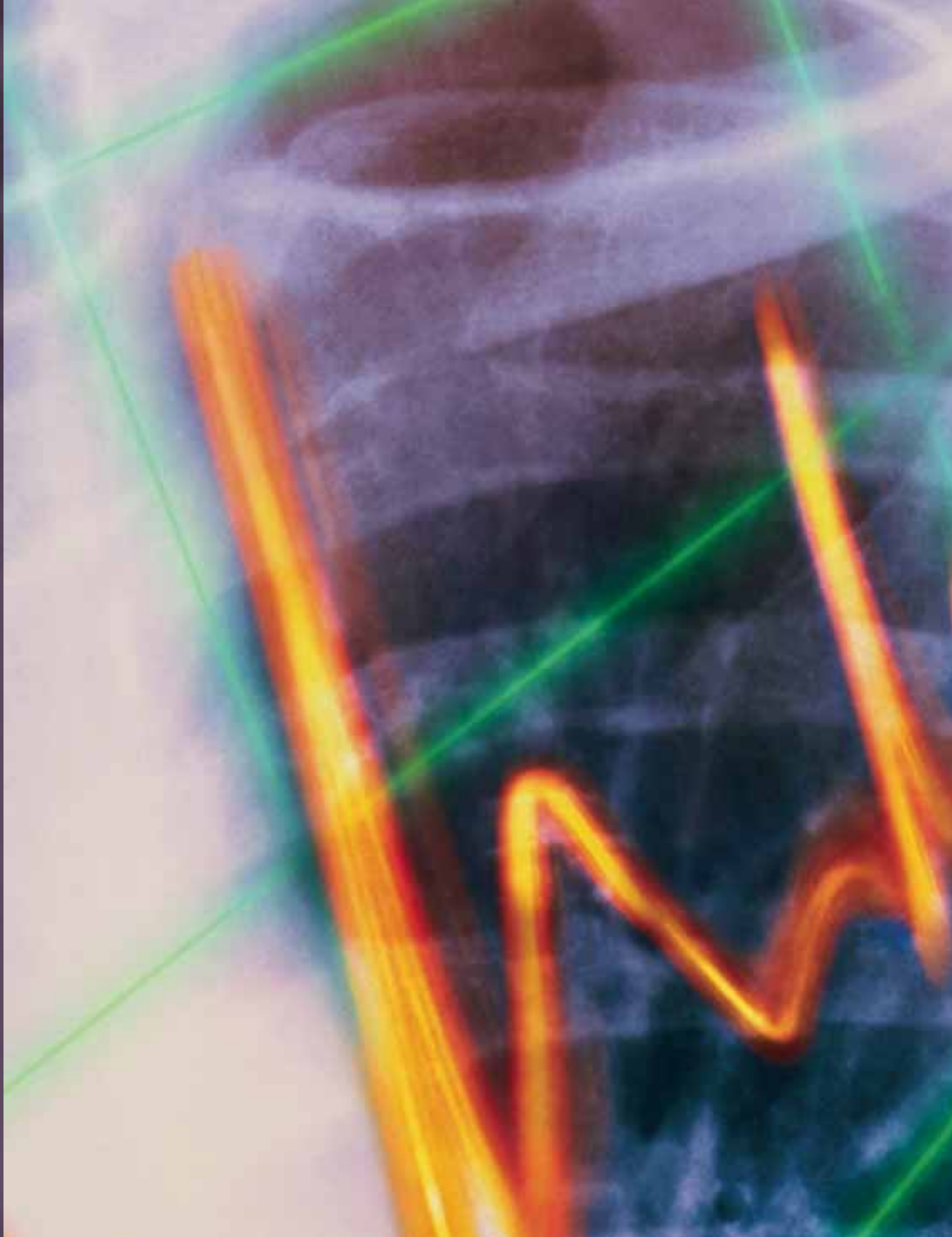




# ROCHESTER MEDICINE

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY    SPRING/SUMMER 2004



**THE CARDIOLOGY REVOLUTION**  
HOW BREAKTHROUGHS ARE CHANGING — AND SAVING — LIVES



**C**ardiovascular disease kills more Americans than any other disease, but recent innovations and discoveries in basic science and clinical research are providing real hope for prevention and earlier and more effective treatment.

It's the kind of progress that shows we're gaining ground in understanding the disease and managing it. The implantable defibrillator is a good example of that: It's a relatively new development that has resulted in saved lives, a better quality of life for patients, and more knowledge for researchers.

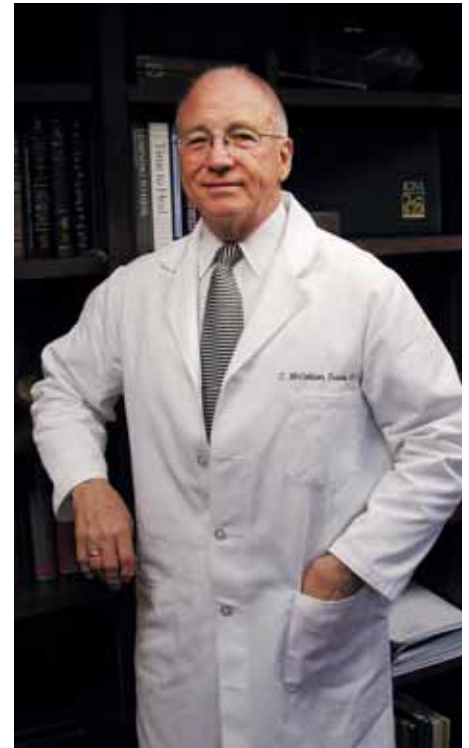
In this issue of *Rochester Medicine*, you'll read about how a Rochester researcher and alumnus, Art Moss, M.D., (R '62, F '65) led studies that transformed implantable defibrillators from novel treatment into a new standard of care — and silenced critics along the way. It's a fascinating look at research that has led to much better care.

We also look at the basic science research of another alumnus, Bradford Berk, M.D., and of Mark Taubman, M.D., who are investigating cardiovascular disease on the molecular level to better understand current treatments and help develop future ones. It's the kind of work that's especially exciting because it deals with the underlying mechanisms of the disease, which will ultimately lead to more effective treatment. These researchers are investigating the inflammatory response of cells in vessel walls —

an area of research that has generated a great deal of attention in recent years.

Just as critical for addressing the problem of cardiovascular disease is prevention, and here too we are fortunate to have another major player making significant contributions. Tom Pearson, M.D., MPH, Ph.D., is working to promote a public health model, whether he's rewriting national prevention guidelines for the American Heart Association or chairing the CDC task force that produced the National Action Plan for Cardiovascular Health. In this issue of *Rochester Medicine* he offers a straightforward reminder that physicians have an invaluable opportunity to prevent heart disease, simply by influencing patients and reminding them how important lifestyle changes can be.

Innovation and discoveries can't come too quickly for patients. It's why the University of Rochester embarked on its \$550 million research initiative over the last decade, adding two new Medical Research Buildings so truly leading scientists can better collaborate using state-of-the-art equipment. Bolstering our research initiative has helped us round out our four-part mission as an academic medical center, where teaching, community service, patient care and research go hand in hand. The stories in this issue are a reminder of why that investment was made and why the people who have contributed and continue to contribute to it should feel proud of the crucial part they play.



*C. McCollister Evarts, M.D.*

*C. McCollister Evarts, M.D.  
Senior Vice President and  
Vice Provost for Health Affairs,  
Medical Center and Strong Health CEO*

This issue of *Rochester Medicine* is devoted to the remarkable progress being made in cardiovascular biology and clinical cardiology research. But none of that kind of work would be possible, of course, if scientists and physicians weren't first trained through first-rate medical and scientific education. That's why I think another story in this issue, about scholarships here at the School of Medicine and Dentistry, is just as significant.

At Rochester, we're fortunate to have a long tradition of alumni and friends generously giving back to the School and Medical Center. Often these are people who have contributed to their fields through their own work and also are contributing to the future of health care by endowing scholarships that help students in their training.

The debt carried by the vast majority of our students is daunting. In the Class of 2004, for example, 92 percent of our students became borrowers to attend medical school. Their average debt was \$130,905. Such debt is an overwhelming burden.

So it is critical that we continue to endow need-based scholarships, even as we work to bolster merit-based ones. We're working to create new merit-based scholarships as a tool to recruit the most gifted students and to remain competitive in our offerings of financial assistance. Such scholarships help ensure that the very best have the opportunity to benefit

from the Rochester learning experience, whether students are pursuing a career in medical practice, scientific research, or both. Merit scholarships have been awarded to a limited extent in the past; this year, we have begun a program of ten, \$10,000 Dean's Scholarships. With the help of alumni and friends we're hoping to develop an even stronger program for merit-based scholarships.

In this issue you'll also find a list of alumni, faculty and friends who are considered leadership donors to the School. Those names, which make up the George Hoyt Whipple Society, represent a generous group of people who perhaps remember what it was like to be a debt-laden student. Or perhaps they are simply aware of how important it is to help ensure that we are able to train future professionals to someday lead medical research and clinical practice.

We are grateful to each and every one of you who has supported the School and its students as they pursue their goals. And we look forward to continuing to work together with you to keep the School at the forefront of biomedical research and practice. People, both individually and as a class, have built true legacies by endowing scholarships here at the School of Medicine and Dentistry. The results are evident in the successful careers our alumni continue — and will continue — to forge.



*David S. Guzick*

*David S. Guzick, M.D., Ph.D.  
Dean of the School of Medicine and Dentistry*



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# THE CARDIOLOGY REVOLUTION

## A SPECIAL ISSUE


Cardiologists are calling the last ten years a revolutionary time in the field, with knowledge of heart function and disease increasing logarithmically. That progress has been fully evident at the University of Rochester Medical Center. Basic research, clinical studies and efforts at prevention are yielding promising new approaches to stopping the number-one killer in the country. This work already has helped save hundreds of thousands of lives and soon could save even more. This issue's stories show how.

# Freezing Out Heart Damage

Here's a cool study if there ever was one. Inspired by the practice of packing stroke patients in ice to decrease damage to the brain, researchers are testing a device that cools the blood in heart attack patients to see if it can reduce damage to heart muscle. It's yet another front in the fight to help heart attack patients live better lives.

Principal investigator Frederick Ling, M.D., director of the Cardiac Catheterization Laboratory at the University of Rochester's Strong Memorial Hospital, says there are several reasons the INNERCOOL Celsius

Control System might prove beneficial to patients. It might be a question of lowering metabolism and enzymatic processes, or lowering the demand for oxygen. Reducing body temperature also might help maintain calcium balance and decrease inflammation.

The device uses a catheter filled with cold salt water to lower body temperature to roughly 91.4° F. Patients later are tested with blood analyses and an ECG. Thirty days after angioplasty, a nuclear medicine test measures the amount of heart muscle damage compared to a control group. 

## The Preacher of Prevention

When it comes to the issue of preventing heart disease, Thomas A. Pearson, MD, MPH, PhD, doesn't mince words.

"The medical model is failing, miserably, at huge cost," says Pearson, the chair of the Department of Community & Preventive Medicine at Rochester. When it's suggested such words might be provocative, his response is just as pointed: "They're meant to be."

Pearson, like others, is concerned that the incidence of cardiovas-

cular disease is no longer decreasing. He points out that real progress was made from the mid-1960s to 1990, when the average cholesterol level within the American public and the number of smokers both decreased. But since then, improvement in those factors has plateaued, and the well-documented problem of obesity continues to worsen.

True, cardiologists and researchers can claim credit for helping more people live after heart attacks, and Pearson makes it clear that's something to celebrate. But the medical model, he says, doesn't seem to be stopping the disease in the first place.

"If every cardiologist sees every patient they should, and if every primary care physician does their job, would that solve the problem?" he asks. "The answer is no."

To Pearson, that's why the public health model is so important. As a well-recognized face on the national and international scenes, Pearson is something of a preventive evangelist, preaching the need for new community guidelines and primary care physician responsibility. He has been extremely active in the American Heart Association, chairing committees and helping to rewrite its national prevention guidelines. He chaired a CDC task force that helped produce the National Action Plan for Cardiovascular Health, completed in 2003 and disseminated to care providers, HMOs, health departments and other health institutions.

"We have all the knowledge to control heart disease," says Pearson, who is also the Albert D. Kaiser Professor at Rochester. "We need to turn it over to people who look at barriers to treatment."


One of those barriers, of course, is cost. Pearson just completed work as a member of the executive committee for a multicenter clinical trial testing a more efficient way to improve the effects of statins. Pearson gave a plenary talk in March at the American College of Cardiology

annual meeting on the EASE study, which found that combining the use of statin with a new cholesterol-absorption blocker, ezetimibe, reduced cholesterol three times more than if the statin dose were simply doubled.

On the education front, Community and Preventive Medicine has won approval for the first new residency program at Rochester in nearly a decade. The Preventive Medicine residency will train physicians who plan to work in community health. Residents will rotate through health departments and businesses such as Eastman Kodak Company.

Pearson remains the principal investigator for the Rochester Clinical Research Curriculum, supported by a K30 grant from the NIH to train clinical researchers. And this spring the department applied for a Prevention Center grant through the CDC to become a world Center of Excellence in the health of the deaf — something no existing institute focuses on.

Yet for all the work he has done — for all his stints on international projects for the World Bank, World Heart Federation, the International Heart Health Network, the World Heart Forum for Cardiovascular Disease Prevention and other groups — Pearson's message to physicians boils down to a simple idea: Tell people to live healthier lives.

"Tell people they should exercise and eat less but better food," says Pearson. "Tell them to avoid tobacco smoke." Even if it means taking an extra minute, he says, "physicians have a leadership responsibility." 

Art Moss's research has

# Cardiology R



# changed standards and saved lives

# evolutionary



**O**ne day in June 2001, Arthur Moss, M.D. (R '62, F '65), received an unusual phone call. The president of the American College of Cardiology was on the line, describing someone with irregular heartbeats and asking Moss if the patient would be a good candidate for an implantable defibrillator. It was a completely unexpected conversation. "The president of the American College of Cardiology doesn't usually call for my advice," mused Moss, professor of medicine and director of the Heart Research Follow-up Program at the University of Rochester Medical Center.

No patient name was discussed, of course, but Moss had a hunch. That morning, he had read in the newspaper what people across the country had learned: vice president Dick Cheney had been diagnosed with an irregular heartbeat. Within weeks, it was announced that the vice president would, indeed, receive an implantable defibrillator.

Cheney's physicians consulted Moss because of a groundbreaking study he had published in *The New*

*England Journal of Medicine* in 1996, showing that implantable cardioverter defibrillators were dramatically more effective than drug therapy in treating patients at high risk for malignant heart rhythm disorders. The study implications were enormous: Moss's research would save lives, immediately. In fact, an independent monitoring board stopped the trial early because the results were so important, and FDA approval for the expanded use of the devices came in only six days—an unheard-of accomplishment that made it not only into major newspapers but all the way to the news desk on *Saturday Night Live* (see profile on page 14).

The study—beyond bringing professional and a little pop-culture fame—would change the standard of care for a major group of patients. And it would lead Moss to more groundbreaking work several years later, culminating in a new study—one of the largest in Rochester history—that begins this year and could once again change accepted ideas in the field.

"There are not many people who have made such a durable contribution to cardiology," says Joseph M. Smith,



M.D., Ph.D., chief medical officer at Guidant Corporation, the company that provided a research grant to the University of Rochester in support of Moss's defibrillator trials. "He has shown tremendous courage, tenacity and energy."

Smith points out that Moss not only is the driving force behind this practice-changing research but also has had to defend his work continually against detractors. If the field is, in fact, in the midst of what cardiologists are calling a revolutionary time, Moss stands as one of its battle-tested leaders. Smith, for one, uses terms like "radical" and "counter-culture" to describe Moss's ideas. One fact is indisputable: Thousands of people are alive today who wouldn't be here if not for his work.

## **A CHANGE OF HEART TREATMENT**

When Moss began the first Multicenter Automatic Defibrillator Implantation Trial (MADIT), in 1991, drug therapy was the standard of choice for people who had heart damage from a previous heart attack but didn't have subse-

quent symptoms or clinical events. Moss and his colleagues behind MADIT wanted to test if defibrillators would work better and help these patients live longer. At the time, implantable defibrillators were used only for patients who had suffered cardiac arrest or had rapid heartbeats that weren't helped by drug treatment.

According to Smith at Guidant, the trial took "a fair amount of commitment and courage on the part of Dr. Moss and his team." The researchers had to enroll subjects who had problems detectable on an electrophysiology test but who had no outward symptoms. They also had to contend with conventional thinking in the field that drug therapy was all that was needed in this population. For all these reasons, the study took somewhat longer than anticipated to get full enrollment.

Eventually, 196 patients from 32 hospitals in the United States and Europe were enrolled. And after five years, the findings were deemed significant and important enough to halt the trial. The group of patients who had received defibrillators had 54 percent fewer deaths than the group that



Hundreds of thousands of patients now rely on ICDs.

received drug treatment. The subsequent 6-day FDA approval process expanded use of defibrillators to this new set of heart attack survivors, effectively shifting the standard of care from drugs to devices.

It was a major finding, especially considering that sudden cardiac death claims the lives of 400,000 Americans annually, accounting for more deaths than lung cancer and breast cancer combined. But Moss already was thinking of the next study. He wanted to see if defibrillators could again work prophylactically in high-risk patients, even if they haven't shown any signs of heart rhythm problems. He would test patients whose hearts had an ejection fraction at or below 30 percent, because the impaired pumping put them at risk for sudden cardiac death.

