practice quizzes, microscopic images, and much more are all on her Apple iPad, which she received on the first day of class last fall.

"We want to use technology to create more flexible and enhanced learning opportunities for our students," says David R. Lambert, M.D., senior associate dean of Medical School Education.

SMD is one of only a handful of medical schools, including Stanford and Yale, that have implemented fully electronic curriculums. It is such a new practice, only a limited number of electronic medical textbooks are available. This is rapidly changing as more and more medical schools convert to tablets.

In the meantime, Chin-To Fong, M.D. is among several SMD professors who have taken matters into their own hands. Fong created his own iBook for the entire Molecules to Cells course syllabus.

Jeffrey M. Lyness, M.D., senior associate dean for Academic Affairs, also created an iBook for his Mind/Brain/Behavior lectures.

"The animations, images, and video that I use are in this book, and you interact with them by 'turning' the page with your finger and tapping it to make them play," he says. "It's a much more immersive experience."

Lyness says the use of iPads is helping ready students for the real world. With the growth of electronic health records and extensive Web-based medical resources, clinical settings are becoming increasingly digital. Next year, third-year students will use the tablets during rotations. While formal iPad support for accessing URM's electronic records system is still forthcoming, they will be able to utilize the devices to teach others on their team and to instruct patients using video, images, and informational Web sites.

"Doctors used to excuse themselves from the exam room to go look up something in

a book," says Lyness. "Now they have a much broader range of resources they can look at in the room with the patient."

Alex T.Q. Nyugen, president of the Student Senate, says there was some resistance when iPads were introduced.

"They were worried about how this would affect their studies," she explains.

Since then, students have largely adapted to the new tool as SMD has put in place a number of support mechanisms. The School has a new electronic education specialist to assist students and faculty, Miner Library provides support for students, a student representative participates in electronic curriculum meetings, and students are being surveyed to determine the best ways to use iPads.

First-year student David Brodell uses the Visible Body app on his iPad before going into the anatomy laboratory. The app allows him to pull up colorful anatomical drawings and — with a touch of his finger — look at the diagrams from all different angles, peel back layers of muscle, and click on body parts to see what they are called.

"Now I know what I'm getting into before I even touch a cadaver," Brodell says. "Knowing what to expect makes me more comfortable in the lab."

Nguyen puts her Problem Based Learning assignments on her iPad. When she gets to class, she connects the tablet to a projector so the whole class can see her notes, photographs, illustrations, telemetry slips, and microscopic images. Instead of using a laser pointer, she touches her iPad screen to highlight sections. She can zoom in and out of images, and go online to play a YouTube video as part of her presentation.

Korboe, who is from Ghana, has one additional feature on her device: A slideshow of her faraway family appears on the home screen whenever she logs in.

"It makes life easier," she says with a smile.

 **ONLINE** Learn more about the electronic curriculum on line at: [www.rochester-medicine.urmc.edu](http://www.rochester-medicine.urmc.edu)

## Apple Inc. taps URM professor for global expertise

Jeffrey M. Lyness, M.D., senior associate dean for Academic Affairs, was instrumental in helping develop and implement SMD's electronic curriculum. Lyness is now being asked to share his passion and ideas for innovative teaching with educators around the world.

Apple Inc. has invited Lyness to join the Apple Distinguished Educator Class of 2013. Apple Distinguished Educators (ADE's) collaborate on solutions to global education

challenges, advise Apple on technology integration in learning environments, share their expertise with educators and policymakers, and motivate one another to continually transform education. Selected through a competitive process, ADE's reside in nearly 40 countries worldwide.

"I hope to learn much about the ways people at other institutions, and in other parts of the world, are using technology," says Lyness. "I will bring back what I learn to share with my colleagues at URM. I'll also spread the word about the incredible things we are doing here, under the leadership of David Lambert, M.D., senior associate dean of Medical School Education."





## A Legendary Heart

### Pediatric Cardiologist Peter Harris, M.D. Retires

By Rebecca Youmell & Julie Philipp

Small hearts turned J. Peter Harris, M.D. into a pediatric cardiologist. His own big heart made him a legendary one.

"He has been like a father to all of us as we've found our way," says Eric Biondi, M.D., for whom Harris served as residency program director and designated mentor at the School of Medicine and Dentistry (SMD). "He is a great role model for how to be a physician."

This year, Harris, who got his start as a Strong Memorial Hospital emergency room volunteer 50 years ago, retired from SMD and his full time pediatric cardiology practice. As professor of Pediatrics, associate chair for Education in Pediatrics, and former Pediatric Residency program director, Harris has helped shape countless careers and made an indelible, very human impression upon the institution.

His own training began in 1962 at Stanford University, where he majored in biology. It was there that his interest in hearts, particularly diminutive ones, began.

"I started out working with adults, but found there were more challenges, and potential, with children," says Harris. "Every child was different, and I loved it."

The Rochester native returned home from California to attend SMD, and stayed to complete his residency. He rose to chief resident and completed his Pediatric Cardiology fellowship before joining the SMD faculty. With the exception of a six year stint as chief of the Division of Pediatric Cardiology at East Carolina University, he has been here ever since. "He is a real talent who is dedicated to children, deeply passionate, and a master teacher," says Professor and Chair Emerita Elizabeth R. McAnarney, M.D., who led the department during much of the time Harris was directing the residency program. "He has an unusual ability to clarify complex pediatric cardiac principles with his students."

However, it isn't just his ability to engage students by creatively breaking down complicated material that makes him a master. One day, former resident Caren Gellin, M.D. followed Harris into the newborn nursery. He showed her how to warm the chest piece of a stethoscope to just the right temperature before carefully guiding it through the blanket of a swaddled baby.

"This is how not to disturb a football," he told Gellin, who is now associate program director of the pediatrics residency program.

Harris' young patients are not the only ones who benefited from his extraordinary compassion. His students felt it as well. He and his wife Jan invited residents and interns to welcome parties at their home, and periodically hosted picnics there as well. When a group of residents felt they needed additional training, he responded by taking time out of his own schedule to meet with them weekly. Some of his charges wanted to know more about everyday issues such as mortgages and insurance, so he offered life skills courses to augment their medical studies. Nicknamed "Papa Harris," he is widely known for his readiness to lend an ear or offer good advice.

"To go through residency training was hard enough. To know someone was behind you, working with you on solutions to problems as they came up, made it much easier," says Gellin.

In addition to listening to residents' problems, Harris listened to their ideas. He is credited with initiating a committee, comprised of elected residents, that works on improved communication, contributes to program changes, and ensures residents are actively engaged in nearly all aspects of their program.

"To get the best education, it is important to be involved in defining what that is," explains Harris.

Part of that definition, for many URM students, is undoubtedly Harris himself. "Your life is better off after knowing him, whether it's for five minutes or, in my case, more than a decade," reflects Harris' former administrative assistant and longtime friend, Brooke Steinbronn.

## The Follow-up: Dental Implant Technique Works

As technology evolves, almost everything — from communication to dinner preparation to surgery — is faster. But does speeding things up compromise the end result?

By Karen Black

Clinicians and researchers at Eastman Institute for Oral Health (EIOH) set out to answer that question by assessing the effectiveness of an experimental technique developed at EIOH more than a decade ago. Prosthodontics Program Chair and Director Carlo Ercoli, D.D.S. led the team that designed the procedure, which was intended to significantly reduce the time needed to replace missing teeth with

dental implant bridges. The recent study, published in *The International Journal of Oral & Maxillofacial Implants*, confirmed the procedure is not only faster, it is also more accurate and effective than traditional implant techniques.

The researchers looked at patients who had received fixed implant bridges at Eastman between 2005 and 2010. When the experimental procedure was used to fabricate

the prosthesis, a patient averaged four visits to the dental chair, including dental implant surgery. The traditional method required an average of nearly eight visits. The 50-percent reduction in time translates into lower fabrication costs with potential patient savings, less pain and stress, and fewer hours away from work.

But there's more.

The study found the new process resulted in a significantly better fit of the bridge, regardless of the provider's experience level. Researchers anticipate these results will lead to a more widespread application of the technique.

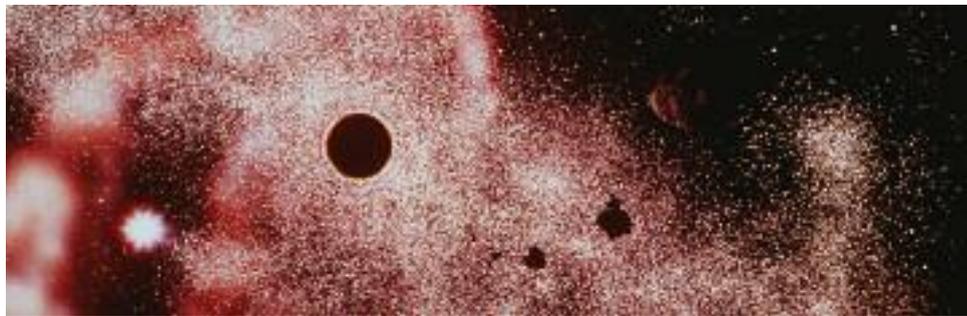
# Houston, we've got another problem

By Mark Michaud

As if space travel was not already filled with enough dangers, a new study out today in the journal PLOS ONE shows that cosmic radiation — which would bombard astronauts on deep space missions to places like Mars — could accelerate the onset of Alzheimer's disease.

"Galactic cosmic radiation poses a significant threat to future astronauts," says M. Kerry O'Banion, M.D., Ph.D., a professor in Department of Neurobiology and Anatomy and the senior author of the study. "The possibility that radiation exposure in space may give rise to health problems such as cancer has long been recognized. However, this study shows for the first time that exposure to radiation levels equivalent to a mission to Mars could produce cognitive problems and speed up changes in the brain that are associated with Alzheimer's disease."

While space is full of radiation, the earth's



magnetic field generally protects the planet and people in low earth orbit from these particles. However, once astronauts leave orbit, they are exposed to constant shower of various radioactive particles. With appropriate warning, astronauts can be shielded from dangerous radiation associated with solar flares. But there are also other forms of cosmic radiation that cannot be effectively blocked.

Because this radiation exists in low levels, the longer an astronaut is in deep space, the greater the exposure. This is a concern for NASA as the agency is planning manned missions to a distant asteroid in 2021 and to Mars in 2035. The round trip to the red planet, in particular, could take as long as three years.

For over 25 years, NASA has been funding research to determine the potential health

risks of space travel in an effort to both develop countermeasures and determine whether or not the risks warranted sending men and women on extended missions in deep space.

Since that time, several studies have demonstrated the potential cancer, cardiovascular, and musculoskeletal impact of galactic cosmic radiation. The study out today for the first time examines the potential impact of space radiation on neurodegeneration, in particular, the biological processes in the brain that contribute to the development of Alzheimer's disease. O'Banion — whose research focuses on how radiation affects the central nervous system — and his team have been working with NASA for over eight years.

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## Three new professorships to support the Medical Center

With the installation of three new professorships, the Medical Center is moving forward with important education and research initiatives in pulmonary medicine, nephrology, and neuromedicine.

Patricia J. Sime, M.D. was installed as the inaugural C. Jane Davis and C. Robert Davis Distinguished Professor in Pulmonary Medicine. Sime, chief of Pulmonary and Critical Care and director of the Mary Parkes Center for Asthma, Allergy, and Pulmonary Care, is changing lives as a world leader in pulmonary medicine, particularly in lung inflammation and fibrosis research. She also holds national leadership positions in the American Thoracic Society, the Pulmonary Fibrosis Foundation, and the National Institutes of Health.

The late Dr. C. Jane Davis became committed to funding research for pulmonary medicine when her brother, the late C. Robert

John J. Kuiper Distinguished Professor (Above, from left): Paul Levy, M.D. '86M (Res), David Bushinsky, M.D., Dean Mark Taubman, M.D., and John Kuiper '65M (Res).

Davis Distinguished Professor in Pulmonary Medicine (Above right, from left): Bob Davis, Christy Blume, Jeff Davis and Jan Steehler, children of the late C. Robert (Bob) Davis with Patricia Sime, M.D.

Saunders Family Distinguished Professor in Neuromuscular Research (Right, from left): Richard T. Moxley, M.D., E. Philip Saunders, Charles A. Thornton, M.D., Dean Mark Taubman, M.D., and President Joel Seligman.

(Bob) Davis, was diagnosed with mesothelioma in 1999. After being given six months to live, he enjoyed another eight years of life. The difference was attributed to Paul Levy, M.D., the Charles A. Dewey Professor of Medicine. Levy inspired Dr. Davis to establish the bequest that would eventually fund the new professorship.

"Support from families like the Davis family will help the Medical Center achieve its

vision to be among the most innovative in the country," said Bradford C. Berk, M.D., Ph.D., CEO of the Medical Center. "Philanthropy from donors like Bob and Jane allow us to improve the health of our community while advancing the science of medicine."

David A. Bushinsky, M.D. chief of Nephrology at the Medical Center, was installed as the inaugural John J. Kuiper Distinguished Professor. Bushinsky is a nationally recognized expert in kidney disease. His cutting-edge research on bone mineral metabolism has helped advance the understanding of a broad range of renal disorders.

Through innovative research, Bushinsky has developed a strain of rats that exhibit the



most common metabolic abnormality found in humans who suffer from kidney stones. The discovery has allowed him to make fundamental advancements in treatment and prevention.

John J. Kuiper '65M (Res) is the first Internal Medicine resident who is not a also graduate of the School of Medicine and Dentistry to establish an endowed professorship. Kuiper completed his medical degree at Cornell Medical College in 1961 and came to Rochester for his residency. The establishment of the professorship was the product of a keen desire to help the University attract and retain the very best researchers and educators in his field.

"Thanks to the professorship funded by Dr. Kuiper, David and his colleagues will have the freedom to push the envelope in nephrologic research," said School of Medicine and Dentistry Dean Mark Taubman, M.D.

Charles A. Thornton, M.D. '91 (Flw), was installed as the inaugural Saunders Family Distinguished Professor in Neuromuscular Research. Since joining the faculty in 1991, Thornton has become one of the most acclaimed muscular dystrophy specialists in the country. The ceremony—held in the atrium of the Saunders Research Building—acknowledged Thornton's excellence in neuromuscular care and research, and recognized the building's namesake, E. Philip Saunders, for his vision and transformational philanthropy.

Thornton has dedicated his career to understanding the causes of devastating neuro-muscular diseases including Parkinson's disease, multiple sclerosis, and muscular dystrophy. He is working to develop treatments, opening the door to revolutionary new therapies that could impact hundreds of thousands of people.

After forming a lasting friendship with Richard T. Moxley, M.D., the Helen Aresty Fine and Irving Fine Professor in Neurology and director of the Neuromuscular Disease Center, Saunders and his family sought to help Moxley, Thornton and their team develop research in myotonic dystrophy. In 2011, Saunders made a \$10 million gift to boost the neuromedicine program. The Saunders Family Distinguished Professorship in Neuromedical Research was part of that gift.

"Charles epitomizes the translational scientist," said Taubman. "His current work is taking advantage of exciting new developments in RNA biology to provide novel approaches to crippling diseases. And as an active clinician, he is ideally suited to take results from the lab to the patient, which is exactly the work being done in the Saunders Research Building."

Since The Meliora Challenge: The Campaign for the University of Rochester began, there have been 28 new endowed professorships in the School of Medicine and Dentistry.



## Memorial Wall honors our nation's veterans

A wall to honor veterans of the U.S. Armed Forces was dedicated in a ceremony at the Medical Center's Saunders Research Building.

The wall was inspired by philanthropist and longtime supporter of the Medical Center, E. Philip Saunders. In 2011, Saunders donated \$10 million—one of the largest gifts in the history of the Medical Center—for neuromuscular research. When making this generous gift and agreeing to lend his name to the building, the Rochester businessman requested the wall be constructed. Having many family members, friends and business partners who have served in the armed forces, Saunders has a deep admiration for the contributions and sacrifices of our nation's veterans.

Jeff Bazarian, M.D., M.P.H., an emergency medicine physician and traumatic brain injury researcher, says Saunders' gift has allowed him and other researchers to work to improve the lives of veterans and others who suffer from traumatic brain injuries (TBI). They are now better able to diagnose and manage TBI, a common and devastating occurrence among those who have served in the armed forces. It is also the leading cause of injury-related

death in this country.

"In order to improve the human condition, the University of Rochester is serious about bringing research findings discovered at the bench out to people. We are serious about translating basic science discoveries into cures," says Bazarian.

The wall is located in the atrium of the Saunders Research Building and is inscribed with a quote from Saunders:

"Let us never forget the sacrifices made by our veterans and their families, and may the research within this building bring healing to them and others."

The Saunders Research Building, which opened in 2011, is home to the Clinical and Translational Science Institute, academic departments, and research programs in cancer, pediatrics, emergency medicine, neurological disorders, and cardiovascular disease.

Above: E. Philip Saunders, Bradford C. Berk, and Jeff Bazarian (back) with officers and cadets of the NROTC program.

Answers on Ice

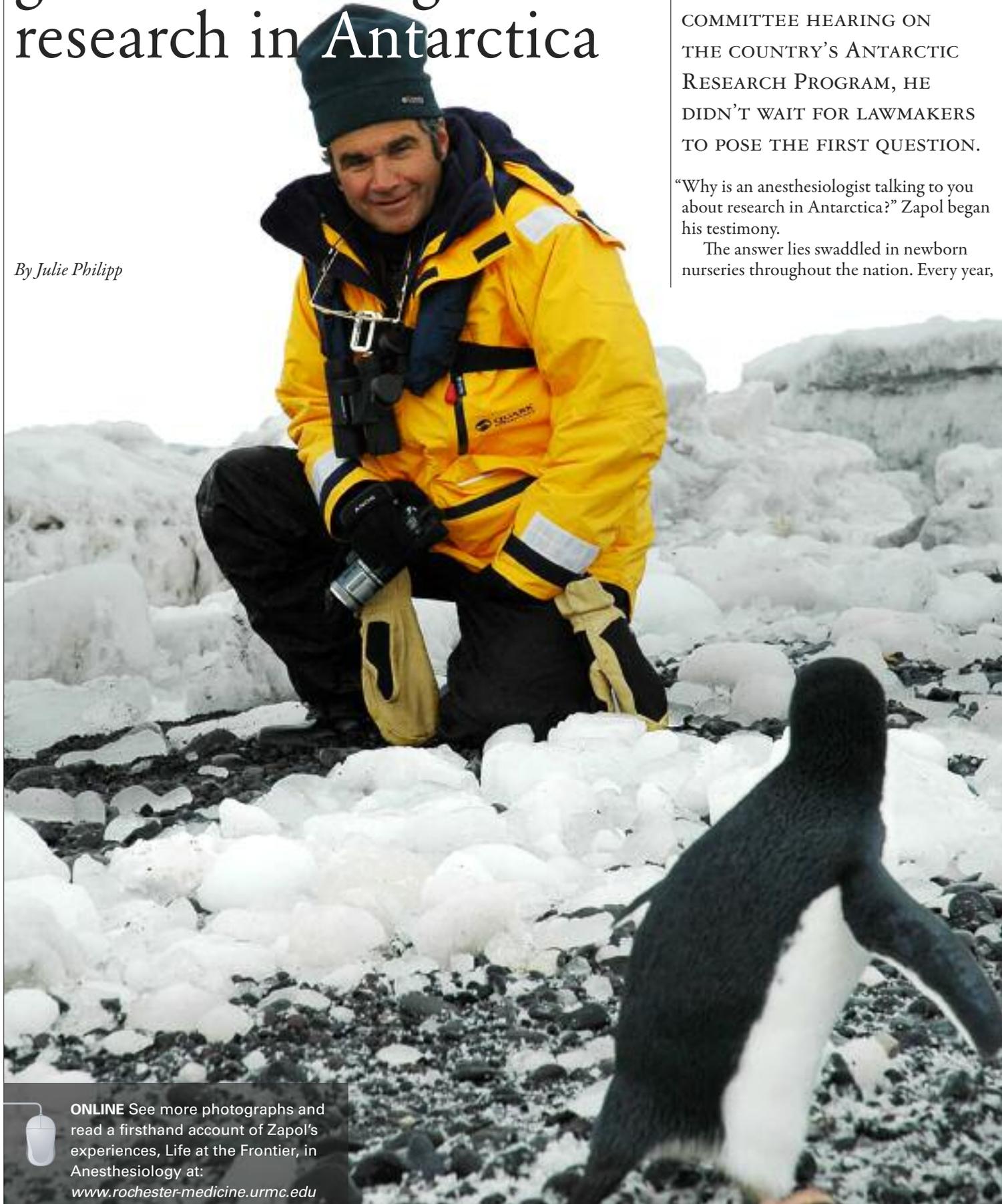
# Warren Zapol conducts groundbreaking research in Antarctica

By Julie Philipp

LAST NOVEMBER, WHEN WARREN M. ZAPOL (M '66) APPEARED AS A WITNESS BEFORE A U.S. HOUSE CONGRESSIONAL SCIENCE COMMITTEE HEARING ON THE COUNTRY'S ANTARCTIC RESEARCH PROGRAM, HE DIDN'T WAIT FOR LAWMAKERS TO POSE THE FIRST QUESTION.