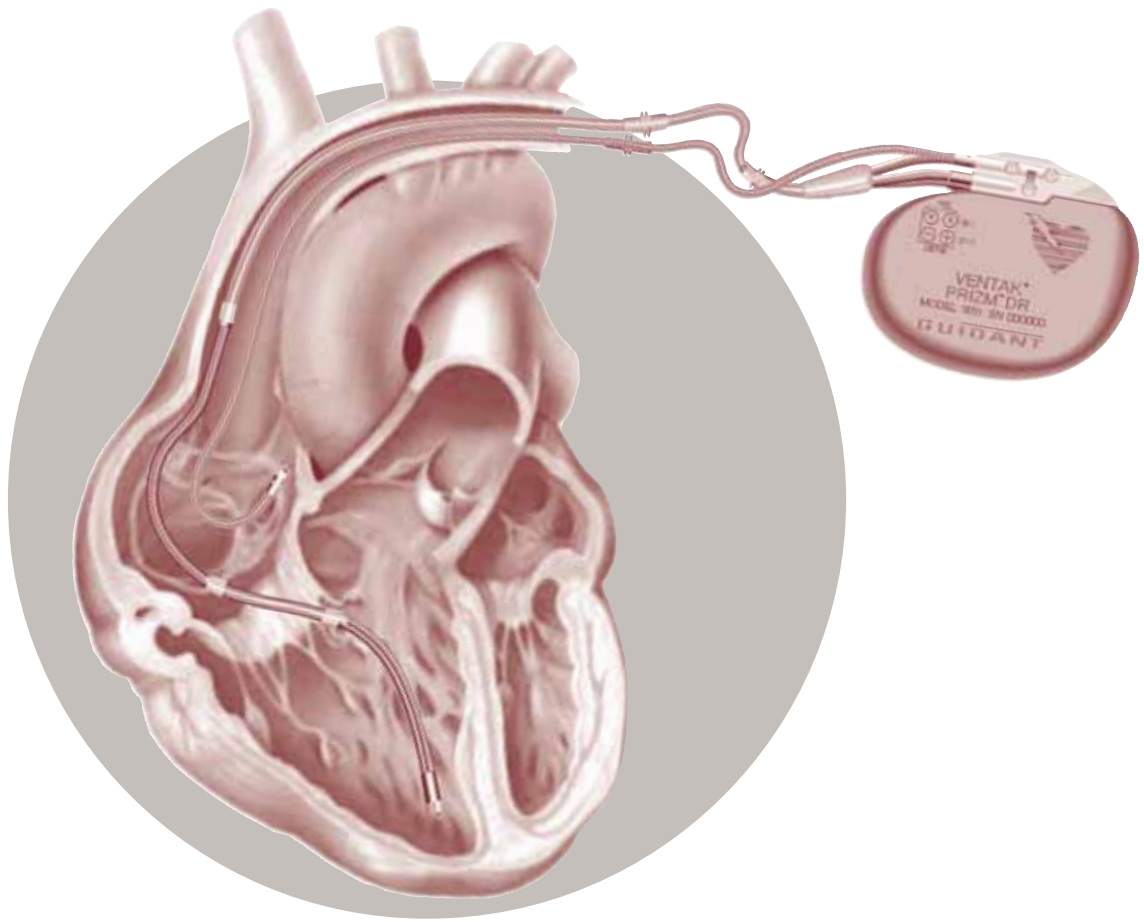
"Now this was really quite radical," says Smith, "because the whole field of electrophysiology was quite convinced that you needed specific markers: an extra beat, passing out, or an EP test that showed the patient was in danger of arrhythmia." Moss said no: "I think just having significant heart damage is enough."

It also promised to have important implications for treatment. If Moss were right, then determining who is at risk would be a matter of measuring ejection fraction by noninvasive testing rather than needing an invasive EP test. And it would mean that, for people who have had heart attacks, there was a way to prevent dangerous rhythm problems before they developed.

Moss, again as principal investigator, led this much larger study. More than 1,200 patients were enrolled in 76 centers in the United States and Europe. As with the first trial, MADIT II was halted early because of the significance of its results. The defibrillators reduced all-cause mortality by 31 percent.

"MADIT I and II clearly were extremely important," says Richard A. Stein, spokesperson for the American Heart Association and professor of clinical medicine at Weill Cornell School of Medicine in New York City. "The MADIT trials were absolutely important breakthroughs."

The FDA again approved the expanded use of the devices based on the study. And detractors again tried to find



fault with the study, says Smith. They suggested that maybe the people who survived with the new defibrillators would have survived anyway because the damage to their hearts wasn't as serious. So Moss went back to his original data and found that, in fact, it was the sickest who benefited most—clearly good news for patients who most needed treatment. Others suggested the benefit was greater in younger patients but less effective in older subjects. Analyses showed that older patients benefited just as much.

By the time Moss and his team finished the MADIT II trial in 2001, more than 150,000 patients worldwide were using implanted defibrillators. Moss estimated that about 50,000 devices were implanted in the previous year alone. As he would write in 2002, after the team's findings were published in *The New England Journal of Medicine*, the implanted cardioverter defibrillator (ICD) had come of age.

## EXCITING ANSWERS

The MADIT trials have been called among the most important

research studies in cardiology in the past decade. But Moss actually can trace part of his success to a single patient in Canandaigua, New York, three decades earlier.

Moss was only a few years into his career as assistant professor of medicine at Rochester when a 34-year-old woman was referred to him with a baffling problem. Several times, when she got excited, she would pass out. She was initially diagnosed as having a seizure disorder, but clinical evaluation—including an electrocardiogram—revealed a rare cardiac disorder, the Long QT syndrome. First described a decade before, only about two dozen cases had ever been reported, and there was no known treatment.

In Long QT syndrome, the QT interval—the time between electrical “discharge and recharge” of the ventricles—is prolonged, which can lead to rapid heart action and a loss of consciousness or sudden death. Moss took on the woman's case, reasoning that the adrenaline system might be affecting her heart, since the patient fainted only when she got excited. He had a neurosurgeon, Joseph McDonald, M.D., sever the sympathetic nerves to the heart

Moss's research soon was mirroring a shift taking place in the field as a whole. As cardiologists developed better treatments and interventions, there evolved a growing interest in the fundamental mechanisms—the genetic underpinning—of heart and cardiovascular disease.

to reduce the amount of adrenaline delivered. The patient's symptoms disappeared. The successful case was published in *The New England Journal of Medicine* and resulted in a deluge of referrals, which Moss used to create the International Long QT Syndrome Registry for further study and treatment of patients.

Patients with the rare disease obviously benefited as Moss and his team learned more. And soon, beta-blockers became available for treatment. But beyond that, Moss's work was an example of a rare disease having much broader research implications.

"It provided fundamental insight into basic electrical activity of the heart," he explains.

Moss was able to trace the problem to sodium and potassium ion channels in the heart. These channels also proved important in heart problems in general.

Moss's research soon was mirroring a shift taking place in the field as a whole. As cardiologists developed better treatments and interventions, there evolved a growing interest in the fundamental mechanisms—the genetic under-

pinning—of heart and cardiovascular disease (see following story on vascular research).

Beginning in the early 1990s, Moss and colleagues found the location of the disease gene associated with the Long QT syndrome and subsequently identified several of the actual genes involved in the disorder. And he continues to publish and conduct research on both the clinical and genetic aspects of the syndrome—a research activity that all began with one patient fainting from excitement.

## **COMING TOGETHER**

This spring, Moss embarks on MADIT III, the largest and most ambitious study yet. Officially dubbed MADIT with Cardiac Resynchronization Therapy (MADIT-CRT), the multimillion-dollar study will enroll patients at 70 to 100 centers in the United States and Europe over a period of about two years, with the goal of preventing the development of heart failure in at-risk cardiac patients.

The trial is based on the promise of CRT, which comes



from a relatively recent appreciation for the synchronized contraction of a healthy heart. In heart failure, not only is damaged muscle unable to contract as much, but electrical problems can cause various parts of the heart to get out of step. One part of the heart may be contracting while the other is expanding, so blood isn't pumped efficiently. And pacemakers, by stimulating only the right side of the heart, were sometimes exacerbating the problem. Treating rhythm problems with traditional right-sided pacemakers was in some ways contributing to heart failure.

CRT, by adding a pacing device to the left side of the heart, is a way to once again synchronize the heart's contraction. MADIT-CRT will test whether CRT can inhibit the progressive development of heart failure. Specifically, Moss and his team are studying if earlier intervention with CRT therapy can slow progression of heart failure from the early stages (NYHA Class I-II) to the late and more advanced stages (NYHA Class III-IV).

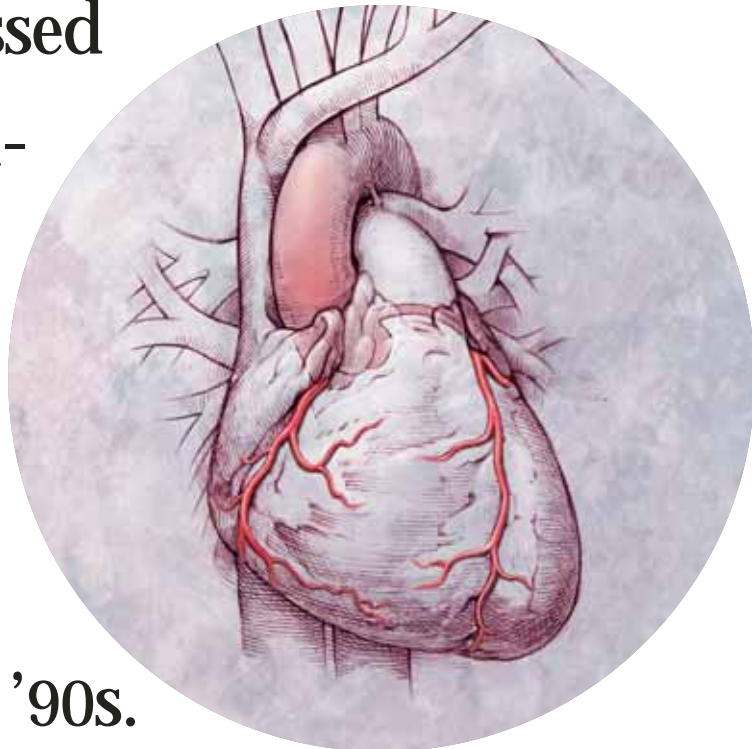
At stake is the quality of life and the survival of a large group of people. Almost 22 million people worldwide suffer

from heart failure, and about 70 percent of them fall into the milder Class I or II categories. Heart failure is the fastest growing cardiovascular disorder, in part because clinical innovations such as stents and angioplasty are helping more people survive heart attacks.

Patients are surviving, but not always thriving. Since heart attacks inevitably cause some degree of damage to heart muscle, living with heart failure has become a more widespread problem. People classified in Class III heart failure experience a "pronounced diminishment" of heart function even during mild exertion, and those in Class IV have complaints even while at rest. As for what heart failure ultimately leads to, a majority of patients end up dying from a sudden rhythm problem—the kind that defibrillators prevent. And that explains the hope of combining CRT with the defibrillator: maintaining the quality of life for people with milder heart failure and keeping them alive by preventing a dangerous, sudden arrhythmia.

"MADIT III is treating both mechanical and electrical problems," Moss explains.

Moss's work has progressed from clinical risk stratification in the '70s and clinical studies of disease mechanisms in the '80s to sophisticated electrical therapy in the '90s.



And so, in this one trial, Moss's work exemplifies one of the revolutionary aspects of cardiology today: the coming together of two traditionally separate camps of cardiologists, the "electricians" and the "mechanics." Traditionally, the disciplines worked separately. But clinical studies such as the MADIT trials, says Moss, have helped show that the two types of problems are interrelated.

The new understanding also coincides with a shift from classical clinical physiology to examining the genetic underpinnings of heart problems.

"Therapy becomes much more focused," says Moss, "so it's not a shotgun approach. In cardiology, we've shifted to more basic mechanisms."

Moss has been part of that shift. His work has progressed from clinical risk stratification in the '70s and clinical studies of disease mechanisms in the '80s to sophisticated electrical therapy in the '90s. Now, in the new century, he has just completed a molecular genetic study to better understand coronary disease.

Moss and his team studied roughly 1000 patients

who had had heart attacks, performing DNA studies over several years in search of a genetic connection to coronary atherosclerosis and recurrent coronary events. Moss and his researchers chose 34 genes that appeared to be likely candidates, then found after further testing that seven were what he calls "highest priority" genes that were associated with a reduced risk of cardiac problems.

"And three out of those seven were the most important ones," says Moss. "We are hopeful that this discovery will identify mechanisms for drug therapy."

Moss believes that, down the line, the discovery of this pool of genes will help lead to new drugs to treat coronary disease. And that, of course, is the whole point of such research.

## **RISK BUSINESS**

Moss sees other benefits of genetic research for the future. A key goal in coming years will be even better, more refined risk stratification, to determine who stands to benefit most

continued on page 59

# SPACE MONKEY

Fame comes to a cardiologist — and a pioneering primate

Sometimes, on the road to international recognition as a cardiology researcher, you might find yourself training a monkey for launch into orbit, discovering a life-threatening flaw in a NASA space capsule, and being at the heart of a mystery that grips the nation. Yes, Arthur Moss, M.D. (R '62, F '65), is enjoying not just a distinguished career but an entertaining one, as well.

It was after his internship at Massachusetts General Hospital in 1958 that Moss's career path got sidetracked by a flight path. He had a B.A. from Yale and an M.D. from Harvard under his belt and was setting his sights on becoming a hematologist when the military came calling. He filed his preference for assignments, with the Army his first choice. He was promptly assigned to the Navy.

Moss was assigned to do cardiac research at the U.S. Naval School of Aviation Medicine, and while there, he became involved in the medical aspects of the newly established Mercury Space Program. Moss helped draw up the medical screening and training for the first generation of astronauts, including John Glenn, Alan Shepard, and Gus Grissom.

Yet these men weren't the true pioneers of the program. That distinction belonged to a seven-pound rhesus monkey named Able and a one-pound squirrel monkey named Baker. Moss helped train monkey Baker for Mercury's initial unmanned but monkeyed space flight, running tests to study the health implications of space travel.

Monkey Able was trained separately by the Army (and only as a stand-in for an Indian-born monkey whose flight plans were canceled because it's considered unethical in India to use animals in experiments). Able and Baker were launched together into space on May 28, 1959, in the nose cone of a Jupiter missile. With electrodes in place, they soared hundreds of miles above their earthly existence at speeds of 10,000 miles per hour, bravely facing forces 38 times the pull of gravity on earth. Biological reactions were transmitted to ground recorders for Moss's team to monitor. It was the first successful recovery of living animals after space travel.

But a concern remained. The department became worried that turning a monkey into a guinea pig would lead to some bad press and negative reactions from the Society for the Prevention of Cruelty to Animals. So Moss came up with an idea that surely proved his worth to the team. He invited the SPCA to help them hang an honorary Medal of Honor around the hairy neck of monkey Baker. Instead of criticizing the use of an animal in the mission, the SPCA



Art Moss, M.D., worked on the Naval aeronautic project that launched monkeys into space and onto the cover of *LIFE* in 1959.

jumped at the chance to recognize the contributions a monkey had made. The ceremony took place to much fanfare and even made it into *Life* magazine. America had its first official space hero.

But Moss's work was just beginning. He flew to St. Louis from his base in Pensacola, Fla., to inspect the progress of the Liberty Bell 7—the space capsule slated for the second manned flight into space. As Moss tells the story, he and his colleague, Don Stulken, weren't getting much respect from the capsule engineers.

"I was just a lowly lieutenant in the Navy," says Moss, "and Stulken had a civil service appointment." Every day Moss and Stulken would show up to inspect the capsule, and every day they were told to come back the next day.

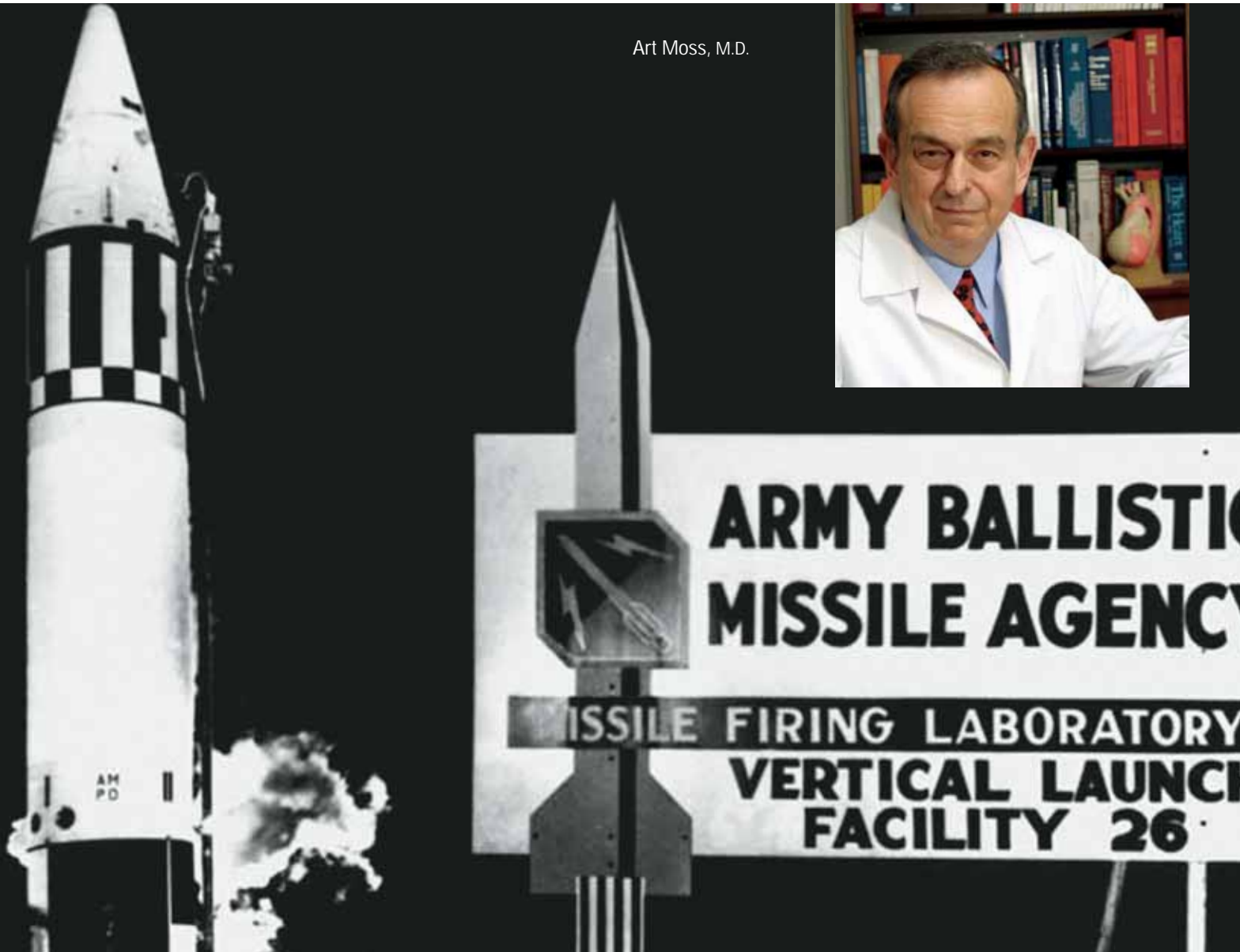
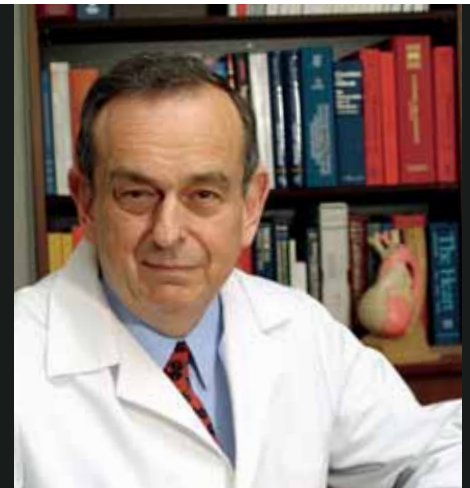
Finally they got to see the capsule and how the side hatch

was bolted closed. The capsule was designed to splash down in the ocean and float in the water. But the water level would come up to the mid-portion of the side hatch, which begged the question, what happens if the hatch opens before the recovery boat arrives? Moss was told it couldn't open because a new capsule design—after Alan Shepard's historic first space flight—employed explosives to open the hatch. Moss asked what would happen if the astronaut hit the lever prematurely and detonated the explosives. Again, the engineers dismissed his question, saying it would never happen.