"Why is an anesthesiologist talking to you about research in Antarctica?" Zapol began his testimony.

The answer lies swaddled in newborn nurseries throughout the nation. Every year,



**ONLINE** See more photographs and read a firsthand account of Zapol's experiences, *Life at the Frontier*, in Anesthesiology at: [www.rochester-medicine.urmc.edu](http://www.rochester-medicine.urmc.edu)

about 15,000 hypoxic newborn babies are saved by a technique inspired, in part, by Zapol's work with seals 800 miles from the South Pole.

"Allowing scientists to explore in Antarctica leads to unanticipated discoveries," Zapol continued, urging lawmakers to solidify America's leadership in scientific exploration of the Earth's southernmost continent.

As an undergraduate student at Massachusetts Institute of Technology in the early 1960's, Zapol did not envision a future that would include at least nine Antarctic expeditions, repeated Presidential appointments to the US Arctic Research Commission, and an Antarctic glacier named in his honor. Instead, he planned on being an engineer. While taking an advanced biology course, however, he developed a passion for physiology. A short time later, the New York City native obtained a scholarship to attend the School of Medicine and Dentistry.

"Rochester was quiet as a social town," he recalls, "but what a fabulous place to focus on learning medicine."

Zapol buckled down and studied, taking occasional breaks to enjoy Rochester Philharmonic Orchestra concerts. As he was preparing to graduate, many of his peers were being drafted to serve in the Vietnam War. When he failed to get a deferment to complete his residency, Zapol sought a position with the U.S. Public Health Service at National Institutes of Health (NIH). It was a peaceful alternative to military service, but the competition for fellowships was fierce.

"They had their pick of us," Zapol says. "Stanley Prusiner, Joseph Goldstein, and others who went on to win the Nobel Prize were there. It was a hotbed of aggressive,

young researchers."

Zapol landed in the Laboratory for Technical Development of the National Heart Institute at the NIH Clinical Center, where he worked in a prestigious, multi-disciplinary team addressing respiratory distress in adults and newborns. He went on to receive his anesthesiology training and join the staff at Massachusetts General Hospital (MGH), where he remains today. During the course of his fledgling career, he watched hypoxic babies die in the hands of doctors who didn't yet have the tools or techniques to put adequate oxygen into their tiny bodies. He saw mechanical ventilation fail to improve their hypoxia. These are the kind of experiences that led him to the bottom of the planet.

"I was at an American Association for the Advancement of Science meeting, and there was a report about research in Antarctica. There was a presentation on Weddell seals, and how they could hold their breath for an hour during deep dives in cold seawater. I was so focused on lungs, and collapsing lungs, and making lungs effectively breathe that I just had to gravitate there."

Fortunately, Zapol's chief at MGH, Richard J. Kitz, M.D., responded with enthusiasm. In 1975, Zapol found himself on a U.S. Navy aircraft on his way to "The Ice." It would be the first of nine expeditions. Each year, Zapol gathered a multi-disciplinary team of hearty scientists who could withstand the frigid temperatures and isolation. Their research has involved the invention of underwater microchip computers to record the vital signs of diving seals and capture arterial blood samples, staring down an occasional Weddell bull who adamantly refused to dive, and performing pelvic exams to docu-

ment pregnancy in Weddell females. "Several times, those of us holding the rear flippers to steady the seal feared that obstetrician Mont (Sir Graham C. "Mont" Liggins, M.D., Ph.D.) would experience a traumatic arm amputation when the seal realized what this human was attempting..." he wrote in *Anesthesiology*.

In the midst of all this adventure, the Zapol teams gained extensive insight into pulmonary circulation. He says his Antarctic research helped lay the groundwork for what he considers his most significant achievement to date: employing inhaled nitric oxide to treat newborns with respiratory failure. A team at MGH, assembled by Zapol, was instrumental in early studies leading to widespread use of this therapy for persistent pulmonary hypertension.

"We first tried it in newborn lambs, and one day we tried it in our first baby. I remember turning that blue baby pink within seconds, and it knocked everybody's socks off," he recalls. "Now it's not an experiment. You will get sued if you don't treat a hypoxic newborn with nitric oxide."

Zapol's work with Weddell seals also caught the attention of the U.S. Board of Geographic Names. In 2006, the board named an Antarctic glacier after him, in honor of his accomplishments studying the seals and newborn babies.

More recently, President Barack Obama reappointed Zapol to the US Arctic Research Commission, a post he was first selected for by President George W. Bush. In this role, Zapol works with natives in remote villages throughout Alaska. He focuses on their mental health and other medical issues such as water and sanitation problems. He says his Antarctic training helped prepare him for this endeavor as well.



# School of Medicine goes global with new elective program

By Michael Wentzel

After her first year as a student at the University of Rochester School of Medicine and Dentistry, Sabrina MacDuff spent her summer in Malawi in rural villages studying perceptions of disease severity and risk factors, such as lack of clean water and overcrowding.

She also was deeply involved in the Refugee Student Alliance, a community service organization of University students aimed at helping immigrant families adjust to living in Rochester.

But MacDuff, now a third-year medical student, wondered if there was more she could do to pursue her interests throughout medical school. She and other students approached the School of Medicine and Dentistry leadership about a formal, structured program focused on global health and medical care for immigrants and refugees in the United States and around the world.

The result is the Global Health Pathway (GPH), a new elective program available to selected medical students who have an interest or demonstrated commitment to careers that include global and public health.

"All doctors are not built alike," said Elizabeth J. Brown, M.D., M.P.H. (R '07), director of the GPH program. "Some will go through the

pathway and later devote a couple weeks every few years to a global health project. It is my hope there also will be students who will go on and integrate global health more fully in their career, working in underserved communities or on projects helping people in other countries attain a higher level of health care and standard of living."

Natalia Golub, a M.D./Ph.D. student who also advocated for the new program, said through her work with the refugee community in Rochester she has come to understand "the critical role that an appreciation for other cultures and ways of life plays in providing quality medical care and other support services to diverse populations."

"Given the large proportion of non-natives that comprise the U.S. population, and the increasing interest in medical professionals to practice abroad," Golub said, "it is paramount for medical professionals to have a greater breadth of knowledge about diseases and health conditions in other parts of the world."

Students in the GPH must attend at least 75 percent of lectures on global health offered during a two-year period.

They must complete a global health project during the summer between their first and second year. Projects may include an international experience or working with underserved populations in Rochester or another community. After completing the summer project, students are expected to participate in the student research forum in the fall of their second year and submit a summer research abstract to the GHP.

The required clinical experiences for the GHP build on the clinical skill set in the Double Helix curriculum to improve the ability to practice community-based medicine under diverse social, economic and cultural situations. This includes four consecutive weeks of School-approved elective credit in the third or fourth year, providing clinical care internationally to a community in need or in the United States for a population not native to the United States.

Students in the GPH also must perform 20 hours of volunteer work during their medical school years in the Rochester area, providing services to a population of immigrants or displaced individuals. These hours



are beyond the School's other volunteer requirements.

In fourth year, GPH students must complete a scholarly paper describing their experiences in the pathway. The paper should include a description of the communities where the student worked, the barriers the communities face, the student's work, and potential solutions to overcome barriers and improve the health of the communities. Students who successfully complete pathway requirements and maintain good academic standing will receive a certificate of completion.

"The requirements mean more work for students in the pathway than other medical students," said Brown, an assistant professor of Family Medicine. "But for students interested in global health, this is work they would want to do anyway."

Brown has international experience in Israel, Haiti, and Kenya, as well as in Honduras where the Department of Family Medicine has developed a year-round program in the community of San Jose San Marcos de la Sierra.

"In Honduras, there have been so many changes in the health of the community," Brown said. "Through projects to give families access to filtered cleaner water and improved cook stoves that decrease the amount of smoke in the houses, we have seen reduced diarrheal and respiratory illnesses. The program demonstrates the value of sustained longitudinal relationships for the improvement of the health of a community."

So far, 20 students have enrolled in the Global Health Pathway. About 35 applied. MacDuff is enrolled.

"The goal of the pathway is not to route students into one career path or another, but to give students a framework to work with global and underserved populations in various contexts," MacDuff said. "I hope to gain more knowledge about current projects implemented by our faculty, and I hope to contribute to a project in some way. While I have no doubt I would have done some type of global health work during medical school even without the pathway, I hope to come away with some enriched international experiences and thought-provoking discussions that I will continue to learn from as my career progresses."

Dara Mendelsohn, a third-year medical student, said she hopes "the pathway encourages University of Rochester medical students to do more projects, research, and rotations abroad. The pathway is a sign to prospective medical students that they will be able develop their interest and skills in global health at Rochester."

# A Story

*By Peter Capucilli*

A story. An 80-year-old gentleman, who had lived a good life, visited his family physician at the order of his two caring daughters to discuss general fatigue that had become noticeable and troubling several months prior.

The man mentioned with some concern that despite upholding a healthy diet as often as possible, he had unintentionally lost 15 pounds from his normal weight within the last month alone. Though he did not mind the extra weight off his figure, he was puzzled by the unexpected change and agreed with his daughters that he should speak with his doctor regarding what he could do to regain his energy and keep his weight up to healthy standards.

In recounting his story to the physician in the office, the man realized that he had also been experiencing difficulty breathing during his daily morning walks in the woods by his home, and so proceeded to recount this too to the doctor. The doctor, who had begun to take notes into a manila chart, was quiet while the man spoke. When they were done, the doctor turned to his white coat, the shining armor, now tarnished by years of use for protection on the hospital battlefield. From deep in the side pocket he pulled his prescription pad and handed a well-scribbled document to the man. "I'd like you to have an x-ray at the hospital in the city, as soon as possible. We will proceed from there."

At the hospital, the man sat alone in a small examination room, waiting for the results of the x-ray he had just undergone.

A knock on the door preceded the entrance of a tall doctor dressed in an equally tarnished white coat as that of the first doctor. In addition, a young apprentice, whose white coat was less tarnished and shorter in length than that of the elder doctor, followed into the room.

The physician spoke, "We believe you have cancer of the lung. This type of cancer has not ever been cured in the past and there is a great chance that the cancer has spread to other areas of your body. We want to assure you that we will be looking for any cancers you might have and will do everything in our power to treat your condition."

The old man, who had been healthy until this moment, remained quiet and pensive until he asked, "Doctor, how long do I have to live?"

Looking towards the door through which he had just entered, the doctor replied, "unfortunately, we believe you only have one year to live."