In their report, Moss and Stulken wrote that the capsule was not seaworthy and posed a danger if the hatch opened prematurely in the water. They recommended the addition of a flotation collar for the capsule and even made it a point to warn the astronauts and show them how to escape from the capsule. Other than that, nobody paid attention to the warnings of the lowly lieutenant and colleague.

On July 21, 1961, Gus Grissom splashed down right on schedule in the Atlantic. But, despite the certainty of the engineers, the hatch did blow off prematurely. The capsule immediately took on water and began to sink. Astronaut Grissom, in full flight suit, escaped into the water but had to fight to stay afloat while Marine helicopters

Art Moss, M.D.





tried unsuccessfully to keep the capsule from sinking to the ocean floor. Divers finally entered the water to rescue Grissom.

The question of the day became: Why did the hatch blow prematurely? It remained a mystery to the nation and to Moss for several years. After his military service, Moss returned to medical residency, trained in cardiology and became a member of the faculty at Rochester. But he wasn't one to let a question go unanswered. While attending a meeting in Houston in 1967, Moss looked up his old friend and colleague Don Stulken, now a senior engineer at the Houston Space Center. Moss asked Stulken if they ever figured out why the side hatch blew off. Stulken explained that the capsule was designed for right-handed astronauts. Stulken believed that Gus Grissom's body must have hit the critical lever while reaching for something with his left hand, because Grissom was left-handed.

Moss's NASA adventures were more than a sidetrack. After two years of cardiology research, he decided he'd keep going in the field. And he would satisfy that penchant for research. He turned down an offer to be chief resident while at Rochester because he was concerned it would delay his return to cardiac research.

"It wasn't an easy decision," Moss says, and it did surprise some people. "I wanted to combine research and clinical practice."

That combination would serve him well, both in tapping his international registry of Long-QT patients for studies and later in his defibrillator clinical trials. His influence grew with each study, but even he was surprised to receive his 15 minutes of TV fame. When, after his first defibrillator trial, the FDA took only six days to approve the device for expanded use, the news made major headlines. That weekend, Moss recalls watching *Saturday Night Live* when one of those headlines came up in the fake-news segment. The anchor-comedian said he knew the real reason for the FDA's rapid-fire approval. People were clamoring for defibrillators, the anchor reported, so they could have sex without worrying about straining their hearts; if their hearts failed, they'd get a quick jolt and wouldn't miss a beat, so to speak.

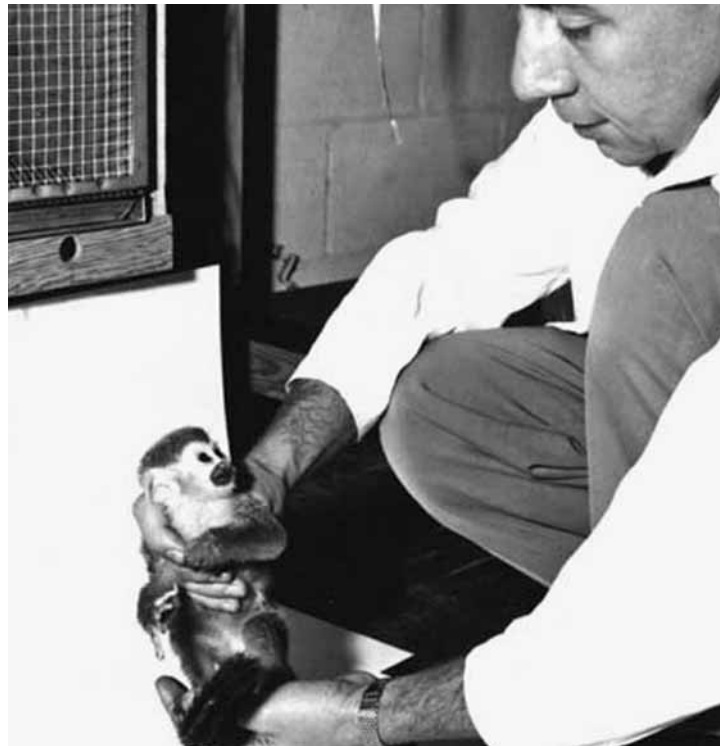
"I got a lot of calls after that, from friends I hadn't heard from in years," says Moss, laughing.

More seasoned observers credited the study's design and the difficulty of conducting such a large, multi-site trial. Moss modeled the Multicenter Automatic Defibrillator Implantation Trials on the Multicenter Research Group (MRG), one of the first such research groups in the country to be created by investigators themselves. Established in 1976, the MRG brought together clinicians and biostatisticians from 13 medical centers around the country, with Moss as principal investigator. Today, it's still going strong.

As Moss described the group in a 2002 article for *Annals of Noninvasive Electrocardiology*, "Our MRG maintains an open, democratic participation of the investigators in all phases of the studies."

It's a style of bringing people to the table that Moss applies both to science and family life. While in medical school, Moss and three other students were elected to interview all the top professors and their spouses to learn how they balanced work and family life.

"Many leading professors had dysfunctional families," Moss says. "We wanted to know how they brought up their children. One wife said, 'The kids never see their father. They ask, Who's this



strange man who comes to dinner on Sundays?"

So Moss and his wife, Joy, made it a point to share as many meals as possible with their three children (two daughters and a son), and to do more than just eat. Dinner involved discussion and debate. Again, the group-discussion approach brought good results. When Moss's son had to defend his Ph.D. dissertation, he had no trouble. His comment to his parents afterward was, "It was not nearly as challenging as our discussions over the dinner table."

Moss even shares his manuscripts with his children to get their input. It's all part of a life dedicated to research, which he compares to detective work.

"It's a little bit like Sherlock Holmes. When you see things that don't fit, you make an hypothesis and then try to reason it out."

It's a lesson that can be traced all the way back to one final bit of research during that assignment in the Navy. Months after space monkey Baker got his due, after a proud nation had lauded him and honored his accomplishments, Baker went back to Moss's team so they could do a little more detective work. Moss and his colleagues made a startling discovery. Monkey Baker was female.

Elementary. 🏛️

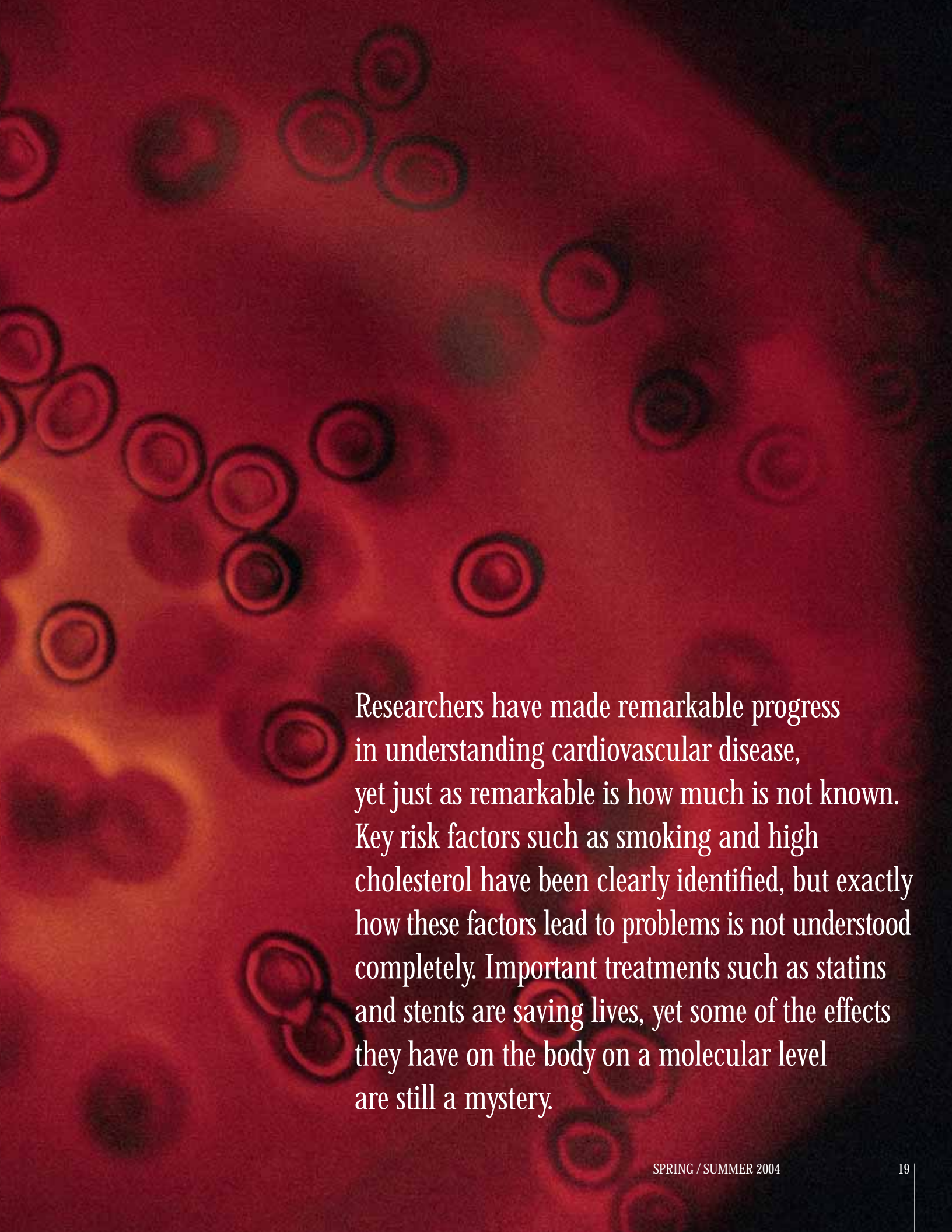
Photos from the NASA research project undertaken by the U.S. Naval School of Aviation Medicine in the late 1950s.



A microscopic view of numerous red blood cells, appearing as small, circular, reddish-orange structures with darker centers, scattered across the frame. The background is a deep red color. A large, dark red, semi-circular shape is overlaid on the left side of the image, containing the text.

# The Small Picture

Basic scientists  
look deep into  
blood vessels for  
cardiovascular  
answers

A microscopic view of numerous red blood cells, appearing as bright red, biconcave discs against a darker red background. The cells are scattered across the frame, with some in sharp focus and others blurred in the foreground and background.

Researchers have made remarkable progress in understanding cardiovascular disease, yet just as remarkable is how much is not known. Key risk factors such as smoking and high cholesterol have been clearly identified, but exactly how these factors lead to problems is not understood completely. Important treatments such as statins and stents are saving lives, yet some of the effects they have on the body on a molecular level are still a mystery.



Bradford Berk, M.D., Ph.D.

Researchers at Rochester are among those asking the all-important question “How do risk factors actually lead to disease?” It’s a fundamental question that, when answered, could usher in a whole new generation of better targeted, more effective treatments.

Rochester is poised to make such discoveries because of its 10-year, \$550 million research initiative, which has changed the Medical Center landscape, literally. The two new Medical Research Buildings have added hundreds of thousands of square feet of lab space and enabled the recruitment of hundreds of faculty scientists and technicians — the largest recruitment effort since the School of Medicine and Dentistry was founded in 1924.

Call it an investment in investigators, dedicated to fighting the number-one killer in the country.

### Go with the Laminar Flow

Much of the cardiovascular research at Rochester is looking at atherosclerosis to understand the fundamental mechanisms by which plaques build up in artery linings. The approach is to study atherosclerosis as an inflammatory disease, putting Rochester scientists on a front that has seen tremendous growth over the last decade, says Richard A. Stein, M.D., a spokesperson for the American Heart Association and professor of clinical medicine at Weill Cornell School of Medicine in New York City.

I think we’re going to see more and more emphasis on this,” says Stein. But while some researchers see circulating white blood cells as the

culprits in inflammation, scientists in the lab of Bradford Berk, M.D., Ph.D. (M ’81, PHD ’81), are taking things a step further and targeting cells in the actual arterial wall.

“We view the endothelial and smooth muscle cells that make up the artery itself as key to the development of arterial inflammation,” says Berk, professor of medicine and director of the Center for Cardiovascular Research.

One area Berk’s lab is exploring is the role of oxygen radicals in vessel damage. When free radicals get into a blood vessel, they oxidize LDL cholesterol, which in turn causes injury to the vessel. White blood cells march in to the rescue, but by “eating” the cholesterol they actually contribute to the swelling of a plaque, which increases the likelihood of a plaque rupturing and causing a heart attack.

“One challenge is to determine, in a much more specific way, what molecules are driving this process,” says Mark Taubman, M.D., chief of the Cardiology Unit and director of the Center for Cellular and Molecular Cardiology.

An ancillary focus of this research is to investigate how blood vessels react to injury. A partial understanding of these processes has already led to major improvements such as drug-eluting stents, which reduce the problem of restenosis caused by the uncontrolled growth of smooth muscle cells around bare-metal stents.

“We are actually injuring people’s vessels when we perform angioplasty to help them,” says Taubman. “So we need to understand how vessels react to injury.”

# Where flow is high velocity and steady – a pattern termed laminar flow – you don't get atherosclerosis.

Understanding the actual cascade of molecular signals that “turn on” inflammatory programs could lead to a whole new way of stopping the damage from occurring.

Of course, damage comes in many forms. Another area of research that falls under the injury category is how blood vessels respond to physical forces such as pressure and stretch. Within Berk's group, investigators are looking at the effects of shear stress, the dragging frictional force of blood flow against vessel walls. They're finding that different types of flow relate to disease. Generally, areas where blood flow is turbulent are more prone to atherosclerosis.

“Where flow is high velocity and steady — a pattern termed laminar flow — you don't get atherosclerosis,” says Berk. “Steady laminar flow mimics the actions of good drugs such as nitroglycerin.”

With advances in genomics, it's now much easier to identify the genes related to turbulent flow or the ones related to smooth, laminar flow. The hope is to induce a program of genes that are anti-atherosclerotic, essentially giving the vessel walls a protective, Teflon-like quality. The process relates directly to a known risk factor, hypertension, which actually changes blood flow from laminar to turbulent, from protective to inflammatory.

Theoretically, since steady, laminar blood flow models a beneficial drug, identifying genes associated with laminar flow could lead to drug therapy that activates these genes and protects vessel walls.

Much of Taubman's research focuses on understanding the molecules responsible for the formation of clots in blood vessels (thrombosis). In blood vessels, there is a protective fibrous matrix that acts like scar

tissue, walling off plaque that sticks to the vessel lining. Today, heart attacks are better understood to be the result of a rupturing of this protective matrix. Since blood clots form at the sites of plaque rupture, substances that do damage to the matrix and substances that cause blood clots are the ultimate enemies.

“It's a fight,” says Taubman. “If the stuff that chews up the matrix wins, you have ruptured plaque, then an event. Fifty percent of heart attacks occur in patients with no symptoms, because a plaque ruptures in a vessel that was not significantly narrowed previously. So we need to understand what regulates the stability of an atherosclerotic plaque.”

Again, it's an area where basic science is uncovering the secrets behind effective treatments. Cholesterol-lowering statins, for example, favor the cells that build up the matrix, not break it down. Taubman and others have found that statins might both reduce inflammation and also make plaques more stable. A more complete understanding of how statins work could lead to even better approaches.

“Pharmaceutical treatments now are like sledgehammers,” Taubman explains. “You're affecting huge areas and lots of things you don't want to alter. We're hoping we can alter specific molecules.”

Steroids are another example. There appears to be a specific way that steroids affect atherosclerotic inflammation. So researchers are studying the process, in search of molecules that are anti-inflammatory but will have none of the side effects of steroids. The sledgehammer would be replaced with a pinprick.

# Gene Profiling:

## A New Tool to Combat Heart Failure

### Scientist investigates the self-repairing heart

by Leslie Orr

The University of Rochester Medical Center is engaged in a new type of cutting-edge heart research, studying the tissue of failing hearts and the genes that switch on and off when — sometimes inexplicably — a bad heart heals itself. The research might lead to treatments that could

induce the process of repairing, or to a simple blood test that would give a more informed diagnosis and pathway to treatment.

It's a new approach in cardiology, according to Burns C. Blaxall, Ph.D., who recently joined the University of Rochester Medical Center faculty from Duke University. At Duke, Blaxall was part of a scientific team that pioneered the use of microarray technology to analyze gene patterns in heart tissue. The University of Rochester also uses a microarray, and in fact leads a statewide consortium of universities and companies doing advanced gene analysis.

Blaxall's research has a direct link to better patient care at the Strong Health Program in Heart Failure and Transplantation, the only program in upstate New York to perform cardiac transplants. Blaxall is

Labs are open in a central area of the buildings, allowing a dozen or so investigators to work in collaboration.

### A Little Remodeling

Collaboration has been a key in these research efforts and will become even more important as more discoveries are made, says Berk.

Once upon a time, Rochester researchers would set up shop in a humble 800-square-foot space, gather together a grad student and technician, and essentially work alone. Collaboration was possible, but separate lab space didn't exactly encourage it. Rochester's new Medical Research Buildings were designed to create research "cores." The labs are open, in a central area of the buildings, allowing a dozen or so investigators to work in collaboration. A conversation among investigators is just a shout or quick stroll away.

Investigators also share sophisticated equipment — the kind of high-level technology that no individual lab could afford. By pooling resources and sharing goodies such as a \$400,000 confocal microscope that uses lasers to spot individual proteins in living cells, researchers have access to equipment they never had before. So, right at their fingertips are crucial devices such as a machine with diamond-tipped blades for cutting

5-micron-wide samples, an imager that uses infrared light (similar to night-vision goggles) to examine cells, and gene-chip technology to do microarray analyses.

The collaboration extends to other departments as well. The Medical Center's heart transplant program, which performed its first transplant in 2001, is offering a unique chance to study how damaged hearts can "remodel" and actually improve.

For some reason, says Taubman, not many transplant programs are doing much research on transplanted hearts. But at Rochester, Cellular and Molecular Cardiology scientists are working closely with the transplant program. They're looking at the hearts of patients equipped with a left ventricular assist device (LVAD) while waiting for a heart transplant. The device often helps a heart remodel itself and perform better, sometimes to the extent that the LVAD itself is no longer needed.

By studying genes in these hearts before and after transplantation, researchers are learning more about the genetic makeup of a failing heart.

focusing on how left ventricle assist devices (LVADs) affect the failing heart. Patients awaiting a donor heart often receive an LVAD while they await a transplant. With the patient's consent, Blaxall retrieves small bits of heart tissue during the surgical implant of the LVAD, and again when the device is removed at the time of the transplant.

The LVAD essentially takes over the left ventricle's pumping action, giving the heart a vacation, Blaxall says. Interestingly, many hearts begin to repair themselves during this period. Blaxall is investigating why and is looking for gene patterns that explain and predict the process, known as "mechanical rescue."

"If you know which patients have the genes that will most likely trigger a repair, it would certainly help physicians decide if a transplant

is the only option," says Blaxall, assistant professor of medicine and of pharmacology and physiology in the UR Center for Cellular and Molecular Cardiology.

"Rochester is unique because most transplant centers do not also have top-rate scientists to study failing hearts," says Mark B. Taubman, M.D., chief of Strong's Cardiology Unit and director of the UR Center for Cellular and Molecular Cardiology. "While technology and treatments are always improving, we believe basic science will ultimately answer the big questions that may lead to a dramatic improvement in the way we treat heart failure."



Here, the genomics expertise of new recruit Burns Blaxall, Ph.D., plays a big role. Blaxall is searching out a gene that induces the process of improvement brought on by an LVAD. Such a find would have major implications (*see Gene Profiling story above*).

All of this kind of research, of course, requires patience. And researchers are in the business of making discoveries, not bold predictions. But with new buildings, labs, equipment, and investigators in place, scientists at Rochester believe they're on the right path.

The research here, says Berk, "is likely over the next ten years to lead to big discoveries." 🏛️

Mark Taubman, M.D., and Bradford Berk, M.D., Ph.D., in one of the new MRB labs that foster collaboration.

# Multimillion-dollar center to study rare diseases

by Tom Rickey

The Medical Center has been chosen to lead one of seven national centers established by the NIH to investigate especially rare diseases.

The Rochester center, which is focusing on three uncommon neurological disorders, is being funded with \$6.25 million, part of \$51 million put forth by the NIH to establish the Rare Diseases Clinical Research Network. The centers are focusing on disorders that are often pushed aside in the fight for attention and dollars for more common diseases.

Robert Griggs, M.D. (R '71), professor and

chair of the Department of Neurology, will lead the center. In addition, Griggs and his team recently received \$5.7 million from the National Institute of Neurological Disorders and Stroke to lead the largest study ever of patients with one of these rare diseases, periodic paralysis. Doctors plan to include 252 patients to take a look at two possible treatments.

It was Griggs who, 10 years ago, coined the word “channelopathies” to describe diseases caused by abnormal cell channels or gates that regulate the levels of crucial chemicals such as sodium, calcium and potassium in cells.

The center is focusing on three such diseases that can have devastating effects: a healthy person wakes up and can't move a muscle for hours, for example, or is functioning fine and suddenly staggers with little muscle control and begins slurring words.

The disorders are so rare, with perhaps a total of 10,000 patients in the United States, that most doctors never see a single case in a lifetime of practice. Many patients go from doctor to doctor before receiving a correct diagnosis from a specialist such as Griggs, who is sought out by patients around the globe who have rare neuromuscular disorders.

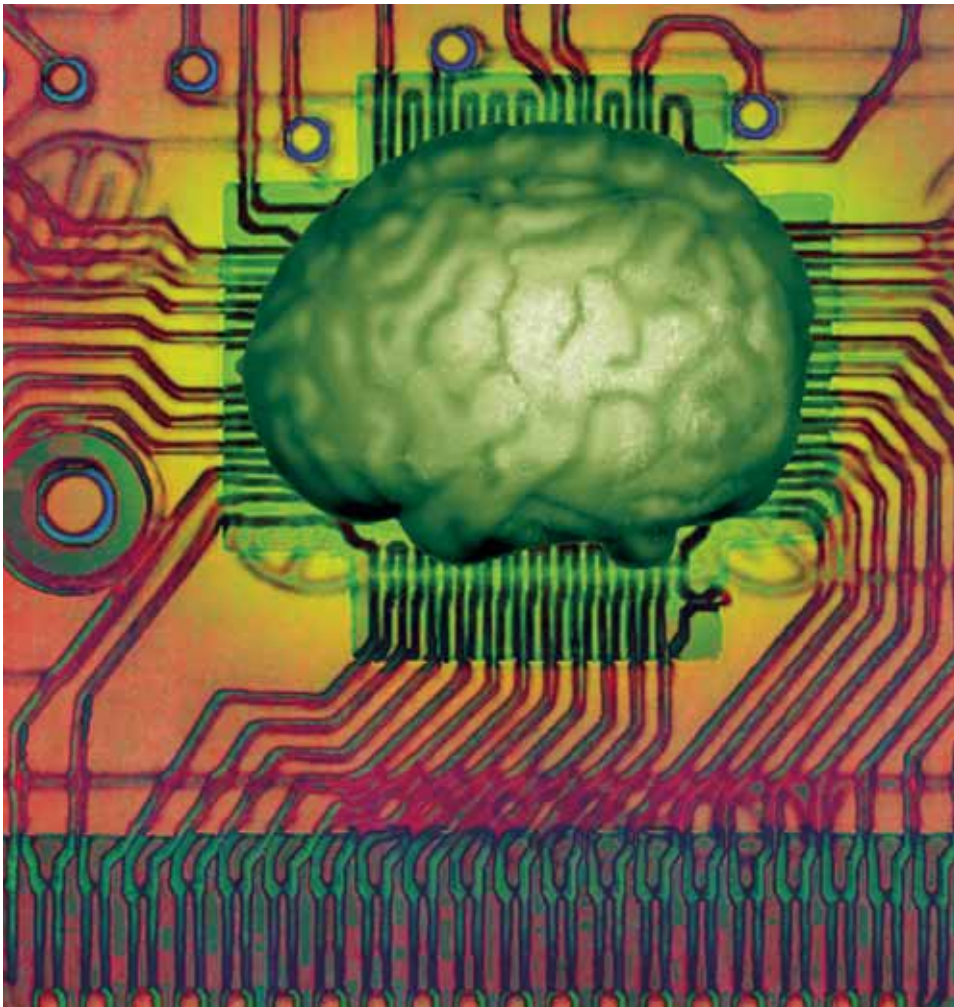
Griggs and colleague Rabi Tawil, M.D., associate professor of neurology, treat approximately 100 patients from around the world with these conditions, probably the biggest single pool of such patients anywhere. The two also do basic research on the diseases and were part of the team that discovered the genetic cause of periodic paralysis about a decade ago.

Griggs notes that within neurology alone, more than 50 diseases are known to arise from problems with channels, including some forms of epilepsy and some migraines.

“We're not out just to find a cure for these rare diseases, but to use the information we find to hopefully cure other neurological disorders,” says Griggs.

With the new funding, Griggs and colleagues will do studies to evaluate several proposed drug treatments.

According to the NIH, approximately 25 million people nationwide are affected by 6,000 rare diseases or conditions. For them, research usually crawls along as scientists seek scarce funds. Most pharmaceutical companies won't undertake a massive research program where success for patients translates to financial loss because of a tiny market for a new drug.



# Rochester lands new muscular dystrophy research center

by Tom Rickey

Largely because of its track record in innovative research and treatment for patients with muscular dystrophy, the University of Rochester Medical Center has been chosen as home to one of three newly created muscular dystrophy cooperative research centers by the NIH and the Muscular Dystrophy Association (MDA).



Richard Moxley III, M.D.

The designation brings with it up to \$6.5 million in new funding — \$5 million from the NIH over the next five years and \$1.5 million from MDA during the next three years.

Richard Moxley III, M.D., who heads Strong Memorial Hospital's Neuromuscular Disease Center, and his Rochester colleagues will work closely with counterparts at the University of Pittsburgh and the University of Washington in Seattle. Each center will perform research that will link research in the laboratory with the care of patients.

The new effort at Rochester will focus on the two types of muscular dystrophy most common in adults, myotonic and facioscapulohumeral muscular dystrophies, both of which are inherited.

In the past few years, Strong doctors have made several strides against the disease. They developed a mouse whose symptoms mimic those of patients with myotonic dystrophy. Then the team discovered the unique role of messenger RNA in causing the disease. Last year, a team led by Charles Thornton, M.D., discovered

precisely how a genetic defect — a type of “molecular stutter” where the same genetic sequence is repeated dozens or hundreds of times — causes certain symptoms that patients with the disease experience.

In the new center, the researchers will continue this work, together with scientists at the University of Florida at Gainesville. In a second project, investigators will look at the genetics of facioscapulohumeral muscular dystrophy (FSHD). And doctors will launch a project studying a potential new treatment for myotonic dystrophy. The team will study an experimental insulin-like growth factor known as Somatokine, made by Insmed Inc., as a way to counter the muscle wasting that affects patients. The work builds on initial findings by Moxley more than 20 years ago, when he discovered a type of insulin resistance in myotonic dystrophy patients.

The scientists also will establish a resource where cell lines, tissues and antibodies of interest can be shared with other doctors for research. Moxley already heads an NIH-funded national registry of patients who have been diagnosed with myotonic dystrophy or FSHD.

In the most recent NIH survey, Rochester's Department of Neurology ranks third in the nation in NIH funding among medical school departments of neurology for efforts against neurological and neuromuscular disorders.

The research team also includes Robert Dirksen, Ph.D. (MAS '88, PHD '92); Eric Logigian, M.D.; William Martens; Michael McDermott, Ph.D.; Nancy Merriman; Shree Pandya, M.S.; and Stephen Welle, Ph.D., all of the University of Rochester; and Maurice Swanson, Ph.D., of the University of Florida at Gainesville.

# Donation funds trauma unit

by Germaine Reinhardt

Rochester restaurateurs Laurence and Dennis Kessler have donated \$2 million to help fund the construction of an adult intensive care unit for burn and trauma patients.

The new Kessler Family Burn/Trauma ICU will be the state's largest and most modern trauma and burn facility outside of New York City. It is part of a larger \$20 million construction project at Strong Memorial and Golisano Children's hospitals to expand ICUs for children and adults.

The Kesslers, who own and operate 21 Burger King and 41 Friendly's restaurants within a 200-mile radius of Rochester, have been loyal supporters of Strong's emergency and trauma services for the past decade. In 1998, the Kesslers donated \$1 million to help fund the construction of the Laurence and Dennis Kessler Regional Trauma Unit in Strong Memorial's emergency department.

On the trauma side of the unit, all rooms will be significantly larger than existing ICU trauma rooms and will contain the necessary equipment to perform bedside procedures. Rooms will be equipped with separate temperature systems to maintain specific heat and humidity requirements to help those patients in shock maintain body temperature.

Rooms for burn patients also have individual temperature controls, along with specially equipped bathrooms and showers for burn victims recovering from skin grafts. In addition, the new unit will house a hydrotherapy room, a physical and occupational therapy gym, and an outpatient room.

Strong expects construction of the new unit to be completed in December 2004.

# NIH awards \$3.8 million for Autoimmunity Center of Excellence

by *Chris DiFrancesco*

The NIH has selected the Medical Center as one of nine universities and hospitals in the nation that will share \$51 million in grants aimed at producing new treatments for autoimmune diseases.

Approximately \$3.8 million will go to Rochester to establish a new, NIH-designated Autoimmunity Center of Excellence, where basic scientists will work closely with clinical researchers to develop treatments for three autoimmune diseases: type 1 diabetes, multiple sclerosis, and lupus.

Ignacio Sanz, M.D., associate professor of medicine and of microbiology and immunology, will lead the new center. Eight scientists and 15 technicians and graduate students will work in three groups, each studying a different disease. Basic scientists will study blood and tissue samples from

patients to identify the immune-system cells that mistakenly attack the body's own cells. Once those cells are identified, the researchers will look for proteins within those cells that, if disabled by a drug, would cause the cells to die or to stop attacking the body's own cells.

"As we hunt for those proteins, we'll be on the lookout for ones that can be targeted by drugs that are already on the market," says Sanz. "It's possible, for example, that a drug developed to treat leukemia works by targeting a protein that's also found in



*Ignacio Sanz, M.D.*

a lymphocyte that mistakenly attacks the pancreas of diabetics." Should such a drug be identified in the lab, the researchers would then conduct clinical trials in volunteers who have diabetes to determine if the drug helps them. If existing drugs don't work, the researchers would go back to the lab to create new agents.

The other institutions that have been designated as Autoimmunity Centers of Excellence include: Albert Einstein College of Medicine, Brigham and Women's Hospital in Boston, Children's Hospital of Pittsburgh, Columbia University, Duke University, University of Alabama at Birmingham, University of California at San Francisco, and the University of Colorado.

# Drug can help improve memory in advanced Alzheimer's patients



by Germaine Reinhardt

A multi-center study directed by University of Rochester Medical Center faculty concluded that the drug memantine, when taken with the commonly prescribed Alzheimer's drug donepezil, helped moderate to severe Alzheimer's patients maintain or in some cases improve their memory and other intellectual functions. Study results appeared in a recent issue of *JAMA*.

Lead investigator Pierre N. Tariot, M.D. (M '78), professor of psychiatry at the University of Rochester Medical Center, said that the study was significant not only because it validates a new class of drugs for the treatment of Alzheimer's, but also because it was the first time positive results have been seen combining two Alzheimer's drugs.

"To find a new medication that can provide substantial benefit to patients at this

stage of the disease, either alone or in combination with another Alzheimer's drug, is certainly good news," Tariot said.

Thirty-seven institutions participated in the study, which compared the efficacy and safety of memantine versus placebo in patients with moderate to severe Alzheimer's already taking the cholinesterase inhibitor donepezil. A total of 404 patients were enrolled, and 322 patients (80 percent) completed the clinical trial.

According to Tariot, patients who took memantine and donepezil versus those on placebo showed statistically significant improvement in cognition, memory and overall daily functioning.

"Family members of enrolled patients," said Tariot, "tended to say things like, 'Gee, he's more like himself. He participates in and can follow a conversation. He can talk on the phone. He does not get as upset.' Or, 'He doesn't

appear to be declining the way he did before.'

"While memantine is not a cure for Alzheimer's, if it helps to keep a person with Alzheimer's at home for six months or one year longer, that is a victory," Tariot added.

The two medications target two separate cell mechanisms. Memantine is known as a "low-to-moderate-affinity NMDA receptor antagonist," which overstimulates glutamate, a brain chemical implicated in nerve cell death when produced in high quantities. On the other hand, donepezil is an "acetylcholinesterase inhibitor," and works by preventing the breakdown of acetylcholine, a chemical messenger in the brain that is important for memory and other thinking skills. Before the FDA approved memantine in October 2003, the only medications approved for Alzheimer's treatments were all acetylcholinesterase inhibitors.

## Many breast cancer patients don't get full chemotherapy doses

by Leslie White

Data from a recent study, published in the *Journal of Clinical Oncology*, points to an alarming pattern in breast cancer treatment: Less than half of women with early-stage breast cancer whose records were evaluated received their full, recommended dose of potentially life-saving chemotherapy.

Researchers from the University of Rochester's James P. Wilmot Cancer Center conducted a comprehensive retrospective analysis and found that 56 percent of the 20,799 women treated for early-stage breast cancer in 1,243 community-based oncology practices nationwide received less than 85 percent of their prescribed chemotherapy dose intensity due to treatment delays or dose reductions.

The findings are especially important because previous studies have demonstrated



*Gary H. Lyman, MD., MPH. (left), was lead author.*

that receiving less than 85 percent of the recommended dose intensity can result in lower survival rates for women with breast cancer.

In 25 percent of the cases in the

Rochester study, patients saw treatment delays of more than a week, and 37 percent had chemotherapy dose reductions due to common side effects of treatment, says Gary H. Lyman, MD., MPH., lead author of the study and director of the health services and outcomes research program at the Wilmot Cancer Center.

The primary cause of chemotherapy delays and dose reductions is neutropenia. Although white blood cell boosters are available to manage neutropenia, researchers found that only a quarter of the patients received them during chemotherapy.

Also in the study, an unusually large number of patients age 65 and older were found to be less likely to receive the recommended dose of chemotherapy, even though studies have shown that elderly patients can benefit from chemotherapy as much as younger patients.

## Researchers form company to develop new class of HIV drugs

by Chris DiFrancesco

Researchers at the Medical Center have begun work on a new class of HIV drugs that may enable the body's own immune system to virtually halt an HIV infection. The researchers have formed a company, OyaGen, Inc., to conduct needed laboratory tests before clinical trials can begin.

The research centers on a crucial enzyme called CEM15, which is produced by human immune system cells and is able to kill a wide range of viruses. CEM15 slips inside a virus and later attacks or "edits" its DNA, making chemical changes to the genetic instructions that allow the virus to replicate. With its DNA garbled, the virus can no longer

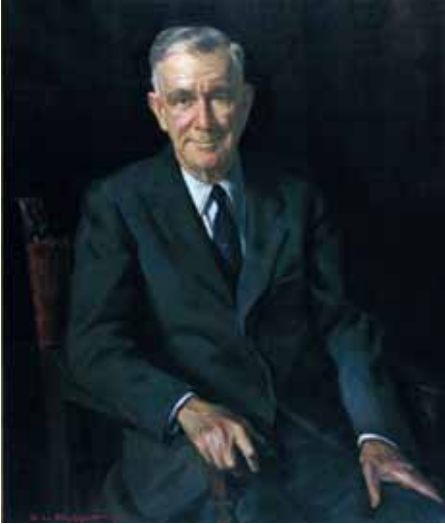
replicate and infect other cells.

But, unlike other viruses, HIV possesses the deadly ability to disable CEM15 by unleashing a protein called "vif" that latches onto it and prevents CEM15 from functioning. With CEM15 neutralized, HIV is able to infect cells and replicate freely. Researchers at OyaGen are testing a potential drug designed to prevent vif from attaching to CEM15.

In lab tests on HIV-infected cells, the drug shielded CEM15 and enabled it to function normally, nearly halting the spread of the infection to other cells. Studies seeking a variation of this drug — delivered as a smaller molecule that is less likely to have side effects — will begin within the year.

The new drugs have been classified as HIV-editing enzyme drugs, or HIVEE drugs, and many in the scientific community believe that an approach of targeting editing enzymes therapeutically may represent the most effective method yet for disabling HIV.

Harold Smith, professor of biochemistry and biophysics at the School of Medicine and Dentistry and a leading authority in the emerging field of editing enzymes, is OyaGen's founder and chief scientific officer. Hui Zhang, MD., Ph.D., an HIV researcher and associate professor of medicine at Jefferson Medical College in Philadelphia, will serve as a scientific advisor to OyaGen.



The 33rd Annual Whipple Society Dinner will be held October 14, 2004.