Then the old man, who was now a patient, underwent many tests and procedures, spending little time at home with his daughters and their family and living many days in

the cold, sterile and uncomfortable room of the hospital. With each month that passed, a new area of the body was examined to look for spreading of the cancer: first the heart and then the lungs. Next came the intestines. Then the abdominal cavity, the liver, and pancreas underwent scanning.

Despite 5 months of testing, no other cancer could be found.

In the sixth month, the tall doctor discussed with his apprentice that they would next look for cancer that may have spread to the brain. If found, however, this would mean that the cancer was truly incurable and would likely decrease the patient's expected survival, proving fatal within a month, rather than a year as previously thought.

Again the patient, now appearing weak and frail, underwent a test to examine his brain.

This time, unlike those before, the scanning test showed cancer, and the prognosis was grim. The doctor and his apprentice again entered the patient's room with a knock at the door to deliver the sad news and inform the patient that he should make arrangements for an imminent death. To the patient they asked, "We have your test results for this month. Would you like to hear them at this time?"

Now the old man looked up directly into the eyes of the young apprentice. His breathing had noticeably worsened since he first went to see his family physician, and he lay in the cold bed, covered only in a tarnished white blanket that had warmed many others passing through over years. He had not been up to walk in the mornings, nor had he seen his daughters and grandchildren in recent times.

"No, I would not like to hear. What will come of these results? If similar to previous months, then nothing will come but another month of tests. See that I have been here for half of a year. I have trusted you with my health, but I am tired now and am finally an old man. You gave me a year to live. I have six months left of life from the time we began. For this seventh month, I would like to return home. I would like to be with my family for the time I still have. It is not a long time I have left, but it is a good time still, six months. Yes, for the seventh month I would like to be by my family, for this month, I would like to rest."

Peter Capucilli, a fourth-year medical student at the University of Rochester School of Medicine and Dentistry, won the 2012 Creative Excellence Award in the student category for his work, "A Story." The award contest is sponsored by the Interdisciplinary Cluster for Human Values in Health Care and the Center for Ethics, Humanities and Palliative Care at the School of Medicine and Dentistry. Capucilli, a native of Hastings-on-Hudson, N.Y., wrote his short story as a gift to his hometown Rabbi, who began each of his stories with the same two words that Capucilli uses, "A Story."



Jane Risolo, administrative assistant to David R. Lambert, M.D., lays out match envelopes before the event.



David R. Lambert, M.D., senior associate dean for Medical School Education, counts down to the moment students can open their envelopes.

## Beware the Ides of March?

Not for the medical students in the University of Rochester School of Medicine and Dentistry's Class of 2013. March 15 was their Match Day. They gathered in the atrium of the Saunders Research Building to count down to noon. Judging by the shrieks of happiness and joyful tears, a lot of dreams came true when the envelopes were opened.

The top specialty choices for the class were Internal Medicine (18), Emergency Medicine (10), and Family Medicine (9), Pediatrics (9), and Anesthesiology (9). Of the 99 students participating in this year's match, 26 are remaining at URM.

### Anesthesiology

Esther Caballero-Manrique	University of Vermont / Fletcher Allen
Michael Cluff	Loma Linda University
Jenna Falcinelli	Duke University Medical Center
Nathaniel Grubbs	University of Colorado School of Medicine
Joseph Pawlowski	University of Rochester Medical Center
Lindsay Rubenstein	Beth Israel Deaconess Medical Center
Andrew Walters	University of Washington Affiliated Hospitals
Nansen Yu	University of Maryland Medical Center

### Pediatric Anesthesiology

Jason Reminick	Stanford University Programs
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### Dermatology

Keith Olsen	Oregon Health & Science University
Christopher Richardson	University of Rochester Medical Center
Vijay Vanchinathan	UMDNJ – New Jersey Medical School

### Emergency Medicine

Russell Japikse	University of Wisconsin Hospital and Clinics
Elizabeth Kaufman	Stanford University Programs
Howard Lin	University of Rochester Medical Center
Evan Lowy	Dartmouth-Hitchcock Medical Center
Michael Nitzberg	Washington Hospital Center, DC
Viral Patel	University of Massachusetts
Brian Pisula	University of North Carolina Hospitals
Ian Schreiner	Maimonides Medical Center
Brandon Stein	NY Hospital Medical Center Queens
Rachel Waldman	Maine Medical Center

### Family Medicine

Ronan Cahill	Swedish Medical Center
Stephanie Charles	Boston University Medical Center
Angel Kirkham	Utah Health Care Institute
Sophia Malary	University of New Mexico
Christine Neeb	University of Illinois
Sarah Porter	University of Rochester Medical Center
Chiyo Takehara	University of Minnesota
Nicole Tetreault	University of Rochester Medical Center
Anthony Williams	University of Vermont/Fletcher Allen

### Internal Medicine

Michael Bourne	Mayo School of Graduate Medical Education
Matthew Brockway	University of Rochester Medical Center
Jason Chen	Thomas Jefferson University
Jason Costa	University of Rochester Medical Center
Megan deGrouchy	University of Rochester Medical Center
Stephanie Guo	NYP Hospital – Weill Cornell Medical Center
Eric Hansen	Northwestern McGaw
India Johnson	Palmetto Health Richland



Beatriz Folch, who was matched with URM, picks up her envelope.

Sarah Keller	Massachusetts General Hospital
Dmitriy Migdalovich	University of Rochester Medical Center
Benjamin Peterson	Duke University Medical Center
Rebecca Porter	Brigham & Women's Hospital
Jesse Schenendorf	University of Rochester Medical Center

### Combined Internal Medicine/Pediatrics

Laura Bowen	University of Rochester Medical Center
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### Neurology

Jennifer Choudri	University of Rochester Medical Center
Leana Doherty	Johns Hopkins Hospital
Jenie George	University of Rochester Medical Center
Elizabeth Koch	University of North Carolina Hospitals
Steven O'Donnell	University of Utah Affiliated Hospitals
Izad-Yar Rasheed	Northwestern McGaw
Neal Weisbrod	University of Rochester Medical Center

### Child Neurology

Bo Hoon Lee	University of Rochester Medical Center
Susan Lee	Cincinnati Children's Hospital Medical Center

### Obstetrics-Gynecology

Beatriz Folch	
Torres-Aguilar	University of Rochester Medical Center
Ayesha Khan	St. Joseph Mercy
Divyah Nagendra	University of Massachusetts
Mary Stokes	Jackson Memorial Hospital

### Ophthalmology

Daniel Feiler	Cleveland Clinic – Cole Eye Institute
Luca Zatreanu	SUNY at Stony Brook

### Orthopaedic Surgery

Matthew Brown	Wake Forest Baptist Medical Center
Tamara John	Yale New Haven Hospital
Meghan Kelly	University of Rochester Medical Center
Louis Okafor	Johns Hopkins Hospital

### Pathology

Bonnie Choy	University of Chicago Medical Center
Joshua Segal	Stanford University Programs

### Pediatrics

Kathryn Chenault	University of Maryland
Janna Gewirtz	Mayo School of Graduate Medical Education
Margaret Hart	University of Rochester Medical Center
Camille Rodriguez	Einstein/Jacobi Medical Center
Puja Sood	University of Maryland Medical Center
Sussi Vivar	University of Connecticut
Sarah Waldman	Stanford University Programs
Adam Weis	University of Rochester Medical Center
Olivia Widger	Johns Hopkins University

### Physical Medicine and Rehabilitation

Travis O'Brien	Mayo School of Graduate Medical Education
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### Psychiatry

Youngsun Cho	Yale-New Haven Hospital
Michael Jacob	University of California – San Francisco
Nakita Natala	University of Michigan Hospitals
Adam Simning	University of Rochester Medical Center



Students celebrate after opening their envelopes.

**Surgery – General**

Darren Bryan	University of Chicago Medical Center
Alliya Qazi	University of California Irvine Medical Center
Aqsa Shakoor	University of Rochester Medical Center
Emilie Wasserman	University of Rochester Medical Center
Zhaomin Xu	University of Rochester Medical Center

**Surgery – Plastic**

Rachel Anolik	Duke University Medical Center
Jordan Frey	New York University

**Surgery – Vascular**

Gener Augustin	Case Western / University Hospitals
Doran Mix	University of Rochester Medical Center

**Radiology (Diagnostic)**

Brendan McCleary	Lahey Clinic
Anthony Portanova	University of Rochester Medical Center

**Urology**

Bryce Allio	Duke University Medical Center
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**Preliminary Medicine**

Leana Doherty	University of Rochester Medical Center
Brendan McCleary	Boston University Medical Center
Keith Olsen	University of Rochester Medical Center
Anthony Portanova	Bassett Medical Center
Vijay Vanchinathan	Albany Medical Center

**Transitional Year**

Daniel Feiler	Akron General Medical Center / NEOMED
Nathaniel Grubbs	Providence Sacred Heart Medical Center
Luca Zatreanu	University of Pittsburgh Medical Center

**Preliminary Surgery**

Bryce Allio	Duke University Medical Center
Jordan Frey	New York University
Philip Wasicek	Brigham & Womens Hospital

**Inbound residents**

As our students were anxiously counting down to noon on Match Day, students at other medical schools across the country were doing the same thing. Many of them opened their envelopes and discovered they are coming to the University of Rochester Medical Center to begin their careers. URMCM filled all of the 159 positions offered in the NRMP primary match process. Our 23 residency programs attracted students from some of the nation’s most highly regarded medical schools.

The new residents are heading here from 43 schools located in 28 states, including New York. The residents participating in Match Day will be joined by about 75 other residents and fellows who matched through other matching activities held throughout the academic year, meaning URMCM will welcome 231 resident physicians this summer.

**Anesthesiology**

Shawnjit Dhesi	University of Southern California
Lauren Brinkerhoff	Columbia University
Dierdre Cavan	Oregon Health & Science University
Jayanth Dasika	University of Medicine & Dentistry of New Jersey, Picasataway
Britton Kreiner	Columbia University
George Lefkowitz	New York College of Osteopathic Medicine of the New York Institute
Matthew Lopez	St. George’s University
Nikolay Manuylov	New York College of Osteopathic Medicine of the New York Institute
Ryan McConn	St. George’s University
Kaitlyn Mitchell	Stony Brook University, SUNY
Joseph Pawlowski	University of Rochester
Jagroop Saran	Wayne State University
Niruja Sathiyadevan	St. George’s University
Colin Sheehan	Upstate Medical University, SUNY
Julie Song	University of North Carolina at Chapel Hill
Mark Williams	Royal Free and University College Medical School
Shichen Yin	Mount Sinai

**Dermatology**

Kristopher Denby	University of Rochester
Christopher Richardson	University of Rochester
Anna Land (Suozzi)	University of Louisville



Keith Olsen, pictured with his son Connor and father Bob, will be heading to Portland, Oregon.

Sophia Malary will be heading to the University of New Mexico.

### Emergency Medicine

Shahram Ahari	University of California, Davis
Sydney Chamberlin	University at Buffalo, SUNY
Julie Endrizzi	Columbia University
Peter Eyer mann	University of California, San Francisco
Aaron Fields	Georgetown University
Nathan Garton	Oregon Health & Science University
Howard Lin	University of Rochester
Sathyaraj Murugappan	University of Illinois at Chicago
Joseph Pereira	Lake Erie College of Osteopathic Medicine
Giancarlo Rondash	Upstate Medical University, SUNY
Daniel Shocket	University of California, San Diego
Constance Verneti	Upstate Medical University, SUNY

### Family Medicine

Mila D’Cunha	St. George’s University
Ji Kim	Eastern Virginia Medical School
Anastasia Kolasa-Lenarz	University of Minnesota
Michelle Kosmalski	University of Wisconsin
Elizabeth Meehan	Creighton University
Morgan Mihok	University of Michigan
Sarah Porter	University of Rochester
Assunta Ritieni	Touro University
Sandra Rodriguez	University of Medicine & Dentistry of New Jersey, Camden
Nicole Tetreault	University of Rochester
Matthew Thomashefski	New York Medical College
Sarah Vengal	Northeast Ohio Medical University

### Internal Medicine/Pediatrics

Ugo Awa	University of Texas Medical Branch at Galveston
Laura Bowen	University of Rochester
Erica Braverman	Brown University
Brian Dizon	University of Alabama
Courtney Gardner	University of Rochester
Charity Idowu	Texas A&M
Katherine Krol	Pennsylvania State University
John Wax	Albany Medical College

### Internal Medicine

Samuel Ballentine	New York University
Anton Bazarov	Northeast Ohio Medical University

Daniel Boucek	Temple University
Matthew Brockway	University of Rochester
Sana Chaker	Wayne State University
Jason Costa	University of Rochester
Usama Daimee	Dartmouth Medical School
Megan DeGrouchy	University of Rochester
Heng Gan	Temple University
Rickinder Grewal	University of Connecticut
Neha Kumar	Weill Cornell Medical College
Stewart Mahler	University of Arkansas
Colin McHugh	Drexel University
Dmitriy Migdalovich	University of Rochester
Adam Norman	University at Buffalo, SUNY
Thomas Rodgers	Pennsylvania State University
Kerry Roe	University of Virginia
Jesse Schenendorf	University of Rochester
Megan Schlagman	Weill Cornell Medical College
Scott Stroup	Georgetown University

### Internal Medicine/Preliminary

Sean Cleary	Downstate Medical Center, SUNY
Leana Doherty	University of Rochester
Abdualrahman Hamad	Wayne State University
Margaret O’Donoghue (Moult)	University at Buffalo, SUNY
Keith Olsen	University of Rochester
Christopher Richardson	University of Rochester
Anna Land (Suozzi)	University of Louisville

### Internal Medicine/Research Pathway

Rachael Turner	University at Buffalo, SUNY
Vanessa Milano	University of Texas, San Antonio
Tyler Schmidt	Lake Erie College of Osteopathic Medicine

### Neurology

Katherine Amodeo	University at Buffalo, SUNY
Jennifer Choudri	University of Rochester
Jenie George	University of Rochester
Elliot Johnson	University of Minnesota
Jorge Risco	Universidad Peruana Cayetano Heredia
Neal Weisbrod	University of Rochester



### Child Neurology

Bo Hoon Lee University of Rochester  
 Roxana Pourdeyhimi Medical University of South Carolina

### Obstetrics-Gynecology

Elizabeth Bard University of Minnesota  
 Lauren Coyle Pennsylvania State University  
 Beatriz Folch  
     Torres-Aguiar University of Rochester  
 Ethan Gable University at Buffalo, SUNY  
 Whitney Hanan University of Washington  
 Stefanie Hollenbach The Commonwealth Medical College  
 Tessa Reisinger Emory University  
 Daniel Terk University of Massachusetts

### Orthopaedic Surgery

Jon Hedgecock University of Nebraska  
 Nathan Kaplan University at Buffalo, SUNY  
 Meghan Kelly University of Rochester  
 Daren McCalla Columbia University  
 Richard Okafor Morehouse School of Medicine  
 Joseph Schaffer University of Virginia  
 Benjamin Strong Wayne State University

### Otolaryngology

Hilary Davis University of California, Davis  
 Katerine Rieth University of Hawaii

### Pathology

Diana Agostini Northwestern University  
 Meenakshi Bansal Government Medical College Chandigarh  
 Sachica Cheris American University of Antigua  
 Sapna Patel Xavier University  
 Shana Straub Albany Medical College

### Pediatrics

Sarah Boatwright Medical University of South Carolina  
 Anna Bottar Upstate Medical University, SUNY  
 Kayleigh Fischer Stony Brook University, SUNY  
 Margaret Hart University of Rochester  
 Sarah Hodges Upstate Medical University, SUNY  
 Catherine Krafft University at Buffalo, SUNY  
 Clara Lampi Dartmouth Medical School

Deanna Maida University of Illinois, Peoria  
 Andrea Milne Creighton University  
 Emily Nebzydowski Pennsylvania State University  
 Candace Tannis New York University  
 Peymaun  
     Vakhshoorzadeh University of Vermont  
 Adam Weis University of Rochester  
 Jared Winikor University of Vermont

### Physical Medicine and Rehabilitation

Kristen Brusky University of New England  
 Nicholoas Love Temple University  
 Nicole Strong (Stegenga) Northwestern University

### Plastic Surgery (Integrated)

Adam Calarese Drexel University  
 Leo Gribelyuk Dartmouth Medical School

### Psychiatry

Aspen Ainsworth University at Buffalo, SUNY  
 Tara Holter Upstate Medical University, SUNY  
 Rachael Jones University of Medicine & Dentistry of New Jersey  
 Kirsten Kesseboehmer University of Minnesota  
 Adam Simning University of Rochester

### Radiology (Diagnostic)

Weston Caywood University of Texas, Houston  
 Sean Cleary Downstate Medical Center, SUNY  
 Carrie Gomez Touro University  
 Kevin He New York Medical College  
 Zhongxia Hu Mount Sinai  
 Andrew Olsen Northwestern University  
 Vijay Pandya Northeast Ohio Medical University  
 Anthony Portanova University of Rochester  
 Leah Rossett Upstate Medical University, SUNY

### Radiation Oncology

Michael Cummings Upstate Medical University, SUNY

### Surgery – General

Adriane Argenio New York Medical College  
 Paige Myers Upstate Medical University, SUNY  
 Ankit Patel University of Medicine & Dentistry of New Jersey  
 Aaron Sabbota Wayne State University  
 Aqsa Shakoor University of Rochester  
 Emilie Wasserman University of Rochester  
 Zhaomin Xu University of Rochester

### Surgery – Preliminary Urology

Scott Quarrier Stony Brook University, SUNY  
 Matthew Truong University of Wisconsin

### Surgery – Preliminary/Non-designated

Abdl-Rawf Al-Nowaylati University of Jordan  
 Neha Pawar Acharya Shri Chander College of Medical Sciences

### Surgery – Vascular

Doran Mix University of Rochester

### Surgery – Thoracic

Fabio Sagebin New York University

# Forever



*Blumberg*

**RUTH BLUMBERG** was always grateful to her physician and friend **Dr. George L. Engel**. She wanted his legacy to live on forever, and her gifts in his memory at the University of Rochester accomplished just that. Her combination of outright and planned gifts maximized her giving potential, endowing a lecture series and teaching fellowship in Dr. Engel's name and helping to support the Engel Professorship, among other gifts. Blumberg's philanthropy will immortalize Dr. Engel's contribution to medicine as

a co-creator of the Biopsychosocial Model and promoter of the sanctity of the physician-patient relationship. By honoring someone who made a profound impact on her life and the lives of countless others, Ruth created her own legacy of gratitude.



*Engel*

## Imagine *your* legacy. Plan today to make it happen.

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If you see any alumni whom you would like to contact, use the Online Directory at [www.alumniconnections.com/URMC](http://www.alumniconnections.com/URMC) to find address information.

Submit your class notes to your class agent or to [RochesterMedicineMagazine@urmc.rochester.edu](mailto:RochesterMedicineMagazine@urmc.rochester.edu).

Note: MD Alumni are listed alphabetically by class, Resident and Fellow alumni follow in alphabetical order, and Graduate Alumni are listed separately in alphabetical order.

## MD Alumni

### 1949

**Alma Leong** writes: "Alma Leong and **Bob Neubecker** (BA '46, MD '49), now together, are living sedentary lives in Hawaii's Manoa Valley with Alma's twin daughters, Carol and Susan. When we venture out we use our walkers and we are grateful to be able to do so. We read, watch DVD's—currently the (very long) Chinese movie adapted from the classic Chinese novel: "The Dream of the Red Chamber." For thrills we take long drives around beautiful Oahu. And, of course, we reminisce. We often think fondly of our classmates and watch for word of them in *Rochester Medicine*. We send warm greetings to all you 49'ers."



### 1955

**Bill Hammon** writes: "I still have an early a.m. pulse, but no more tennis or skiing.... nor am I pregnant. I am a great grandpa x2 and am extremely happy. Still married to Pat (42 years)."

**Douglas B. Hansen** writes: "In 2011 the American Academy of Child and Adolescent Psychiatry named, in perpetuity, its annual review course for the American Board Exams,

The Douglas B. Hansen, M.D. Annual Review Course in Child and Adolescent Psychiatry. I began this course in 1976 at the request of the Academy, in part because I was head of the Division of Child and Adolescent Psychiatry at Baylor College of Medicine and had the largest residency program. Last year, the Academy also recognized me and six colleagues for beginning a child and adolescent study group that has met monthly for 44 years. I was also honored by the West Oaks Hospital. In the late 70's, I was among its initiators and founders, and former medical director, of this 182-bed adolescent psychiatric hospital. It is still the largest psychiatric hospital in Houston.

I retired from the Baylor College of Medicine in 1987 and ended my psychoanalytic practice in 1994. I have been good at retirement and marriage. Rochester was good to me, I remember it very well."