The George Hoyt Whipple Society was established in 1971 to recognize alumni, faculty and friends dedicated to excellence in medical education — a cause to which George Hoyt Whipple, as the first dean of the School of Medicine and Dentistry, devoted his life. Members contribute at a leadership-giving level of \$1,000 or more during a fiscal year (July 1 – June 30) in support of the School of Medicine and Dentistry and the Medical Center's mission to improve health through caring, discovery, teaching and learning.

Various giving levels recognize leadership donors:

- Whipple Benefactors: \$50,000 +
- Whipple Founders: \$25,000 – \$49,999
- Whipple Advisors: \$10,000 – \$24,999
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- Whipple Fellows: \$2,500 – \$4,999
- George Hoyt Whipple Associates: \$1,000 – \$2,499

In addition, the Young Alumni Club level was established to encourage alumni to give to the School within the first ten years following graduation. Gifts of \$500 or more are considered leadership gifts and recognized under the George Hoyt Whipple Society.

The School gratefully appreciates and acknowledges its leadership donors. It is their generous gifts that help promote a legacy of excellence in education, research, and health care.

Below is a list of Whipple Society members, based on donation levels. For the complete list of all donors to the School, visit the Web site at [www.alumniconnections.com/urmc/](http://www.alumniconnections.com/urmc/). You'll need your password to gain access to the list. If you've forgotten it, use the "Lost Your ID or Password?" link on the Web site, or call the Alumni Office at 800-333-4428.

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 Dr. Joseph Michael Serletti (MD Faculty)  
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*Amie Woods, M.D., says her research project made a huge difference when applying to residencies. She's shown here on two medical trips as a student, in Ecuador in 2000 (left) and India in 2001 (right).*

## Rochester makes a habit of winning AOA research fellowships

The streak is four and counting. Rochester students have received an AOA research fellowship each year since 2001, with the latest, Deepa Camenga (Class of 2005), awarded in March. Before that, Rochester enjoyed another four-year streak, from 1995 to 1998.

It's no easy feat. The awards are limited to one per institution, each medical school can submit only one student proposal per year, and the AOA Honor Society awards only 50 fellowships a year. When it began the program in 1982, AOA presented just five fellowships.

Winners receive a \$3,000 grant for a minimum of three months of research, though some students take a year to work on their projects. Beyond the experience itself, research fellows gain a badge of achievement for their next step in medicine.

"It makes them more competitive for their residencies and helps launch research interests," says Elethea H. Caldwell, M.D. (R '69, FLW '73), Emeritus Professor of Surgery at the University of Rochester Medical Center and the Faculty Councillor for Zeta Chapter of AOA at the University of Rochester. "Winning a fellowship says that this student has an inquisitive mind."

Amie Woods, M.D. (M '04), who won a fellowship in 2003, says her research project made "a huge difference" when applying for residencies. After all, she says, students take many of the same courses. So in residency interviews, Woods was asked about her research over and over, "because it's something that's all yours," she says. Woods' project studied how attitudes toward accepting gifts from pharmaceutical companies tend to change once students become practicing physicians.

A project that's "all yours" makes these fellowships unique in the world of student research. It's not about merely pitching in on a PI's work. While the original inspiration for Woods' project came from essays assigned by her faculty sponsor, J. Frank Richeson, M.D. (M '70, R '76, FLW '79), Woods designed the study, piloted the design, collected and analyzed the data, and wrote the report.

It's invaluable experience — the kind that Caldwell believes is the primary benefit of the fellowship program.

Shana Katzel, M.D. (M '03), won a fellowship in 2001, and her experience changed her ideas about research. "I'm almost positive that, if I hadn't done this, I wouldn't be interested in research in my career," says Katzel, an ob/gyn intern at Strong Memorial Hospital. Now, she plans to continue doing research along with clinical work when she practices. "It helps to keep you fresh, on top of things, and in the know about what's happening in your career,"

*Shana Katzel, M.D., is now interested in doing research, thanks to her fellowship experience.*





she explains.

Katzel also got a taste of the research big time. The paper she wrote with faculty sponsor Eric Schaff, M.D. (R '80), was accepted for journal publication, and she got a chance to present it at a national conference — the only student to deliver an oral presentation that year. She was told to expect 15 or 20 people to attend, but found herself presenting to several hundred.

As nerve-jangling as that was, the entire experience will make at least one upcoming task that much easier. Every Strong ob/gyn resident has to do a research project, and Katzel has gone from being “not a big research person” to knowing all the steps in a successful study.

“I’m coming into it now knowing what I’m doing,” she says. “I’m much more ahead of the game.”

And so her ambition is not simply to

complete a project but to do research that’s publishable.

For Woods, getting results was reward enough. She says she was shocked to receive the grant in the first place, since many of the winning proposals in the past were for clinical research, not social science. But her idea was a fascinating one, based on what she calls “a gold mine” sitting in Frank Richeson’s file cabinet.

Students who graduated between 1995 and 2000 had written essays about the ethical implications of physicians accepting gifts from pharmaceutical companies. In those essays, 76 percent of students had said the practice represented an ethical concern, and 83 percent said such gifts influenced physicians in their prescribing habits. In her project, Woods sent out 265 surveys to the essay writers, who were now physicians. Roughly the same percentage of people — 70 percent — still agreed there was an ethical concern. But now, only 49 percent said that gift-giving influenced prescribing habits.

Woods sees it as a compelling case of cognitive dissonance because, as she points out, the pharmaceutical companies don’t spend billions of dollars a year on these gifts for nothing. From a researcher’s standpoint, getting meaningful results made all the painstaking work worthwhile.

“To take data and turn it into something, to create something — it was exhilarating,” she says.

Other recent fellowship winners were Scott Yoder, M.D. (M '03), now an intern in medicine at Rochester; Agata Bednarz-Volk, M.D. (M '01); Marvalyn DeCambre, M.D. (M '97); Jason Ogiste, M.D. (M '00); and Robert C. Whorf, M.D. (M '98, R '01).

The AOA chapter at Rochester, Zeta Chapter, was founded in 1929.

## Department of Surgery names new chair

Jeffrey H. Peters, M.D., has been named chair of the Department of Surgery and the Seymour I. Schwartz Professor of Surgery at the Medical Center, and surgeon-in-chief of Strong Memorial Hospital. The appointments become effective on July 1.

Peters had been chief of the Division of General Surgery at the University of Southern California (USC) Healthcare Consultation Center in Los Angeles and is professor of surgery at the University of Southern California School of Medicine. He is a respected surgeon, teacher and NIH-funded researcher who developed at USC a nationally prominent Division of General Surgery. He is interested in replicating that success at Rochester.

Peters is an energetic and strategic leader who is committed to making the University’s Department of Surgery one of the finest in the country. He is an international authority on the etiology, diagnosis and treatment of esophageal disorders and has published more than 160 scientific papers and 70 book chapters.

A graduate of Ohio State University School of Medicine, Peters completed internship, residency and fellowship training at Johns Hopkins Hospital, where he also did graduate work in the Department of Molecular Biology and Genetics. In addition, Peters completed a second fellowship in esophageal surgery at Creighton University. He is the recipient of numerous awards recognizing excellence in research and teaching.

Arthur Hengerer, M.D., provided able leadership to the department as interim chair for nearly three years.



*Todd Thierer, D.D.S.  
(MPH '97)*

## Thierer becomes medical director for Eastman Dental Center

Todd Thierer, D.D.S. (MPH '97), is the new chief quality officer for dentistry at the University of Rochester Medical Center and the medical director for the Division of Eastman Dental Center (EDC).

In making the announcement, Cyril Meyerowitz, B.D.S., M.S. (MAS '79), professor and chair of Eastman Department of Dentistry (EDD) and director of the EDC, thanked Dov Almog, D.M.D., who had served as the EDC's associate dental director. Almog will continue with his clinical, educational and research interests as a faculty member in the Division of Prosthodontics.

In addition to his new appointment, Thierer will maintain his role as director of the University of Rochester General Practice Residency Program in General Dentistry, co-chief of the EDD's Division of General Dentistry and director of Ambulatory Dental Services at the Strong Memorial Hospital site. He is an associate professor in the EDD and also is director of the University of Rochester Dental Faculty Group at Strong.

"Todd brings years of experience from the hospital side of oral health care, and his strength is in dental decision-making, treat-

ment of medically compromised patients, and dentist-patient communication," said Meyerowitz. "This is another positive step in helping us achieve our vision as a service/education system that is a national model for the integration of dentistry with medicine and the health-care system."

Thierer received his D.D.S. degree from the State University of New York at Buffalo in 1988 and his MPH degree in 1997 from the University of Rochester. He is the chair of the Seventh District Dental Society Council on Dental Education and Licensure and a delegate from the American Association of Hospital Dentists to the American Dental Education Association. He sits on the Postdoctoral General Dentistry Education Review Committee for the Commission on Dental Accreditation and is a member of the American Dental Association, the International/American Association of Dental Research, American Association of Public Health Dentistry and the Society for Medical Decision Making.

## Orthopaedic surgeon to head UR faculty group

David S. Guzick, M.D., Ph.D., dean of the School of Medicine and Dentistry, has appointed Kenneth E. DeHaven, M.D., a long-time faculty member in the Department of Orthopaedics, as senior associate dean for clinical affairs. This position includes the directorship of the University of Rochester Medical Faculty Group, the faculty practice organization for clinical faculty members in the School. The appointment comes as Raymond Mayewski, M.D. (R '76) — who held the post for 14 years — steps down to assume a new role as director

of the University's new Center for Primary Care.

Mayewski will continue as chief medical officer for Strong Memorial and Highland hospitals.

For nearly three decades, DeHaven has served as an orthopaedic surgeon at the University and Strong Memorial Hospital. Recruited from the Cleveland Clinic in 1975, DeHaven was promoted to professor of orthopaedics in 1983. He currently serves as associate chair of the Department of Orthopaedics and is director of sports medicine at the University of Rochester School of Medicine and Dentistry.

DeHaven graduated cum laude from Dartmouth Medical School and AOA from Northwestern University Medical School before completing his postgraduate training at the Cleveland Clinic Foundation.

"Ken is a great fit for this position," says C. McCollister Evarts, M.D. (M '57, R '64), senior vice president and Strong Health and Medical Center CEO. "He's earned the respect of the faculty, plus he has the knowledge, the perspective and the energy to carry on in the successful tradition of Ray Mayewski."

Long respected for his surgical skill, DeHaven is known nationally as a leader in sports medicine research and a worthy mentor to other orthopaedic surgeons. He has authored or co-authored more than 80 peer-reviewed articles and 30 textbooks or chapters of textbooks. DeHaven has served as president of the American Academy of Orthopaedic Surgeons, The American Orthopaedic Society for Sports Medicine, and the Arthroscopy Association of North America. As a sports medicine clinician, DeHaven is credited with saving the careers of hundreds of prominent or promising athletes. He serves as team physician for the Rochester Americans professional hockey team and

the Rochester Rhinos soccer team, as well as the University of Rochester athletic teams.

## Major grant will further entrepreneurship in medicine

The Ewing Marion Kauffman Foundation has selected the University of Rochester as one of eight institutions across the country—

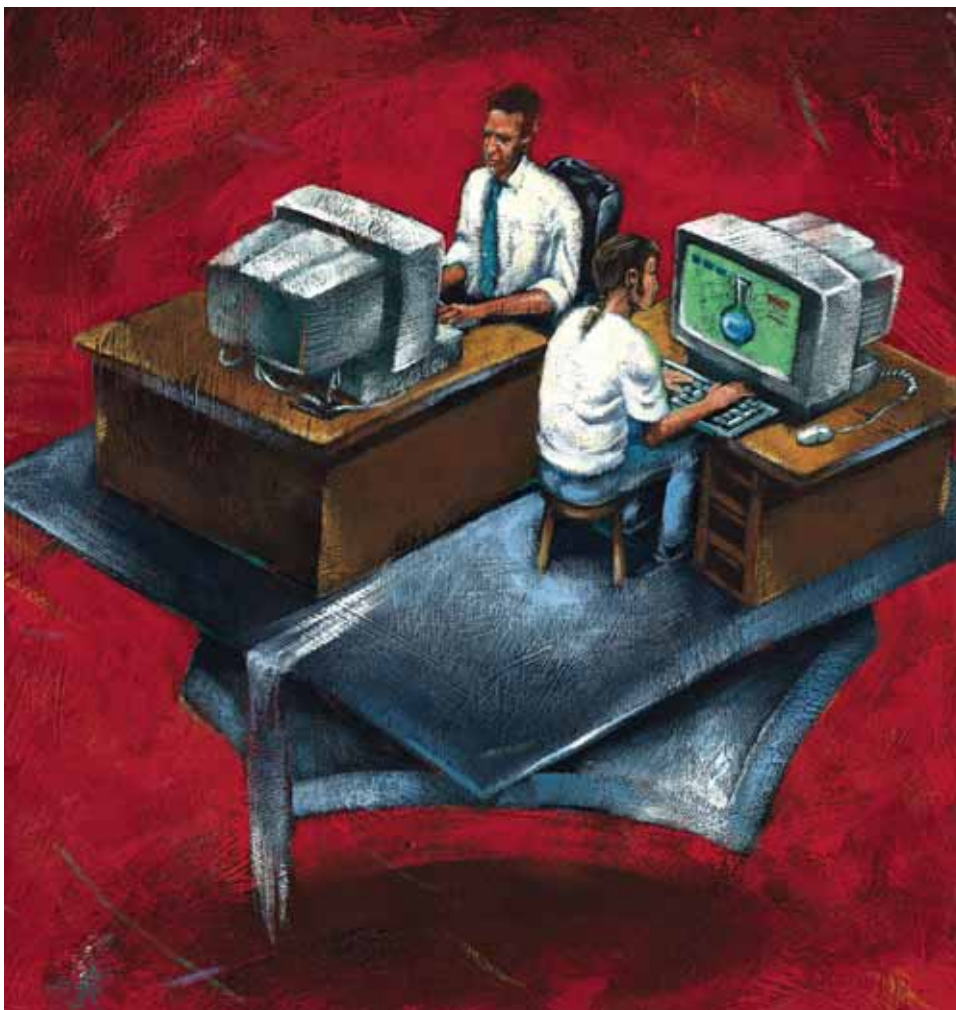
and the only one in the Northeast—to receive a major, multi-year grant to make entrepreneurship education an even deeper ingredient of academic activity.

The foundation has awarded the University \$3.5 million, which will be part of a \$10.5 million program over the next five years to embed entrepreneurship into programs across the disciplines and schools. For alumni, the grant will lead to the creation of an Alumni Entrepreneur Network for student mentoring and networking opportunities for young alumni.

A University Center for Entrepreneurship

will be created to identify new partnerships with alumni, local businesses and nonprofit organizations; to encourage faculty in designing coursework and programs; and to advance research in “best practices” in entrepreneurship education.

The Ewing Marion Kauffman Foundation ([www.kauffman.org](http://www.kauffman.org)), based in Kansas City, works with partners to advance entrepreneurship in America and improve the education of children and youth. The foundation was established in the mid-1960s by the late entrepreneur and philanthropist Ewing Marion Kauffman.



## Medical students turned tutors are lauded by the media

*The Democrat and Chronicle*, Rochester's daily newspaper, recently praised the more than 50 students from the University of Rochester School of Medicine and Dentistry who take time out from their busy schedules to volunteer as tutors.

During the school year, the medical students spent each Saturday morning at a city middle school, Virgil I. Grissom School 7. They were led by organizer Adrienne Morgan in the Office for Medical Education. Morgan's own family often helped out as well.

The volunteer tutors worked with as many as 75 elementary school students each week.



*Mac Evarts, M.D., recognizes William A. Peck, M.D., at a dinner in Peck's honor.*

alumni in St. Louis and alumni who worked with Peck when he was in charge of residents at the University of Rochester School of Medicine and Dentistry. Long-distance attendees included William "Al" Munson, M.D. (R '67, F '68), and his wife, Polly, from Colorado, and Roswell Eldridge, M.D. (M '60), who came all the way from Rensselaerville, N.Y. (his wife, Juanita, flew in from North Carolina, where she works).

During his tenure as executive vice chancellor, Peck helped the Alvin J. Siteman Cancer Center at Washington University School of Medicine and Barnes-Jewish Hospital receive national recognition, becoming a National Cancer Institute-designated Cancer Center. Peck also was instrumental in the construction of the Siteman Cancer Center's new 107,422-square-foot state-of-the-art facility.

The School of Medicine emerged as the nation's most academically selective medical school under Peck's leadership. Before Peck stepped down as dean last year, *U.S. News and World Report* ranked the school second overall in the nation.

Peck has served as chair of the Association of American Medical Colleges (AAMC) and as chair of the AAMC Council of Deans. He is a member of the National Academy of Science's Institute of Medicine. He also has been an adviser to such organizations as the FDA and the NIH on numerous issues.

A renowned internist, Peck has written more than 100 scientific publications about bone cell function and the causes of osteoporosis. His numerous awards and honors include an NIH Career Program Award, the Washington University Clinical Teacher of the Year Award and the FDA Commissioner's Award. He received an honorary degree from the University of Rochester in 2000.

Peck spent 10 years on the faculty at Rochester before joining the Washington University School of Medicine in 1976. He later became the first person to serve as both dean of

the medical school and executive vice chancellor for medical affairs.

## Castillo elected president of international dentistry society

Ramon Castillo, D.D.S. (MAS '68), was elected to the world presidency of the International College of Dentists, the oldest international honorary dental institution.

Castillo, who specializes in pediatric dentistry, practices in Lima, Peru. He is the first South American dentist to be elected president

of the International College of Dentists, founded in 1927 and with members from 89 countries. Membership is by invitation only.

Castillo is one of the founding professors of the Universidad Peruana Cayetano Heredia College of Dentistry and its past dean. His wife,



*Ramon Castillo, D.D.S.*

Mirza, is a dentist, his three children are dentists, and two of them also married dentists.

Castillo is a member of numerous professional groups, including the American Dental Association, International Association for Dental Research, and the International Association of Pediatric Dentistry.

## Peck receives National Children's Cancer Society Legacy Award

William A. Peck, M.D. (M '60, H '00), the Alan A. and Edith L. Wolff Distinguished Professor of Medicine at Washington University School of Medicine and director of the new Center for Health Policy at Washington University, has received the National Children's Cancer Society Legacy Award 2004.

He and *Today Show* co-anchor Katie Couric were honored at the society's International Humanitarian Award Dinner 2004 in St. Louis.

Peck was honored for his significant and lasting contributions to the medical profession.

The University of Rochester Medical Center also honored Peck, in a separate dinner event, for his 14 years as Washington University School of Medicine dean and executive vice chancellor for medical affairs. Some of his Class of 1960 classmates attended, along with

## Campbell named chair of Family Medicine

Thomas L. Campbell, M.D. (R '82, FLW '83), has been named the William Rocktaschel Chair of the Department of Family Medicine of the University of Rochester School of Medicine and Dentistry.