**Walter J. Pories** (R '62) has been honored by The Harris County Medical Society (HCMS), the professional association for Harris County physicians, and the Houston Academy of Medicine (HAM), the scientific and charitable organization of HCMS physicians. Dr. Pories was honored as renowned surgeon, educator and international leader in research with the John P. McGovern Compleat Physician Award which was presented to him in January. The John P. McGovern Compleat Physician Award is a national award presented annually by HAM to recognize a multi-accomplished physician who exemplifies the Oslerian ideals of medical excellence, humane and ethical care, commitment to medical humanities and writing, research, and harmony between the academician and medical practitioner.

### 1964

**Larry Nazarian** (R '66) has retired from the board of *Pediatrics in Review*, after 27 years of affiliation with the journal, eight as editor-in-chief. He was humbled to receive the 2012 American Academy of Pediatrics Education Award, an honor that would not have been possible if the School of Medicine and Dentistry did not encourage community practitioners to be active teachers of residents and medical students.

### 1965

**Bert Messenbaugh** writes: "Dear Class of 1965, I remain well and happy having had no valve or joint replacement. I remain happily married after 48 years to Hildegard, who was a class behind us in med school. We have lived in Denver since 1966 and have loved it. We have a house in Vail and still snow ski, hike, and golf. We have a house on the gulf side of Florida where we spend three months per year and just love it. We have had time to travel to China, Hong Kong, Vietnam, Cambodia,

Turkey Greek Isles, Egypt and others. We have three terrific grandchildren who live in the Denver area, so we can see them fairly frequently. I retired from orthopedic surgery in 2001, but continue doing consulting. I have been blessed with a good, healthy life, a great wife, fine children and grandchildren, and I look forward to the next who knows how many years. My best to each and all of you."

**Ralph F. Stroup** has been working in Kenya, developing primary health care infrastructure, clean water, and educational initiatives since 2008. In 2012, a \$29,000 solar well pump was installed in the village of Lokusero, Kenya, where a regional health clinic is located. For the first time, this area has reliable water that is not dependent on diesel fuel. Continued support of a maternity unit in Chumvi, Kenya, and an educational grant for a midwife to complete her RN diploma were also provided, making this a banner year. Visit [www.KHCI.org](http://www.KHCI.org) for additional information, or contact Ralph at [ralph.f.stroup@gmail.com](mailto:ralph.f.stroup@gmail.com).

### 1968

**Bill Olmsted** (R '69) writes: "After 23 years of working for the Radiological Society of North America, I retired as editor of *RadioGraphics* (one of its journals) in December of 2011. I received the Gold Medal of the Society in November 2012."

### 1969

**Norman P. Spack** writes: "At the September '12 annual Williams College Convocation, I received a Bicentennial Medal — awarded to five alumni 'for lifetime achievement in a field of endeavor.' A member of the Class of '65, I was honored for my work on behalf of transgender youth, having started the first interdisciplinary Gender Management Service in a Pediatric Academic Center in the USA. (The Co-Founder/Co-Director of the clinic is **David Diamond** MD, M '78). The seeds of my interests in adolescents were planted at U of R by Charlie Solky MD, Chris Hodgman MD, Lissa McAnarney MD, and Stan Friedman MD, and I am forever indebted to them.

### 1970

**John R. Richert** (R '72) is VP, Neurology Franchise, Global Medical Affairs at Biogen Idec, Inc in Cambridge, MA. Wife **Nancy Dembeck Richert** (PhD '72) and MD from Georgetown, serves as Biogen's radiologist responsible for developing MRI protocols for clinical trials and for personalized medicine initiatives.

### 1976

**Howard L. Beaton** writes: "I am honored to be finishing my term as president of the New York Surgical Society this year. I continue in the active practice of general surgery in lower

Manhattan, and live on the Upper West Side and in Connecticut. I enjoy my children and two grandchildren who live nearby. Sadly, Bettye, my wife of 30 years, passed away nearly two years ago after a long fight against AML."

**Walter J. Hales** (R '83) writes: "My wife, Maureen and I have recently returned from 18 months of missionary service for our Church in the United Kingdom. Though I was not able to practice medicine, I did help evaluate the health issues for over 600 young and senior missionaries. I have fully retired from a busy hand surgery practice and am enjoying exploring other interests and hobbies. We'll continue to do lots of travel to see our 17 grandchildren who are living in various parts of the USA and world."

**Jean A. Hinlicky** writes: "I continue to work in my private practice in child psychiatry/behavioral peds three days a week, and consult at a local public school for emotionally handicapped kids the fourth day. Have earned one day a week off after 35 years in practice! Spouse Larry continues to teach law/psychology and behavioral finance as an adjunct at Hopkins. Son Matt, 28, who has a masters of public policy from Kennedy School of Government, continues his search for the perfect job in D.C. and just got engaged to Julia, whom we love very much and who manages Matt very well! Coincidentally, Julia is finishing her Ph.D. at Harvard, while our daughter Sarah, 25, is working on her master's of science there—both in global public health. We have been spending increasing time in Santa Fe, enjoying the inspiring natural beauty and climate of the southwest desert.

With the illnesses and losses of three of our parents in recent years, I have realized what a fine education I had at Rochester. Somehow, the knowledge and thinking skills that we received helped me manage the aging of these parents as well as I could hope, even though my training was in children's medicine. I will always be happy that I made the choice to attend U of R back in 1972. I would welcome contact with anyone who's interested. [jean.hinlicky@gmail.com](mailto:jean.hinlicky@gmail.com)."

## 1978

**Holly Atkinson** (R '79) and **David Waldman** (MS '83, MD '88) are Alpha Omega Alpha (AOA) 2013 inductees. AOA is a national medical honor society. Election is a lifelong honor signifying a lasting commitment to scholarship, leadership, professionalism, and service. Membership in the society confers recognition for a physician's dedication to the profession and art of healing.

**Fred G. Bromberg** has accepted a position at Wake Forest Baptist Health as Medical Director, Care Coordination and Utilization Management. An expert in health care resource management, he will work collabora-



**Bill Kuzon** (BA '77), **Joe Losee** (MD '94, R '99), and **Joe Serletti** (MD '82, R '88) serve as directors of the American Board of Plastic Surgery.

tively with hospital management and medical staff to achieve quality and efficiency goals through optimal utilization of hospital resources, and will advise on practice patterns, issues of medical necessity, regulatory compliance and payer collaboration. Previously, Dr. Bromberg served as Medical Director of Clinical Resource Management for Atlantic Health System in Morristown, NJ.

## 1979

**Renee E. Fox** (R '82) is the executive director of the Institute for a Healthiest Maryland. Previously, she was an associate professor in the Department of Pediatrics of the University of Maryland's School of Medicine. She is a member of the American Academy of Pediatrics Committee on Federal Government Affairs and served on several state committees focusing on the health of newborns and mothers.

**Phyllis B. Montellese** writes: "I am currently working for Martha Jefferson Hospital in an office practice for Family Medicine. I am also board certified in Geriatrics and Sports and am very busy. This year I had a spine fusion after a previous non union of a fusion and grade 4 Spondylolisthesis. I had fusion from L3 to S1 with bilateral iliac screws, so I am still not back to work full-time. My husband and I own a small farm. We sell at the local farm market where I had been a market manager, prior to my surgery. We have goats and are kidding in mid-March — so I get to use my OB skills. I have two grown children and two grandchildren."

**James D. Potter** writes: "I live in Jaffrey, NH, with my wife, Patti. We have three adult children, one of whom has been accepted to medical school. I am working half-time in my family medicine office while serving as president of the medical Staff at the local

hospital, medical director at two local long-term care facilities, and president of the New Hampshire Medical Directors Association. I was trying to semi-retire, but as I give up one thing, it seems there are two more to take its place."

**Kathleen Zeller** has joined Southcoast Physicians Group in Portsmouth, RI. Dr. Zeller's clinical interests include preventive health and wellness, type 2 diabetes, hypertension, thyroid disease, hyperlipidemia, depression and anxiety. She is a diplomat of the American Board of Internal Medicine

## 1981

**Craig E. Hohm** (R '84) has retired after a career in emergency medicine and is living in Penn Yan, New York with his wife Sue.

**Bill Kuzon** (BA '77), **Joe Serletti** (MD '82, R '88) and **Joe Losee** (MD '94, R '99) serve as directors of the American Board of Plastic Surgery. The American Board of Plastic Surgery is one of the 24 medical specialty boards that make up the American Board of Medical Specialties (ABMS). Boards were founded to protect the public by assessing and certifying doctors who meet specific educational, training, and professional requirements. The American Board of Plastic Surgery has 18 directors. In American Plastic Surgery, it is considered the highest honor to be elected a director of this board. Directors are all nationally renowned, having made numerous substantial contributions to Plastic Surgery, both clinically and academically. URMC is the most common medical school attended among the 18 directors with three alumni serving as directors.

**David B. Nash** received the 2012 Joseph Wharton Social Impact Award in a ceremony at the Essex House Hotel in New York City on October 4, 2012. The award was presented by

Dr. Mehmet Oz. David Nash MD, MBA, is currently dean of the Jefferson School of Population Health in Philadelphia, PA. (See photo below)

## 1982

**Joe Serletti** (R '88) – See MD Class of 1981

## 1984

**Brian J. Zink** is the Frances Weeden Gibson - Edward A. Iannuccilli, MD, professor and chair of the Department of Emergency Medicine at the Alpert Medical School of Brown University, and chief of Emergency Medicine at Rhode Island and The Miriam Hospitals. In 2011, Dr. Zink became the assistant dean for Medical Student Career Development at Brown. In May 2012, Dr. Zink began his term as president of the Association of Academic Chairs of Emergency Medicine (AACEM).

## 1987

**Ted A. Behar** writes: "I just got back from an outstanding trip to eastern central British Columbia for a week of extraordinary heli-skiing at Crescent Spur Lodge. We enjoyed wonderful conditions in the Canadian Rockies and Cariboo Mountains, skiing fresh, steep powder lines every run. Heli-skiing is rightfully the pinnacle of skiing experiences. The helicopter affords you access to innumerable, otherwise unobtainable, lines of wilderness high alpine bowls and deep powder tree skiing. The lodge experience shared by friends around the bar and dinner table only adds to a, hopefully annual, once in a lifetime vacation. For those so inclined and able, I recommend it without reservation. Now it's time to get back to my practice in aesthetic and reconstructive plastic surgery, here in the suburbs of Nashville, TN."

## 1988

**Loc T. Le** recently became the chairman of the National Task Force on Hepatitis B: Focus on Asian and Pacific Islander Americans. At this start of his two year tenure as chairman of the Task Force, Dr. Le will dedicate himself into educating the nation about Hepatitis B and advocate for research, prevention, and treatment of the disease.

**David Waldman** (MS '83) – See MD Class of 1978

## 1993

**Jeffrey A. Goldstein** (BS '89, R '96) has joined the Newark-Wayne Medical Staff and is now providing diagnostic and treatment services for intestinal/colorectal conditions in Wayne County. He is the director of Gastroenterology Outreach for Rochester General Health System.

## 1994

**Michelle A. Albert** has been named the Vivian Beaumont Allen Endowed Chair and professor of Medicine, chief of the Division of Cardiovascular Medicine and director of Cardiovascular Disease Research at Howard University College of Medicine and Howard University Hospital.

**Richard A. Howard** writes: "Life has taken me and my cardiology practice to Bismarck, North Dakota. It reminds me of Rochester, with colder winters but less snow. Yes, believe it or not, winters are easier in North Dakota than Rochester, NY! I am board certified in cardiology, interventional cardiology and echocardiography and am the medical director of echocardiography and noninvasive studies. I still have a home and family in South Florida and spend nearly half a year there if you want to look me up."

**Joe Losee** (R '99) – See MD Class of 1981

## 1995

**Daniel Mendelson** (MS '93) has been awarded Certified Medical Director in Long Term Care (CMD) designation by the American Medical Directors Certification Program (AMDCP). He serves many roles, including medical director at the Highlands at Brighton and Monroe Community Hospital and co-director of the Geriatric Fracture Program and director of Palliative Care at Highland Hospital.

## 1996

**Garrett Lam** writes: "I have moved to Chattanooga, TN with my wife and three boys from Phoenix, where we have been for the last nine years. This move brings the opportunity to become partner in a five-person group in Maternal Fetal Medicine. I also serve as assistant director of the Ob/Gyn residency program for the U. of TN-Chattanooga Branch, and received an appointment as associate professor in the Dept of Ob/Gyn for UT. I have unfortunately given up my career in fetal surgery, and now am focusing on research, consultation, and product development for private industry concerns. Our chief project concerns a potential temporizing treatment for severe preeclampsia. A paper in the gray journal is anticipated."

## 2002

**Adam G. Kelly** (R '06) has been named Highland Hospital's chief of Neurology. He has been involved in neurological care at the hospital since April 2010, serving as the director of Highland's Stroke Center.

## 2005

**Todd A. Florin** (BA '00) writes: "I have started on faculty as assistant professor of Pediatrics in the Division of Pediatric Emergency Medicine at Cincinnati Children's Hospital Medical Center after completing my pediatric residency and chief residency and pediatric emergency medicine fellowship at The Children's Hospital of Philadelphia. In addition to my clinical and teaching duties, I am developing a research program around risk stratification using clinical and translational methods for children with acute lower respiratory tract infections. My wife, Kemper LeCroy Florin (ESM, MM '05), and I welcomed our son, Nathaniel Wills, into the world on July 3, 2011. He is now 18 months old and is starting to really tell us what he's thinking!"

## 2006

**Ronald P. Bossert** (R '11) has joined the University of Rochester Medical Center as



assistant professor of Surgery and the director of the Life After Weight Loss Program. He will be collaborating with Highland Hospital's Bariatric Surgery Center to provide safe and effective surgical options to meet each patient's goals. He recently completed a fellowship in body contouring surgery at the University of Pittsburgh Medical Center.

**David W. Schippert** (R '11) has joined Ferrell-Duncan Clinic. He is also a member of the American Academy of Orthopedic Surgeons, the American Society for Surgery of the Hand and the Arthroscopy Association of North America.

## 2008

Samuel Takeo Song was born on 8/7/12 to parents Soon-IL and **Celeste (Sharplin) Song**.

**Lisa M. Cannon** will be graduating from the General Surgery Program at New York Presbyterian Columbia University Medical Center in June 2013. She matched for fellowship in Colon and Rectal Surgery at University of Chicago/Northwestern for the 2013–2014 academic year. Life and work are great!

## 2009

**Zarina Ali** (BS '04) and **Umar Ehtisham** (BA '03) welcomed their son, Zia Ali Ehtisham on June 30, 2012. Zarina is in her fourth year of neurosurgery residency at the University of Pennsylvania.

# Resident / Fellow Alumni

**Julian Aroesty** (Flw '63) writes: "I was born in Rochester and had every intention of remaining there at Strong, but the more attractive offer from Boston brought me back to Harvard Med and the Beth Israel, where I had trained. I have never regretted the move, retiring now after almost half a century in cardiac cath (starting with Paul Yu). The BI gave me the unique opportunity to combine a part-time private practice with a half-time academic position. At retirement, I was an associate clinical professor of Medicine at HMS and I had authored 50 peer-reviewed papers, 12 chapters, and numberless CME talks. Over the years, there have been many URMIC applicants to our house staff training program. I remember my years at Strong and the many outstanding physicians from whom I learned and with whom I trained and served. I have had a large experience as an expert witness in malpractice cases — almost all for the defense, although there are a few egregious examples of malfeasance that have induced me to support the plaintiff. I have been giving a CME malpractice talk to physicians with the caveats that are important to understand when being examined under oath at a deposition or at trial.

I did not look forward to retirement, but it has given me an opportunity to cycle for two hours daily and I keep up with medicine/cardiology, attending conferences at the hospital when I am in Boston, consulting and following my passion to read history for a couple hours per day."

**Holly Atkinson** (MD '78, R '79) – *See MD Class of 1978*

**Vlad Bogin** (R '01) writes: "I have assumed a position of a chairman of the Board of Medistem Inc., a publicly traded company that is developing an adult, universal donor stem cell product — Endometrial Regenerative Cell."

**Ronald P. Bossert** (MD '06, R '11) – *See MD Class of 2006*

**Art J. DeCross** AGAF (R '91) is associate professor of Medicine in the Division of Gastroenterology and Hepatology at URMIC. He is in his 16th year there as full time faculty, and for the last 12 years has served as program director for the GI Fellowship Training Program. This year Dr. DeCross is editor in chief of the gastroenterology text, *Digestive Diseases Self Education Program* (DDSEP 7). He is concluding his term as inaugural chair of the national GI Training Program Directors'

Caucus. His daughter Stephanie, born while Dr. DeCross was a third year medical resident at Strong Memorial, is now graduating Dartmouth College, and his son, Matthew, is a freshman at the Massachusetts Institute of Technology.

**Renee E. Fox** (MD '79, R '82) – *See MD Class of 1979*

**Jeffrey A. Goldstein** (BS '89, MD '93, R '96) – *See MD Class of 1993*

**Walter J. Hales** (MD '76, R '83) – *See MD Class of 1976*

**Craig E. Hohm** (MD '81, R '84) – *See MD Class of 1981*

**Adam G. Kelly** (MD '02, R '06) – *See MD Class of 2002*

**Alok Khorana** (R '01) Vice chief of the Hematology/Oncology division at the James P. Wilmot Cancer Center, has been appointed chairman of the Hemostasis and Malignancy Subcommittee of the International Society of Thrombosis and Haemostasis (ISTH). The appointment signifies Khorana's growing reputation as a global authority on thrombosis and other blood disorders.



**Gregory L. Lakin** (R '11) writes: "After graduating from the UCLA Craniofacial Surgery Fellowship, I was appointed chief of the Division of Plastic Surgery and director of the Craniofacial Center at Rainbow Babies and Children's Hospital. I am also an assistant professor in the Department of Plastic Surgery at Case Western in Cleveland, OH. My wife, Margaret Hamm Lakin (UR SON MSN '11) and I just celebrated our three year wedding anniversary."

**Joe Losee** (MD '94, R '99) – *See MD Class of 1994*

**Elizabeth R. McAnarney** (Flw '70) professor and Chair Emerita of Pediatrics at the University of Rochester Medical Center will receive the 2013 John Howland Medal from the American Pediatric Society, the highest honor

bestowed by the American Pediatric Society. She earned the award because of her groundbreaking work helping to develop the board-certified subspecialty of Adolescent Medicine, her research examining the best ways to care for pregnant adolescents and her career-long commitment to education and mentorship. She will officially receive the Howland medal and an honorarium in May at the Pediatric Academic Society meeting in Washington, D.C.

**Harry Miller** (R '61) writes: "I was surprised and very pleased to receive a letter from the American Urological Association notifying me that I will be awarded the William P. Didusch Art and History Award at the AUA Annual Meeting in May. I suspect it is for work I did on the Centennial History of Urology published in 2003. I wrote two chapters. I also compiled nearly 20,000 items of historical interest, from which probably two or three thousand were inserted in the margins to provide some reference of what was happening in the world at the time being discussed in the individual chapters. I served vigorously on its editorial board.

I also helped to write the 50 Year Anniversary of the Washington Urological Society in 1985, and serving as historian of the American Association for Clinical Urologists after being president of that society in 1993.

At Rochester, I completed the Urology residency in 1961 and remained on the full-time faculty until 1971, when I departed for a faculty position at the University of Oklahoma under Wm. L. Parry, M.D., a U of R alum who was chair of Urology there. After two years in Oklahoma City, I left to become the chair and professor of Urology at George Washington, and retired from there nearly 18 years ago. Best wishes to all."

**Roger Meyer** (R '59) writes: "I just achieved Emeritus Professor of Pediatrics and Public Health at the University of Washington. I created a permanent lectureship honoring practitioners, serve as docent at several museums, and archivist at First Unitarian Church in Portland, Oregon. I credit a lot of my developmental success to the years at Rochester. I also started the rowing club there, which has evolved into a varsity sport. Thank you for encouraging me during those critical formative years, which generated my first two books."

**Larry Nazarian** (MD '64, R '66) – See MD Class of 1964

**Bill Olmsted** (MD '68, R '69) – See MD Class of 1968

**William A. Petit, Jr.** (R '85) has been named as one of the Top 50 Most Influential People in Connecticut by *New Haven Living and*



*Hartford Magazine.*

**John R. Richert** (MD '70, R '72) – See MD Class of 1970

**David W. Schippert** (MD '06, R '11)  
– See MD Class of 2006

**Joe Serletti** (MD '82, R '88) – See MD Class of 1982

## Graduate Alumni

**Theresa L. Chen** (PhD '74) is on the board of directors for the America Chinese Evangelical Seminary in Sunnyvale California. She wore her University of Rochester regalia to present a certificate to a student receiving a Master of Divinity degree at the December 2012 commencement.

**Jiawen Han** (MS '89, PhD '92) has been director of Biologics at AstraZeneca, Innovation Center China (ICC) in Shanghai China since Jan. 2012.