Campbell is nationally recognized for his work on the family in medical practice and the influence of the family on health. A gifted teacher and mentor, Campbell was voted Faculty Teacher of the Year by graduating residents in 1987. In 1988, he was awarded the Patient Care Award for Innovation in Family Medicine Education from the Society of Teachers of Family Medicine, a 5,000-member organization affiliated with the American Academy of Family Physicians. Campbell has authored or co-authored more than 100 books, chapters and journal articles.

*U.S. News and World Report* recently recognized the University of Rochester Medical Center's Department of Family Medicine as one of the top 15 in the country. Before being named chair, Campbell served for 13 months as interim chair.

Campbell is a summa cum laude graduate of Harvard College and received his medical degree from Harvard Medical School. After completing his residency in family medicine and a fellowship with George Engel, M.D., Campbell joined the faculty of the Department of Family Medicine. He achieved full professorship in 1998.



*Thomas L. Campbell, M.D.*

## Physician power: Alumni among the most powerful in health care

Dennis O'Leary, M.D. (R '68), and David Nash, M.D., MBA (M '81), were voted the 10th and 80th most powerful people, respectively, in health care in *Modern Healthcare's* second annual ranking of the 100 most powerful people in the industry. A University of Rochester School of Nursing graduate, Pamela Thompson, was voted the 21st most powerful.

The list was based on rankings by readers of *Modern Healthcare*, the weekly publication covering health care business news.

O'Leary, as president of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), oversaw a transformation of the accreditation process to emphasize evaluation of the actual performance of organizations.

He is credited with launching new accreditation programs for health plans, integrated delivery systems and other health care networks.

Before joining JCAHO, O'Leary was a dean at George Washington University Medical Center.

David Nash is the founding director of Health Policy and Clinical Outcomes at Jefferson Medical College of Thomas Jefferson University in Philadelphia. The university recently designated the Office of Health Policy an academic department within the medical school and named Nash, associate dean,



*David Nash, M.D., MBA*



*Dennis O'Leary, M.D.*

the first chair of the department.

Nash is nationally recognized for work in pharmaceutical economics, outcomes management, medical staff development, quality-of-care improvement and managed-care medical education. His quality-improvement work includes appointment to JCAHO's National Performance Council and to the board of trustees of the Foundation for Accountability.

Pamela Thompson is CEO of the American Organization of Nurse Executives (AONE), a subsidiary of the American Hospital Association.

Founded in 1967, AONE is a national organization of nearly 4,000 nurses who design, facilitate and manage care. Its mission is to represent nurse leaders who improve health care.



*Pamela Thompson*

## Lounge in Helen Wood Hall renamed for Mac and Nancy Evarts

It was the place where suitors met nursing students, back in the day of chaperones and no-male-visitor dorm rooms. Now, the lounge where medical student Mac Evarts would meet up with nursing student Nancy Lyons has been named the Evarts Lounge, in recognition of a generous pledge of support.

The official dedication took place on March 25, with a cocktail reception and many friends and alumni in attendance. A highlight included the unveiling of a formal portrait of Nancy and C. McCollister “Mac” Evarts, M.D. (M ’57, R ’64), senior vice president and vice provost for health affairs and Medical Center CEO. The portrait was taken by Thomas Jackson, president of the University of Rochester, and is now hanging in the Evarts Lounge, along with a plaque that reads:

*Nancy Lyons Evarts, R.N. and  
C. McCollister Evarts, M.D.*

*It was a fateful day in the fall of 1953 when medical student C. McCollister “Mac” Evarts was injured in a football game. His future bride, Nancy Lyons, was the student nurse assigned to care for him in the Emergency Room. This chance encounter for the two University of Rochester students was the beginning of their life together. Their courtship continued and they were married in 1955. They have three children and ten grandchildren.*

*Nancy Lyons Evarts, R.N., graduated from the School of Nursing at a time when the role of professional nurses was being expanded. She became an instructor at the school, and had a lasting influence on her students. She fostered her affiliation as an alumnus, and remains interested in the nursing profession and nursing education.*

*After graduation Dr. Evarts remained at the University for his residency, which was interrupted by two years in the United States Navy. He then spent 10 years as an orthopaedic surgeon and subsequent department chair at the Cleveland Clinic.*

*In 1974 he was appointed the first chair of the newly created Department of Orthopaedics at the University of Rochester School of Medicine and Dentistry. In 1987 he became the Chief Executive Officer of the Hershey Medical Center and Senior Vice President for Health Affairs and Dean of the Pennsylvania State*



*Mac Evarts, M.D., and Nancy Lyons, R.N., met while Mac was in medical school and Nancy was in nursing school at Rochester.*

*University College of Medicine. In 2003 Dr. Evarts returned home to the University of Rochester and was appointed Senior Vice President and Vice Provost for Health Affairs, and Medical Center Chief Executive Officer.*

*Dr. and Mrs. Evarts continue their commitment to health care by generously supporting the nursing and medical profession, and by providing the vision and leadership to promote new opportunities of excellence.*

## Dentistry alumni reunite at Florida reunion

In November, 340 people gathered in Naples, Fla., for a five-day Dentistry reunion — the first since the Dentistry merger. There were general sessions, educational seminars led by Dentistry and University alumni, and plenty of time to renew friendships.

Cyril Meyerowitz, B.D.S., director, Eastman Dental Center and chair, Department of Dentistry, called the event “a huge success.”

The five days culminated in a dinner for alumni and friends at the Naples Beach Hotel



photo by Christopher Raimy

*University President Thomas H. Jackson (left) took the formal portrait of the Evarts that now hangs in the newly renovated Helen Wood Hall lounge. Here they prepare for the photo shoot.*



*More than 300 dentistry alumni gathered in Naples, Fla., for the first reunion since the Dentistry merger.*

and Golf Club. The whole crew came together to thank the hosts of the reunion, Phyllis and Oivind Jensen, who worked closely with Stanley Handelman, D.M.D., in planning the reunion.

Mac Evarts, M.D., senior vice president and Strong Health and Medical Center CEO, spoke to the gathering, saying he'd developed a new appreciation for dentistry's efforts in postdoctoral education, research and patient care from his meetings with Meyerowitz. He added that they both share the view that a close working relationship between medicine and dentistry can be beneficial to patients in the Rochester community.

Meyerowitz gave a presentation of the past, present and future of Dentistry at Rochester, which set the stage for presentation of four alumni awards. Honored that night were: Robert Bray, D.D.S. (D '75), for alumni affairs. Bray was honored for his loyalty and commit-

ment to Dentistry at Rochester and to the Orthodontic Division. His visibility as an active and contributing alumnus, specifically in seeking funds for the division for nearly three decades, illustrates his dedication to Orthodontics. Bray is in private practice as an orthodontist.

He serves on the Board of Trustees of the American Association of Orthodontics and is a clinical associate professor in the Department of Orthodontics at Temple University School of Dentistry. Robert Burne ('88 PHD) for research.

Burne was recognized for excellence in research, based on the number and quality of publications in distinguished scientific journals. He also was honored for his presentations to scientific societies, the impact of his work on current scientific thinking, and his leadership in research and training. Burne is the chair of Oral Biology at the University of Florida. Jay Gershen, D.D.S. (D '73), for academics. Gershen has had not only a national impact on dental education but also a significant influence on health care policy. His influence is evidenced by the number, diversity and quality of his publications and achievements as an administrator at the highest level of an academic institution. Gershen is the executive vice chancellor and professor of applied dentistry at the University of Colorado Health Sciences Center.

Jack W. Howitt, D.D.S. (D '62), for community service. Howitt was recognized for his contributions to the well-being of indigent and disabled adults and children in the Rochester area, as exemplified by the pioneering of the SMILEmobile vehicles, still providing service today. He has volunteered his services to the Al Sigl Center and its efforts to assist people with disabilities, leading the center as chairman of its Board of Directors. He also established the Howitt House residence and

*Mac Evarts, M.D., presents a gift to Elizabeth Star who, with her husband, Stanley, hosted the George Eastman Associates (\$1,000+ donors) reception and sponsored dinner at the Port Royal Club.*



photo by Keith Bullis

rehabilitation facilities for multiple sclerosis and cerebral palsy patients. Howitt is the CEO of Midland Management, Ltd.

One final note of recognition went to Stanley Handelman, the reunion chairman who made the reunion a reality.

## Warren Pear honored for leukemia research

The Leukemia & Lymphoma Society honored Warren Pear, M.D., D.Sc. (M '89), as a Stohlman Scholar at the society's latest annual Leadership Conference held in Cleveland.

Pear, associate professor of pathology and laboratory medicine at the University of Pennsylvania, is one of five outstanding scholars to receive the annual Stohlman Award while in the fifth year of their research scholarship. Society scholars are investigators who have demonstrated their ability to conduct original research on leukemia, lymphoma or myeloma.

"Dr. Pear's studies represent leading-edge research and the society is pleased to recognize his accomplishments in advancing blood cancer research with a Stohlman award," said Marshall Lichtman, M.D. (R '66), executive vice president of research and medical programs of The Leukemia & Lymphoma Society.

During his postdoctoral fellowship at Rockefeller University and Massachusetts Institute of Technology, Pear and his colleagues developed a methodology that facilitated retroviral gene transfer, which is now used worldwide. Much of his current research is focused on the function of "Notch" proteins. The human Notch protein was discovered in

a subset of T-cell leukemias, and Pear's lab is working to define the precise mechanisms by which Notch causes leukemia.

Pear is a member of the Abramson Family Cancer Research Institute and the Institute for Medicine and Engineering. The Stohlman Scholar award is given in memory of Dr. Frederick Stohlman, Jr., who was a major figure in research of stem cell physiology.

## Greenland named editor of *The Archives of Internal Medicine*

Philip Greenland, M.D. (M '74, R '78), has been named the new editor of *The Archives of Internal Medicine*.

Since 1991, Greenland has been the Harry W. Dingman Professor of Cardiology and chair of the Department of Preventive Medicine at Northwestern University Feinberg School of Medicine.

From 1980 to 1991, he was assistant and associate professor at the University of Rochester Medical Center, with appointments in the Department of Medicine and the Department of Psychiatry. Greenland was a visiting professor of cardiology at the Henry Neufeld Cardiovascular Institute at Tel-Hashomer Hospital at Tel-Aviv University, Israel, from 1989 to 1990.

Greenland's research, teaching and clinical interests focus on the prevention of cardiovascular diseases. He has received numerous research grant awards and has authored or co-authored over 140 papers, book chapters and monographs on topics related to heart disease prevention.

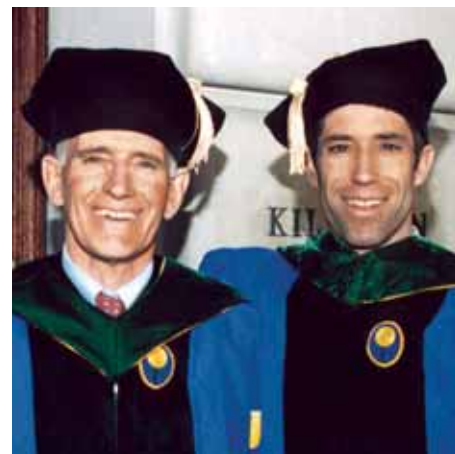
Greenland will be succeeding James E. Dalen, M.D., M.P.H., who served as editor of *The Archives of Internal Medicine* for 17 years.

## Is Rochester your family tradition?

Does your family have more than one generation of School of Medicine and Dentistry graduates? If so, we'd love to hear from you for an upcoming story.

We're interested to know what made you decide to attend and what encouraged your children and/or parents to apply. Did going to the same school help make the experience better or more rewarding? Did you or your parents notice major differences in the School by the time the next generation attended? Did attending the same school bring your family closer in some ways?

We'd love to hear from you. Send your stories to [RochesterMedicineMagazine@urmc.rochester.edu](mailto:RochesterMedicineMagazine@urmc.rochester.edu). We hope to tell your tales in a future issue!



William Medd (M '68, R '70) and his son, Donald Medd (M '02)

## Scholarships beget more scholarships

Nyla Cole Kelson, M.D. (M '51), applied to medical school on a whim, and only because her college roommate had some extra forms lying around the dorm room. She mailed them in, to the University of Chicago and the University of Rochester, and was accepted by both. But the California native thought that winters would be bad in Chicago, so she chose Rochester (she was a good student, but apparently not of meteorology).

Then she learned just how much medical school would cost. When she informed her parents, who ran a small farm, they made

it clear there was no way they could afford it. So Kelson declined Rochester's offer. The Admissions people promptly wrote back, asking whether she would reconsider if they offered her a scholarship to cover tuition and room and board. She didn't hesitate to say yes.

That one scholarship, offered more than 50 years ago, affected countless people as Kelson's career blossomed. She worked for decades as a psychiatrist at the University of Utah Health Science Center, chaired the President of the United States Committee for the Employment of the Mentally Handicapped, and served as the first director of the Utah Mental Health Clinic — the forerunner of the mental health care system now firmly established throughout the state. Through it all, her greatest passion remained the direct care she gave to patients and families.

And now, that one scholarship will lead to many more. Kelson died on Aug. 26, 2003, leaving half her estate for the School to use as scholarships for worthy students, especially women. Before she died, she explained that she wanted to establish the Albert Hulbert Kelson and Nyla Cole Kelson Scholarship because of that original scholarship the School gave to her, which provided an opportunity she never would have had.

Numerous alumni have made the same sort of generous gifts to the School over the years, and hundreds of alumni can tell similar stories of getting through medical school thanks to scholarships. The simple fact is that today's financial demands are making it even tougher on students.

It's one reason the School is putting a greater emphasis on establishing gifts and scholarships for students, with a new emphasis on merit-based scholarships to complement the existing roster of need-based ones.

Recently, the School of Medicine and Dentistry and the School of Nursing received an estate gift to establish the Marjorie Stuber Cleveland Endowed Scholarships to attract and retain the most gifted and talented students regardless of their financial need. In her will, Cleveland stated that the money passing into the scholarship fund originated from services rendered in the Rochester area by her ancestors and from investments she and her ancestors made, so her merit-based scholarships are to go to students who are likely to remain in the Rochester area after graduation.

And in March, a new gift was announced for the Louis A. Goldstein and Mildred M. Goldstein Orthopaedic Research Fund of the Department of Orthopaedics. Interest from the fund will be used for financial support of a Louis A. Goldstein Scholar — either a post-doc research fellow or junior faculty member who will be applying for NIH grants. Selection will be based on the applicants' CV and research proposal.

"Gifts like these will help us attract more of the best and the brightest to our School," says David Guzick, M.D., Ph.D., dean of the School of Medicine and Dentistry. "It's all part of finding the right balance to supporting our students. The more we can encourage with merit-based scholarships, the stronger our School and our programs become."

Merit-based scholarships have been awarded to a limited extent in the past at Rochester. But Dean Guzick believes that new ones are needed in order to stay competitive with other medical schools that have more of a history in that realm.

Still, need-based scholarships will continue to be the lifeblood of the School's support of students. For the Class of 2004, a student's average debt for medical school



was more than \$130,000. For some, it was much higher.

Erin Denney (Class of 2004) says that, for her, “every single thing in medical school has been on loan.” That has added up to more than \$200,000 of debt, which she admits made her very nervous. The Texas native did have the option of staying in her home state for medical school and saving \$100,000 by paying in-state tuition. But there was one problem with that scenario.

“I really loved Rochester,” says Denney. “Rochester was my first choice from the very beginning. As soon as I got the acceptance letter, I decided I was going to Rochester.”

Her parents, meanwhile, had already paid much of her undergraduate tuition and, with Denney’s brother and step-brother attending college as well, had been paying some sort of tuition every year for ten years straight.

All this is why an unexpected

letter in her mailbox this year stopped her in her tracks. Without realizing she was being considered, she had been awarded the Class of 1954 Scholarship to help with her costs. The \$24,000 in loan forgiveness, she points out, actually amounts to much more because it will mean less interest accruing over the years.

“It’s a wonderful thing — I was floored,” Denney says. “I kept looking to see if there was some sort of mistake.” In fact, she walked into the Financial Aid Office the next day to make sure it hadn’t been sent in error, and then to verify that they had typed the amount correctly. When everything checked out, she says she felt “very, very honored.”

The scholarship will ease Denney’s worries — especially considering she’ll have to defer her loans during her residency.

“I’ll be able to pay off my loans sooner and start my life sooner,” she says.

Every time a new scholarship gift is made, it represents one more way that alumni and friends help the cause of medicine — in this case, investing in the physicians and

scientists of the future.

Just this year, one of the first female graduates of the School of Medicine and Dentistry, Helen Kingsbury Coffin, M.D. (M ’32), endowed the Helen Kingsbury, M.D. Scholarship Fund through her will. Coffin, who died on May 8, 2003, at the age of 96 also had made regular donations to the School. Several years earlier, her classmate and friend, Robert C. Manchester, M.D. (MS ’30, M ’32), of Cupertino, Calif., started the Dr. William C. Manchester Memorial Scholarship Fund to provide scholarships to students of the School whose financial circumstances and academic achievements merit assistance. The fund was started with donations from William C. Manchester and Winifred Manchester, their family and friends.

“Gifts like these show the tremendous loyalty and generosity of our alumni,” says Dean Guzick. “That helping hand lets our students know that they’re not in this alone. And hopefully, it will set a great example for a time when they’re in the position to make a difference in another student’s life.”



## Endowed Scholarships At Rochester

The following endowed scholarships established by alumni and friends of the University of Rochester School of Medicine and Dentistry support the academic mission of the school. Our gratitude and the gratitude of the students who benefit from their support is extended to the donors of each fund. If you are interested in establishing a scholarship fund, please contact the Office of Academic Development at 585-273-5954.

Academia dei Lincei Fund  
 Dr. George and Mary Ellen Anderson Scholarship Fund  
 Charles R. Barber Scholarship Fund  
 William H. Bowen Fund for International Scholars  
 Leon & Cecile Brontman Fund  
 Lucy R. Burne Medical School Scholarship Fund  
 Robert B. Burton, M.D. Memorial Scholarship  
 Harvard Castle Scholarship Fund  
 Class of 1954 Scholarship Fund  
 Class of 1965 Scholarship Fund  
 Class of 1970 Scholarship Fund  
 Class of 1976 Scholarship Fund  
 Class of 1996 Scholarship Fund  
 Samuel Wolcott Clausen Scholarship Fund  
 Merritt & Marjorie Cleveland Fellowship  
 Jules Cohen, M.D. Scholar Endowed Fund  
 Bryce Collier Memorial Prize Fund  
 Dr. Frank B. Collins Fund  
 Milton Bookstaver Comfort Scholarship Fund  
 Grace and Forster Courthope Memorial Fund  
 The Albert V., M.D. & Janet W. Cutter Medical Student  
 Scholarship Fund  
 Bernard Donovan Scholarship Fund  
 William & Ilse Ehrenstein Scholarship Fund  
 Carl B. Emerson Memorial Scholarship Fund  
 Dr. Paul S. Emerson Memorial Scholarship Fund  
 George L. Engel Chair in Psychosocial Medicine  
 Alice & Stewart Espey Scholarship Fund  
 Eye Alumni and Friends Library  
 Max M. Farash Development Fund  
 Wallace O. Fenn Fund  
 Dr. Donald Ferris & Dr. Ruth Boak Scholarship  
 Sidney Feyder Memorial Medical School Scholarship  
 Dr. Frank Fowler & Harriet Brown Dow Scholarship  
 Richard E. Fullerton Scholars Program  
 Dr. Charlotte Gast Scholarship Fund  
 Carol A. & Lowell A. Goldsmith Medical Student Scholarship  
 Jacob David Goldstein Memorial Fund in Medicine  
 Sidney Guzick Scholar Fund  
 J. Stewart Hamilton Scholarship  
 Carl M. Harris Academic Fund  
 James Francis Harris Memorial Medical Scholarship  
 William B. & Phyllis H. Hawkins Memorial Scholarship  
 William Randolph Hearst Scholarship Fund  
 Robert A. Hoekelman Scholarship Fund  
 Dr. Marvin J. Hoffman and Nancy Yanes-Hoffman  
 Medical Scholarship Fund  
 Robert Infurna Memorial Fund  
 A. H. & N. C. Kelson Medical School Scholarship Fund  
 Helen Kingsbury, M.D. Scholarship Fund  
 Dr. Henry Koch Scholarship Fund  
 Charles D. Kochakian Award  
 John D. Leidholt Scholarship Fund  
 Carl & Leah Lichtman Lubin Scholarship Fund  
 Light Family Medical Scholarship Fund  
 Paul S. Livermore Memorial Fund  
 James H. Lockhart Jr. Scholarship Fund  
 Helene E. & Arthur M. Lowenthal Scholarship Fund  
 Dr. William C. Manchester Memorial Scholarship Fund  
 Eleanor and Harold Marsh Endowed Scholarship Fund  
 Dr. John Scott McFarland Scholarship Fund  
 Leon L. Miller Graduate Student Fellowship  
 Minority Student Scholarships  
 William F. Neuman Scholarship Fund  
 Arthur J. and Mary M. Redmond Scholarship  
 Fanny & Henry Rice - Daughter's Memorial Fund  
 Rochester Chinese Association Paul Yu Schol. Fund  
 Lewis Wheeler Rose, M.D. Fund  
 Emily Rowe & Roger Cass, M.D. Scholarship Fund  
 Rural Medicine/International Health Fund  
 Irving Spar Graduate Fellowship Fund  
 J. Newell Stannard Graduate Student Scholarship  
 Dr. Jack I. Stein Memorial Prize  
 Dr. William W. Stiles Memorial Fund  
 Elmer H. Stotz Year-Out Fellowship  
 W. G. Stuber Memorial Fellowship Fund  
 Alvin L. Ureles, M.D. Scholarship  
 Helen E. VanAlstine Scholarship  
 Albert and Phyllis Weber Endowment  
 Katharine W. Whipple Scholarships  
 Frances Hulbert White Scholarship Fund  
 Gilford W. Wilson Memorial OB/GYN Resident Award Fund  
 Dr. Kenneth W. Woodward Endowed Support Fund  
 Mrs. Paul N. Yu (I.Ling) Fund



photo by Christopher Raimy

## For Robert Manchester, planning for the future means remembering the past

Robert Manchester, M.D. (MS '30, M '32), believes in the importance of education and the need to give back.

In 1986, Manchester and his sister funded the William C. Manchester Memorial Scholarship, in honor of their father, to assist students of the School of Medicine and Dentistry.

"It always seemed to be that education is one of the most important things in our society," Manchester said. "I felt that it was my duty to pass on some of the advantages that I had — given that my family put me

through medical school during the Depression with no cost to me."

Manchester recently made a new commitment to the Manchester Scholarship by establishing a substantial charitable gift annuity. A gift annuity not only provides a current income tax deduction, it also provides a steady stream of income to a donor or beneficiary for his or her lifetime.

"I think it's a wonderful way not only to do good with your money, but also to ensure having a sound income during my retirement," he said. "It certainly worked out very well for me."

For more information on charitable gift annuities, establishing a scholarship fund or other tax-wise ways to leave a legacy to the school of Medicine and Dentistry, please contact:

The Office of Trusts and Estates  
590 Mt. Hope Avenue  
Rochester, NY 14620  
585-273-5904, 1-800-635-4672  
Kreckel@alumni.rochester.edu

(above, from left) Robert Manchester and sisters Ida and Lois, father William Manchester, mother Winifred, and brother Ralph. (at right) Robert Manchester today.

Yes, please send more information on:

- Charitable Gift Annuities
- Establishing a Scholarship Fund at the School of Medicine and Dentistry
- Information about wills and other planned gifts

Name \_\_\_\_\_ Class Year \_\_\_\_\_

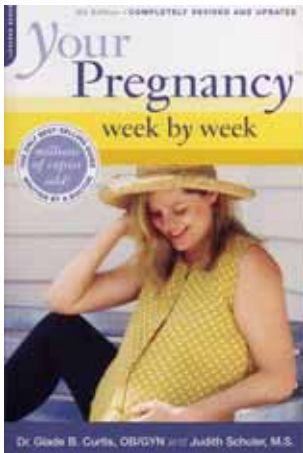
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

- I've already included the School in my estate plans.

Please clip and send this form in with your contribution.

## Author! Author!



Glade Curtis, M.D. (M '79, R '83), with Judith Schuler has just released the fifth edition of the best-selling *Your Pregnancy Week by Week* (Perseus Publishing). First published more than a decade ago, the book has sold more than a million copies.

The fifth edition features new information on 3-D ultrasound and prenatal genetic testing, methods to control pain during childbirth and diet and fitness recommendations. The book's format, with medical facts and coping and planning advice, covers the changes of pregnancy week-by-week to correspond with the way doctors approach pregnancy.

Curtis, who is board-certified by the American College of Obstetricians and Gynecologists, has delivered thousands of babies in his career, including three of his own. He lives in Salt Lake City, Utah, and has collaborated with Schuler on several books: *Your Pregnancy Questions and Answers*, *Bouncing Back After Your Pregnancy*, *Your Pregnancy Journal Week by Week*, *Your Baby's First Year Week by Week*, *Your Pregnancy After 35* and the recently released *Your Pregnancy for the Father-to-Be*.



Olle Jane Sahler, M.D. (M '71, F '77), has co-edited *The Behavioral Sciences and Health Care* with John E. Carr.

Sahler is professor of pediatrics, psychiatry, medical humanities and oncology at the University of Rochester School of Medicine and Dentistry.

The book is designed for medical students and trainees. It provides information on the wide variety of behavioral, social and psychological sciences that comprise the behavioral sciences relevant to health and wellness.

Several Rochester alumni and faculty members are among the contributors to the book, including R. P. Houghtalen, M.D. (R '89), D. X. Parmelee, M.D. (M '75) and M. R. Privitera, Jr., M.D. (R '83), H. Beckman, M.D., FACT, C. D. Clements, Ph.D., J. C. Levenkron, Ph.D., S. Rediess, Ph.D., N. Talbot, Ph.D., Mary Tantillo, Ph.D., RN, CS, and J. M. Ventura, DC, DABCO.

Featured sections cover the brain and behavior, culture and ethnicity, complementary medicine, clinical decision-making, and psychopathology.

Each chapter begins with guidance questions and ends with current recommended readings and review questions. A companion Instructor's Manual will be available on-line.

## Meet the Alumni Council

These dedicated alumni members meet twice a year to plan programs to benefit current Rochester students, coordinate volunteer efforts (such as alumni mentoring of students) and work on programs for the School and fellow alumni. They're the University of Rochester School of Medicine and Dentistry Alumni Council, with members representing all regions of the United States.

**Robert Caldwell, M.D. (M '61, R '69)**, serves as Council President. Caldwell, who lives in Rochester, is clinical associate professor of surgery. **Robert Scala, (Ph.D. '58)**, serves as Vice President. Scala lives in Tucson, Arizona.

The other members of the Council are:

### MEMBERS-AT-LARGE

**Dolores Bacon, M.D.** Class of 1986

**Natalie Bello** (Class of 2005)

**Robert L. Brent, M.D., Ph.D.** Class of 1953, Radiation Biology 1955

**Mary Anna Friederich, M.D.** (M '57, R '62)

**Kathleen Gensheimer, M.D., M.P.H.** (M '77)

**Allan Inglis, M.D.** Class of 1955

**Dennis Kraus, M.D.** Class of 1985

**Frank LoGerfo, M.D.** Class of 1966

**Luke Loveys, M.D.** Class of 1990, Resident 1996

**Michael McKenna, Ph.D.** Toxicology 1975

**Thomas Muldoon, M.D.** Class of 1962

**Robert Murray, M.D.** Class of 1958

**Carol Nadelson, M.D.** (M '61, R '62)

**Robert Sutherland, Ph.D.** Biophysics 1966

**Hechmat Tabechian, M.D., Ph.D.** Class of 1961

**Chad Teeters, M.D.** (Resident in Internal Medicine)

**Jill Weimer** (MS '04) Ph.D. candidate 2005

**Mark Weinstein, M.D.** Class of 1969

### EX OFFICIO MEMBERS

**Chloe Alexson, M.D.** Class of 1954,

Resident 1957, Fellow 1959

**C. McCollister Evarts, M.D.** Class of 1957,

Resident 1964

**I. Donald Stuard, M.D.** Class of 1960

## CLASS AGENTS

## 1939

Dr. John Frazer  
329 Orchard Park Blvd.  
Rochester, NY 14609  
585-288-4002

## 1942

Dr. Arthur Redmond  
210 Hollywood Ave.  
Rochester, NY 14618  
585-271-2339

## 1943

Dr. Ralph Prince  
17 Tobey Woods  
Pittsford, NY 14534  
585-586-9117

## 1944

Dr. Stuart Finch  
20 Avondale Ave.  
Haddonfield, NJ 08033  
856-427-0772  
spfinch@aol.com

## 1949

Drs. Ruth & Bob Lawrence  
1836 Clover St.  
Rochester, NY 14618  
585-461-0018  
ruth\_lawrence@urmc.rochester.edu

## 1950

Dr. Theodore Vanzandt  
79 Stuyvesant Rd.  
Pittsford, NY 14534  
585-385-1183  
tedvz@aol.com

## 1951

Dr. George D'Angelo  
3232 Westwood Estates Dr.  
Erie, PA 16506  
814-833-9065  
gjdmd@adelphia.net

If you want to contact alumni, 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, graduate alumni are listed separately in alphabetical order, and resident and fellow alumni follow in alphabetical order.

## CLASS OF 1944

Class Agent **Stuart Finch** writes:

"It is hard to believe that this October 15–17 will mark our 60th reunion year of graduation from Rochester Medical School. Our school years during World War II were very special and most memorable. We can never recapture them completely but it would be great if we could meet again at our 60th for some recapitulation of our school days and the intervening years. We will arrange some very special events if we can get a reasonable quorum of class members. In the meantime, I will try to bring you up to date regarding a few classmates with whom I have had some recent contact.

"**Ben Duffy**, who we all remember for his wonderful sense of humor, strong convictions and many original ideas, is now retired. He and his wife, Alice, live in Hingham, Mass. After graduation and completion of U.S. Navy medical training, Ben spent five years of residency and fellowship at Memorial-Sloan Kettering Hospital. It was there that he and a pathologist were the first ever to report on the association between ionizing radiation exposure of the thyroid gland and development of thyroid cancer. That observation proved to be one of the most important observations of radiation's effects of our time. In 1951 Ben returned to Rochester as a clinical research fellow and instructor in medicine at the Atomic Energy Project. From there the U.S. Navy recalled him to head up the

radioisotope study sections at the Bethesda Medical Center. This led to a USPHS fellowship year in London, where he reported on the epidemiologic effects of low-dose radiation exposure. Ben eventually went on to Tufts Medical School in Boston as a professor of epidemiology for the rest of his career. This is only a brief synopsis. If he attends our 60th reunion, perhaps he can fill us in on the rest.

"Our roving class emissary, **Jim Parke**, also has had an interesting career. After completing chief residencies in surgery at Genesee Hospital, Rochester General Hospital and Hurley Hospital in Flint, Mich., Jim entered private practice in Albion, NY, where he also was chief of surgery at the Arnold Gregory Memorial Hospital. In 1978 he moved to Jeckyll Island, Ga., where he was the only practicing physician until he retired at age 75. During his years of practice, Jim performed surgery on four continents at his own expense for Rotary, or the Presbyterian or Episcopal churches. In Bolivia, Jim started the only surgical teaching program in the country and in Haiti he communicated with the surgical team only in French. He conducted surgery at a mission in northern Africa for six weeks. Jim has written three books describing his lifetime medical experiences. His daughter and one of his sons are married to physicians. Jim's wife, Nan, died five years ago, and he is now living at Tryon Estates in Columbus, NC. He would like to hear from anyone in the class. In a phone call to the alumni office recently, he told stories of his time as a young doctor in Albion, NY, when the snow was so deep that, to visit a sick child, the State Troopers drove him as far as they could and he had to ski the 15-foot snow drifts the rest of the way. He shared this gem of advice: "Everyone should have a child, write a book and build a house." He happily reports that he has done all three, three times over.

"**Al Sullivan** is retired and lives in Birmingham, AL. While a practicing psychiatrist, he did locum tenens work in eight states, each of which required a separate medical license. On three occasions he also conducted practice in the north of Alaska. These days Al enjoys the medical resources of the University of Alabama and the opportunity to attend performances of the Alabama Symphony Orchestra, whose principal harpist

is his daughter Judy.

**Paul Schloerb** has been an inveterate and reliable representative of our medical school class at virtually every reunion and class affair at the School of Medicine and Dentistry. Paul continues as a full-time professor of surgery in the Department of Surgery at the University of Kansas Medical School. He no longer operates but continues with several active research projects, the teaching of third-year medical students and participation in various medical school committees. Paul is well known nationally in the field of total parenteral nutrition and enteral feedings. He has an active Web site that offers free nutritional support consultations. Paul continues to attend the major surgical meetings in this country and in Europe. He and his wife, Louise, live in Leakwood, Kans. They have five children and eleven grandchildren. Paul will certainly attend the 60th reunion.

**Roger Terry** and his wife, Eleanor, have celebrated 61 years of marriage. After medical school, Roger completed seven years of pathology training at Strong. In 1951 he became a faculty member of the Department of Pathology at Rochester. He rose to the rank of full professor in 1961. In 1969 he became the chief surgical pathologist at the Los Angeles County/University of California Medical Center, then a part-time pathologist in 1982 at the San Gabriel Valley Medical Center. Roger authored many scientific publications and was a member of many prestigious medical societies. He retired this past year but he and Eleanor continue to pursue their very active avocation of ballroom dancing and they spend time with their children and grandchildren. Their son, Orin, is an otolaryngologist at the Kaiser Hospital in Los Angeles.

"Let me remind you again to register early for our 60th reunion in October. Also please continue to send me news about yourselves and classmates."

#### CLASS OF 1946

**Bruce Hallett (M '46, R '53)** writes: "Have been on a wonderful odyssey in the past 10 years, like Odysseus, returning to Ithaka and Penelope. North Carolina, Vermont and then back to New



*(from left) John Brown (MAS '68, Dental Science '69); Cyril Meyerowitz, director, Eastman Dental Center and chair, Department of Dentistry; and Brendan O'Connor (AEGD '85) confer at the Dentistry Reunion in Naples, Fla.*

Jersey, where I practiced for 38 years!"

**Robert Nye, Jr.** writes: "My first son David does neurology in Eau Claire, Wis. His wife is an emergency room nurse and they have five children, ages 8 to 17. My second son, Chris, is on staff of the Alaska Volcano Observatory in Fairbanks. Chris's wife is Superintendent of Alaska State Parks. They have twins, a boy and a girl, aged 12. My third son, Peter, works at PIXAR (maker of full-length computer-generated movies in Oakland, Cal.). I like to spend my free time keeping up with current events, writing letters to the editor and my legislators, and to distant friends."

#### CLASS OF 1952

Class Agent **Chuck Lobeck, M.D.**, had the following thoughts on Bob Coye, M.D., who died in February (see In Memoriam section):

"Bob Coye was one of our most prominent classmates and I am sure you all remember him. His career and mine were entwined. He was at the University of Wisconsin when I went there and demonstrated his great concern for students and their education. He went to Wayne State University in Detroit as dean and I saw him occasionally. He was known for his integrity, concern for the underserved, and belief in universal health care. He retired with his wife,

Barbara, to Suttons Bay, Mich., where he continued his lifelong interest in sailing and hunting. He had a great sense of humor and I felt a real sense of loss when I heard he had died. He performed in the best Rochester tradition.

"Without being maudlin, I must remind all of us that many of our classmates have died, after making great contributions to the health and welfare of humanity. We have lost many. Dell Delenbaugh comes to mind. She was a brilliant scholar of adolescence and a great teacher. Our women classmates were all outstanding: Lois Johnson Hamerman, who is still warning us about the danger of missing kernicterus in infancy, Barbara Hulfish, Marge MacDonald, Trudy Bales. I don't know about you but I had a kind of sadness about the passing of our era. Bob Greenlaw and I were just about the youngest and I was one of the wildest. Too bad I didn't study harder. The old school has changed beyond my ken. Gil Forbes, John Romano, George Engel and almost all of the others of our teachers have gone. But, we were an interesting group phenotype.

"Let me hear from you if you read this. Send me a note about your whereabouts: Chuck Lobeck, 4697 So. Golden Arrow Drive, Green Valley, AZ 85614. E-mail is cclobeck@cox.net."

CLASS AGENTS

1952

Dr. Charles Lobeck, Jr.  
4697 So. Golden Arrow Drive  
Green Valley, AZ 85614  
520-399-9218  
cclobeck@cox.net

1954

Dr. Chloe Alexson  
57 Inglewood Dr.  
Rochester, NY 14619  
585-328-4193  
drcgamd@aol.com

1955

Dr. Saul Milles  
304 Hotchkiss Rd.  
Orange, CT 06477  
203-795-4019  
docsaul@aol.com

1956

Dr. William Kern  
109 Breeze Haven Ter.  
Huddleston, VA 24104  
540-297-2312  
William.kern@prodigy.net

1960

Dr. I. Donald Stuard  
1507 Greenhill Rd.  
West Chester, PA 19380  
610-429-4362  
idstuard@alum.urmc.rochester.edu

1961

Dr. Hechmat Tabechian  
3901 East Ave.  
Rochester, NY 14618  
585-385-2413  
htab@rochester.rr.com

1962

Dr. Frederick Parker  
310 Dewittshire Rd. S.  
De Witt, NY 13214  
315-446-8495  
parkerf@upstate.edu



CLASS OF 1954

**Eugene Farley** and his wife, **Linda (BA '51, M '55)**, continue to speak in public forums on the need for universal health care, using the Canadian Medicare system as a prototype. They write: "Individuals and families seem to have always understood this need and now increasing numbers of businesses and physicians are coming on board. We have always had a hard time understanding why more physicians aren't for it since it reduces paperwork and administrative overhead while assuring there is no such thing as a non-paying patient or cost shifting.