**Daniel Mendelson** (MD '95, MS '93) – See MD Class of 1995

**Nancy Dembeck Richert** (PhD '72) – See MD Class of 1970

**David Waldman** (MD '88, MS '83) – See MD Class of 1988

## William A. Bernhard, Ph.D.

William A. Bernhard, Ph.D., a faculty member for more than four decades, ran a renowned research program that was funded by the National Cancer Institute for 37 consecutive years. Jeffrey J. Hayes, Ph.D., chair of the Department of Biochemistry and Biophysics, notes that is a true testament to the quality of his work, the high regard of his peers, and his commitment to training future scientists.

“Bill was a biophysicist of the highest order, working at the forefront of understanding how radiation damages our genetic material. His unique command of both the biological and physical aspects of radiation damage earned him the respect and recognition of his colleagues

worldwide,” says Dr. Hayes.

In the last year of his life, Dr. Bernhard finished the Alpe d’Huez triathlon in France, earned the title of oldest finisher of the SavageMan half-ironman in Maryland, and took a three-week Himalayan trek in Bhutan, numerous trips with his wife, and skiing days with his children and grandsons.

“He said a number of times that, if a person could script his last year of life, his was perfect,” said his daughter, Mandy Kittelberger.

Dr. Bernhard, who had a rapidly progressing neurological motor system disease, died in May. He is survived by his wife, Patricia Bernhard, his two children, and five grandchildren.



## Annemarie Groth-Juncker, M.D.

Annemarie Groth-Juncker, M.D. followed her passions throughout her life and her career, which spanned the globe and many different fields.

The former clinical associate professor of Medicine at the U of R was most renowned for her groundbreaking work in geriatric care. In the 1980’s, she started one of the nation’s first home health care programs focusing on older adults who wanted to die at home. This work paved the way for her

to become the medical director at St. John’s Home before returning to her native Switzerland to set up a geriatric program in Zurich. Dr. Groth-Juncker later started the geriatric consult service at Strong Memorial Hospital, and developed guidelines for terminal care that have become standard in nursing homes.

“She is one of the reasons why Rochester is noted to be a leader in geriatrics, and the passion she had continues in those of us in the field,” says Kevin McCormick, M.D., Ph.D., medical director of Geriatrics and Medicine Associates —

an outpatient senior health care practice inspired by Dr. Groth-Juncker’s work.

Dr. Groth-Juncker loved sharing her passion and skills with medical students, residents, and fellows. After retiring, she taught T’ai Chi and Qi Gong to community groups, including cancer survivors and older adults.

Dr. Groth-Juncker passed away in July. She is survived by her husband John Groth-Juncker, as well as relatives and friends in the U.S., Switzerland, and Germany.

## Caroline “Caren” Breese Hall, M.D.

Caroline “Caren” Breese Hall, M.D. was known throughout the world for her research on viral diseases in children. And she will be remembered throughout the URMC community for her outstanding scholarship, brilliant teaching ability, and kind, gentle nature.

Dr. Hall conducted seminal studies on respiratory syncytial virus (RSV) and human herpes viruses 6 and 7, publishing more than 500 articles.

“Her research and publication efforts will undoubtedly continue to inform clinical practice long into the future,” says Nina F. Schor, M.D., Ph.D., William H. Eilinger Professor and chair of the Department of Pediatrics, and pediatrician-in-chief of Golisano Children’s Hospital. “This is an enormous loss for the world of pediatrics and a personal loss for so many of us in URMC Pediatrics.”

Elected to the Institute of Medicine and the Royal College of Physicians, Dr. Hall

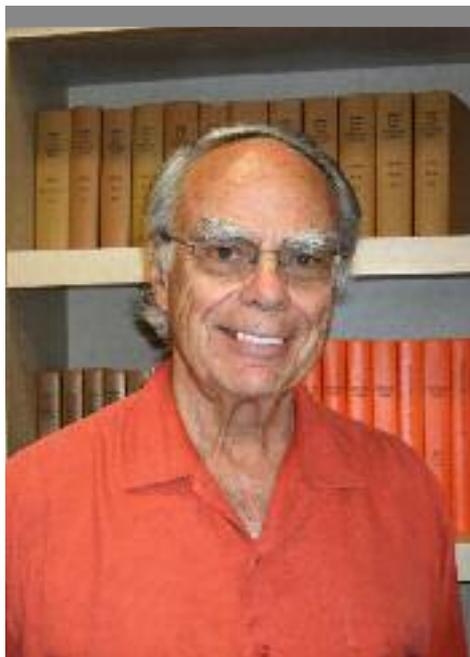


was a founding member and fifth president of the Pediatric Infectious Diseases Society, chair of the American Academy of Pediatrics (AAP) Committee on Infectious Diseases, and a member of the CDC Advisory Committee on Immunization Practices. Her numerous awards included the AAP Award for Lifetime Contribution to Infectious Disease Education and the Robert M. Chanock Lifetime Achievement Award.



Upon her death in December, the Pediatric Infectious Diseases Society issued a statement declaring Dr. Hall “will evermore serve as an inspiration to pediatricians across the globe.”

Dr. Hall is survived by her husband William J. Hall, M.D., her son, two daughters, and six grandchildren.



### W. Jackson "Jack" Hall, Ph.D.

W. Jackson "Jack" Hall, Ph.D., emeritus professor of Statistics, professor in the Department of Biostatistics and Computational Biology, and an international authority on statistical designs for modern clinical trials, died peacefully in October.

Dr. Hall's groundbreaking work included the conversion of a mathematical theory known as sequential design for application in clinical trials. Sequential design became a national model. It enables researchers to closely study fewer patients

and stop clinical trials earlier, while still obtaining powerful insight about the viability of an experimental treatment and its effect on patients.

His statistical designs were applied broadly within the Heart Research Follow-up Program at URM. He was deeply involved in the success of the MADIT clinical studies, which improved treatment for legions of heart patients.

"He was simply a great man with a great mind, which made him a desired teacher, mentor, and friend," says Wojciech Zareba, M.D., Ph.D., professor of Medicine/Cardiology and director of the Heart Research Follow-up Program.

Dr. Hall served as chair of the U of R Department of Statistics for 14 years. He was instrumental in developing the doctoral program in Statistics, and later was a force behind the formation of what is now the Department of Biostatistics and Computational Biology in the SMD. In 2004, he was the first recipient of the Lifetime Award for Graduate Education, conferred by the U of R to honor his love of teaching and exceptional commitment to students.

In addition to his wife Nancy Hall, he is survived by three children, two stepchildren, and seven grandchildren.



### Robert A. Hoekelman, M.D.

Robert A. Hoekelman, M.D. loved children, and dedicated his life to making their lives better.

"Dr. Hoekelman was passionate about the best interests of children," says Elizabeth R. McAnarney, M.D., chair emerita of the URM Department of Pediatrics.

Dr. Hoekelman began his career in 1955, becoming the first pediatrician in Canandaigua, New York. He was later recruited by URM, where he spent more than three decades improving the quality of children's care in Rochester. As chair of the Depart-

ment of Pediatrics from 1983 to 1993, he built the Strong Children's Medical Center, a comprehensive children's hospital that would later become Golisano Children's Hospital. As more families traveled to Rochester for treatment, Dr. Hoekelman championed the need for a Ronald McDonald House and helped establish one on University grounds.

During his tenure as chair, Dr. Hoekelman also founded the Strong Children's Research Center — bringing together faculty members who were conducting pediatric studies in 27 different departments and divisions across the university.

"He was very inviting, never territorial, and very inclusive," says Harvey J. Cohen, M.D., Ph.D., former associate chair for Research and Development. "People saw that and wanted to be part of what his vision was."

Dr. Hoekelman helped launch a program, now called The Hoekelman Center, that places residents, fellows, and medical students in community organizations to receive training.

He was 85 years old when he passed

## In Memoriam

Marjanne Crino (R '11)  
 William M. Edmonstone (MD '43)  
 Frank W. Furth (MD '47)  
 Julian S. Gibbs (PhD '69)  
 Arnold Golodetz (MD '53)  
 Duncan A. Gordon (R '64)  
 Caroline Hall (MD '64)  
 Winston Vernon Hamilton (MD '76)  
 Horace F. Husser (MD '41)  
 Kenneth A. Kinnamon (MS '61)  
 Joseph A. Kochen (MD '60)  
 John G. Leinen (PhD '77)  
 Donald C. Logan (R '73, FLW '73)  
 Richard W. Loughry (MD '60)  
 James B. MacWhinney (MD '54)  
 Ernest P. Mennillo (MD '52)  
 Robert Nye (MD '45, FLW '51)  
 Andrzej Okreglicki (FLW '99)  
 John F. O'Leary (MS '49, PhD '51)  
 Raymond D. Olson (R '68)  
 Joseph S. Pizzuto (MS '58)  
 Karl J. Poppe (MD '37)  
 Dennis Charles Quinlan (PhD '73)  
 Carolyn E. Reed (MD '76)  
 Stanley Schwartzberg (MD '65)  
 Kirk R. Stetson (MD '53)  
 Michael R. Spaulding (MS '87)  
 Muriel Straetz (MD '45)  
 Donald Sun (R '93)  
 Edward T. Toyooka (R '88)  
 Lloyd D. Tuttle (MD '42)  
 Michael L. Watson (PhD '52)  
 Hubert C. Woodsum (MS '53)

away in March. Dr. Hoekelman was predeceased by his wife, Ann Sheeler Hoekelman. He is survived by his four daughters and eight grandchildren.



# New Leaders Part 1

Continued from page 19

may have had one patient in his career with testicular cancer. The oncologist is more focused on the next patient than the survivor," says Friedberg, explaining the rationale behind the clinical cancer survivorship program, one of several new clinical initiatives being introduced by the Wilmot. "One of the most wonderful challenges we have today is managing the ongoing health care needs of a rapidly expanding population of cancer survivors."

Cancer and cancer treatment are often followed by delayed or long-term physical and psychological effects such as heart or lung impairments, osteoporosis, chronic fatigue, emotional difficulties, and a higher risk of developing a secondary cancer. Under the clinical survivorship program, patients and their families receive recommendations for follow-up visits and surveillance tests, monitoring for signs and symptoms of disease reoccurrence, diet and

exercise, and even financial issues. If problems develop, the survivorship program has a panel of specialists who can quickly step in.

## Becoming the ultimate cancer resource for Rochester

"Cancer is a disease that touches virtually everybody, either personally or through someone they know," notes Friedberg.

Research and cancer care are critical, but there is also a widespread need for timely, accurate information and learned advocacy. Wilmot is positioning itself to be the region's leader in filling that need. Friedberg is planning to put more energy into educational programs, free cancer screenings, and partnerships with community organizations.

"As the region's academic medical center, we owe the community a lot and I really want to increase our visibility," he says. "I am optimistic we will succeed." 

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