"This November and December, Linda and I had our first art show. Linda's part was her watercolors, portraits, landscapes, and still lifes. My part was "Doodles as Art," with some of my big sculptures, mobiles, paper collages and pen and ink doodles. We had had pieces exhibited in our Wisconsin Regional Artist Program shows, but neither of us had ever had a real "show" before. It was fun.

"In late November and early December, we spent 10 days in Spain and Italy with three of our grandchildren and two of our four sons. One of our granddaughters had just finished a Carlton college semester in Spain and a grandson had finished a course in Italian in Italy, so it was a good time for all of us who could get free to see some of those two countries with them.

"We will be back for our 50th reunion so we will see you then."

**Bob Willkens** writes: "Bob Wright and I are involved in participating in a 50th reunion of our internship group at Harborview (now Medical Center, formerly Harborview Hospital,

in Seattle). Lanse Hoskins is among us."

CLASS OF 1958

**Michael E. Lamm**, professor and former chair of the Department of Pathology at the Case Western Reserve University (Case) School of Medicine, has been named the 2004 recipient of the Gold-Headed Cane Award from the American Society for Investigative Pathology (ASIP). The award was presented formally at the annual meeting of ASIP, held in conjunction with the Experimental Biology 2004 meeting in April.

CLASS OF 1960

**Harvey J. Alter** gave a talk recently at the Collier County Retired Physicians Association on Hepatitis C to some 120 physicians. He was the guest of fellow classmate Art Pearson, who is founder of the 215-member organization. Another classmate, Bert Meissner, also is living in Naples, Fla., and was present at the lecture.

CLASS OF 1962

Class Agent **Fritz Parker** gathered the following tidbits:

**Cordell H. Bahn (B '58)** writes: "I'm fully retired after doing some volunteer surgical assisting at Madigan Army Hospital in Tacoma, Wash. We're in a liability insurance crisis here, and the Army site was a safe harbor to keep doing what I enjoyed. Otherwise, Robbi and I are fishing, flying, and trying to keep a 76-year-old antique racecar in the front row."

**Charles Duvall** writes: "Sam and Robin Smith were by on the way back from southern Florida and we stayed a couple nights with

*A mini-reunion in Florida brought together about a dozen members of the Class of 1954; at one event, Rochester School of Medicine and Dentistry Dean David Guzick (right, far right) joined the festivities.*



the Wights when we were there. Only thing new with me is I go to the American College of Physicians meeting in New Orleans, end of April, to be awarded Mastership in the College."

**Robert G. Newman** writes: "...happy to say excellent health for me and Seiko (married 35 years), our son Seiji (age 34) and daughter Hana (age 23). Seiji and his wife, Jessica, have made us grandparents—and what's amazing is that unlike many grandparents we have been able to maintain total objectivity—all the more remarkable because the granddaughter (Sumiko-chan) is stunningly beautiful and extraordinarily brilliant..."

"Now three years into 'retirement'—one of the very few former hospital CEOs who can truthfully say the relationship with the Board is as flawlessly terrific as ever. The major reason: I stay 100% out of the way of current leadership, staff, issues etc. Last major activity before stepping down was to get a million-a-year grant from one of the de Rothschild scions to name and operate a chemical dependency institute at Beth Israel. I also work extremely closely (without pay) for one of the Soros Foundation programs dedicated to harm reduction with regard to HIV-AIDS and intravenous drug use in former Soviet Union and central and eastern Europe—basically my avid interest for over 30 years. Seiko tells me to go back to work so I can have more time at home. But it's challenging and gratifying. Again, look forward to hearing from/about the rest of the class."

Class Agent **Fritz Parker** writes: "I retired (refocused) in 2001. Remain involved with the medical school and center in Syracuse by

serving on the board and fundraising. I'm chairing the Syracuse Symphony, which recently played in Carnegie Hall, which was quite spectacular. We're building a Children's Hospital and am quite involved with the fundraising effort. I also am on the board of the Nature Conservancy in central and western New York. Still having fun and enjoying all of the new people I'm meeting."

**Solomon S. Solomon** wrote in to say all is well in Memphis. He included an article from *University of Tennessee Medicine Magazine* about his work as principal investigator for the Medical Student Research Fellowship Program at UTHSC. He has been active in this role since 1980 and believes the program is integral to increasing the number of physician-scientists in the medical field.

#### CLASS OF 1963

**Albert L. Wiley, Jr.**, writes: "I retired from Radiation Oncology as Professor Emeritus from University of Wisconsin. I am now working as a senior physician for a DOE/Dept. of Homeland security group, which is based in Oak Ridge, Tenn., and responds nationally and internationally to radiation emergencies with the IAEA. [www.orau.gov/reacts](http://www.orau.gov/reacts)."

#### CLASS OF 1964

**Donald Wells (R '68)** writes: "I am celebrating my 30th year of private practice in psychiatry this year. After several years in the U of R Dept. of Psychiatry, I left the faculty in 1973 to set up practice on Allens Creek Road in Rochester. I also served as a clinical associate professor of psychiatry with the U of R until retiring from this position a few years ago. I have thoroughly enjoyed my participa-

tion in Rochester's medical community over the past three decades and I hope to continue to serve for many years yet."

#### CLASS OF 1966

**Harold Kanthor** says that after a 30-year-plus lapse in contact, he and Jerry Bock (M '67) renewed their friendship in October 2003 at a visit in Carmel, Calif. Hal reports that neither of the former rooming-house mates had changed a bit. Both continue in full-time practice, Hal as a general pediatrician and Jerry as a dermatologist.

**Ronald B. Lepoff** of Denver was sworn in as a governor of the College of American Pathologists (CAP) at a ceremony held at CAP '03—the annual meeting of the College of American Pathologists—in San Diego last September. It is his second three-year term.

**Michael Geoffrey Rosenfeld**, professor of medicine at the University of California, San Diego School of Medicine and a member of the Howard Hughes Medical Institute, was ranked 46th on the Salk Institute and Burnham Institute Scientists "Most Cited Researchers in the Past 20 Years" list.

#### CLASS OF 1967

**Jerry Bock** renewed his friendship with Hal Kanthor (M '66) after more than 30 years (see note under "Class of 1966").

#### CLASS OF 1969

**Thomas Bonfiglio (R '72)** received the 2003 Educator of the Year Award from the Papanicolaou Society of Cytopathology. The award is presented to a pathologist in recognition of meritorious service and

CLASS AGENTS

1964

Dr. Philip P. Bonanni  
9 Prospect Hill Rd.  
Pittsford, NY 14534  
585-271-2632  
philip\_bonanni@urmc.rochester.edu

1966

Dr. Donald A. Grover  
21 Countryside Rd.  
Fairport, NY 14450  
585-385-3639  
dkgrover@frontiernet.net

1970

Dr. Philip A. Pizzo  
Stanford University School of Medicine  
300 Pasteur Dr., Suite M-121  
Stanford, CA 94305  
650-724-5688  
philip.pizzo@stanford.edu

1971

Dr. Thomas McMeekin  
300 White Spruce Blvd  
Rochester, NY 14623  
585-385-1500  
041745@msn.com

1977

Dr. Kathleen Gensheimer  
130 Center St.  
Bath, Maine 04530  
207-846-1053  
kathleen.f.gensheimer@state.me.us

1977

Dr. James Powers  
714 Darrow Dr.  
Pleasant View, TN 37146  
615-746-8917  
James.Powers@Vanderbilt.edu

1980

Dr. G. Allen Power  
150 Highland Ave.  
Rochester, NY 14620  
585-271-1680  
apower@stjohnshome.com



*Orthopaedic alumni met in San Francisco in March 2004 to celebrate the Louis and Mildred Goldstein Orthopaedic Research Fund. From left are: Julian Chang, M.D. (R '83), Doris Chang, Donald Chan, M.D., Dorothy Chan, Randy Rosier, M.D. (MAS '77, M '78, PHD '79), Nancy Unobskey (daughter of Louis and Mildred), Richard Burton, M.D. (R '64), Peggy Burton and Sidney Unobskey.*

contributions to the field of cytopathology education at the Society's Annual Meeting.

CLASS OF 1970

**Donald W. Kufe** has accepted the position of Chairman of Scientific and Clinical Advisory Committees of Adherex Technologies, Inc., an Ottawa-based biopharmaceutical company.

**Phillip A. Pizzo**, dean, Stanford University School of Medicine, was elected to the board of directors of California Healthcare Institute (CHI). CHI is a non-profit public policy research and advocacy organization representing leading California academic institutions and firms who deal in biotechnology, medical devices, diagnostics and pharmaceuticals.

CLASS OF 1972

**Gary L. Woods (R '76)**, an orthopaedic surgeon from Concord, NH, was elected president of the New Hampshire Medical Society, its 172nd president. Woods is the New Hampshire Medical Society delegate to the American Medical Association, where he serves as an elected member of the council on scientific affairs. His focus this year will be on the current public health epidemic of obesity.

CLASS OF 1973

**Richard A. Aronson (R '76)** writes: "I was

selected to give The John C. MacQueen Lecture at the Annual Meeting of the Association of Maternal and Child Health Programs, in Washington, DC, on March 2, 2004. The MacQueen Lecture is presented annually to leaders who have made significant contributions to the field of maternal and child health. Robert Haggerty, a very significant mentor in my career, was the first recipient of this honor in 1989."

CLASS OF 1975

**Eugene Barrett (M '75, Ph.D. '75, R '77)** is director of the University of Virginia's Diabetes Center and its General Clinical Research Center. Barrett has been an active volunteer with the American Diabetes Association on both the local and national levels, currently serving as president of its volunteer board. He has served on and chaired the professional practice committee and chaired the American Diabetes Association-American College of Cardiology consensus development conference on the diagnosis of cardiovascular disease in diabetes. Barrett has been an editor of the American Journal of Physiology, Journal of Clinical Endocrinology and Metabolism and Current Diabetes Reports.

CLASS OF 1976

**Claudia N. Deitrich (R '77)** writes: "After 12

years of monthly 660-mile commutes to visit my spouse in Pennsylvania, I finally left Rochester, planning an early retirement. However, the malpractice crisis has produced a shortage of anesthesiologists in Pennsylvania. I work 30 hours per week with ample time for vocal groups, swimming, piano, dancing, gardening and sea kayaking. Our 66 acres of gardens, naturalized farmland and woodland are teeming with wildlife and provide a marvelous opportunity to commune with nature should anyone wish to visit. My email is jabberwocky169@aol.com."

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#### CLASS OF 1977

**Ronnie Fuchs (R '78)** writes: "Things are going well for me. I have a private practice in Psychiatry in Lexington, MA. I have a Harvard appointment, but don't do much with that these days. I've been married for 20 years and have two kids. My daughter, Rebecca, is a senior in high school and is in the midst of applying to colleges. It's a stressful time for her. My son, Joey, has just begun high school and is in 9th grade. I'd love to hear details of our classmates' lives. Thanks for keeping in touch."

**Peter Hildenbrand** has started a new position at the Lahey Clinic in Burlington, Mass. Grace Lee (M '85) will be one of his partners.

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#### CLASS OF 1980

**Matthew L. Cartter** writes: "I turned 50 this past year, a year ahead of many in our class. My oldest daughter is about to become a teenager and my youngest daughter just turned 10—more milestones. I have spent the last 20 years working as a public health physician in Connecticut. In the last three years, I have taken part in an anthrax investigation (<http://www.cdc.gov/ncidod/eid/vol8no10/02-0362.htm>), been vaccinated against smallpox, and served two terms as the President of the Council of State and Territorial Epidemiologists. At home, this translates into 'I am good at helping with homework, fixing computers, and driving my kids all over town!'"

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#### CLASS OF 1981

**David B. Nash** was named the first chair of the Office of Health Policy and Clinical

Outcomes at Jefferson Medical College of Thomas Jefferson University. He is nationally recognized for his work in pharmaceutical economics, outcomes management, medical staff development, quality-of-care improvement and managed care medical education. He was named one of the top 100 influential people in health care for 2003 by *Modern Healthcare* magazine (see article in "Alumni News" section).

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#### CLASS OF 1986

**Allan R. MacDonald (R '86)** writes: "I continue to provide full-service family practice in upstate South Carolina. Last year, I had to stop delivering obstetrical care because of a 400% increase in malpractice premiums across South Carolina for FPs doing OB. Our OB provider list shrunk from 11 in the county to four overnight! Last year I was appointed clinical instructor in the College of Health Professions at the Medical University of South Carolina as I continue my interest in clinical teaching. Our oldest son, Andrew, has just been accepted into the school of architecture at Clemson University. His younger brother, Edward, has shown some interest in medicine, but at this point would probably prefer

veterinary medicine over human!"

---

#### CLASS OF 1990

**Laura Jean Shipley** was named to the *Rochester Business Journal* "Forty Under 40" list, which honors 40 individuals under the age of 40 who have made their mark on the Rochester community. Shipley is a pediatrician and partner for the Panorama Pediatric Group and co-directs Pediatric Links with the Community, a community outreach program of pediatric residents and physicians through the University of Rochester that focuses on vulnerable children.

**Susan A. Higgins** writes: "I've recently received a promotion to the position of associate professor in the Department of Therapeutic Radiology [at the Yale University School of Medicine]. I have also served as the director of our department's Division of Gynecologic Oncology for the past two years."

---

#### CLASS OF 1994

**Dwight Heron** is the principal investigator for a five-year, \$5-million grant from the National Cancer Institute to improve access and clinical outcomes for racial and socioeconomic



*A "10-Year Club" Dinner in New York City in December brought together 30 alumni and friends, including (from left) Dennis Finkelstein, Ellena Linden, M.D. (M '00) and Belinda Birnbaum, M.D. (M '00).*

CLASS AGENTS

1985

Dr. Jessica Justman  
196 Villard Ave.  
Hastings on Hudson, NY 10706  
914-478-4631  
justman@aecom.yu.edu

1990

Dr. Peter S. Reichard  
25 Melrose Rd.  
Mountain Lakes, NJ 07046  
973-394-7995  
lpreichard@msn.com

1999

Dr. Hans Stohrer  
530 East 90th St. #2L  
New York, NY 10128  
718-458-1111  
haifanhans@msn.com

2002

Dr. Pam Polashenski  
1190 Canandaigua Rd.  
Macedon, NY 14502  
315-986-4380  
ppolashe@mc.rochester.edu



*The Blisses were blessed with twins, who join their brother in the family (see Class of 1998 note).*

ically disadvantaged populations with cancer. He is an assistant professor of radiation oncology at the University of Pittsburgh School of Medicine.

CLASS OF 1995

**Lisa K. Feulner (MS '91, Ph.D. '95)** has been selected as a member of the associate staff in the Ophthalmology Division's surgery department at Upper Chesapeake Medical Center. Feulner is practicing privately at Advanced Eye Care.

**Edward J. Fox** reports that his wife, **Grace C. Hsu (PhD '91)**, JD, is now Patent Counsel for Glaxo Smith Klein in Pennsylvania. As a result, he has taken a position as assistant professor of Orthopaedic Surgery in Musculoskeletal Oncology at the University of Pennsylvania Department of Orthopaedics and has relocated there.

CLASS OF 1996

**Hugh P. Babineau** writes: "I am in solo practice in Tyler, Texas. My practice is almost entirely bariatric surgery, specifically gastric bypasses. My wife, Nicole (Nicole Wood, BSN School of Nursing '95), and I have five children, ages 3 to 14."

**Joshua Lewis Goldstein**, an assistant professor of pediatric neurology, married Dr. Irene Michele Herman, a vascular surgeon, on November 15, 2003, in New York City.

CLASS OF 1998

**Joe Bliss (MS '94, MD'98, PhD '98, R '00, F '03)** and wife **Cindy Bliss (MD '98, R '01)** write: "We are pleased to announce the birth of twins on November 4, 2003. Heather Joyce

and Eric Gregory are doing very well, as is older brother Daniel.

"We moved to Rhode Island last summer as Joe completed his fellowship in Neonatology at the U of R. Joe is on the faculty at Brown Medical School as an assistant professor of Pediatrics. He is attending in the NICU at Women and Infants' Hospital and setting up a basic research lab studying neonatal infection. Cindy is working part time in the ER at Hasbro Childrens' Hospital doing urgent care pediatrics and enjoying it."

CLASS OF 1999

**Heather Leigh Evans** and **Christopher Michael Baldwin** announce the birth of their first child, Nash Charles Baldwin, on September 28, 2003. Heather, midway through her surgical residency at the University of Virginia in Charlottesville, is completing a master's degree in Health Evaluation Sciences during a research fellowship funded by a NIH National Research Service Award.

CLASS OF 2001

**Heather Ripstein** married Jason C. Bonenfant on September 6, 2003. Heather is an internal resident at Strong Memorial Hospital.

CLASS OF 2002

**Jennifer Citron** writes "I am now in my second year of a Pediatrics Residency at the University of Florida. In July 2005 I will begin a fellowship in Neonatal-Perinatal Medicine at the Women and Infants Hospital of Rhode Island. In addition, on October 25, 2003, John Patrick Lefner, Jr., and I were married in Bethpage, NY. We have a 10-month-old darling English bulldog named Georgia."

## Graduate Alumni

arranged alphabetically

**Barbara Araneo (PHD '77)** has been appointed vice president of Development at StemCells, Inc. She will be responsible for directing the effort to bring StemCells' cell-based therapeutic products from the pre-clinical proof-of-concept stage through the clinical development and regulatory approval process. Prior to joining StemCells, Araneo was a scientific co-founder and senior vice president of Research and Development at Pharmadigm, a privately held biopharmaceutical company with a number of products in various stages of clinical development. After obtaining her doctorate in cellular immunology from the University of Rochester, Araneo completed her postdoctoral training at Washington University School of Medicine and at the Department of Microbiology at UCLA.

**Maria Cristalli (MPH '91)** has been appointed to the position of leader of strategy and quality at Hillside Family of Agencies in Rochester. Cristalli has held a variety of positions at Hillside over the past 13 years. In her most recent position as a project manager she helped research, develop and implement key strategic initiatives.



*Maria Cristalli*

**Emanuel J. Diliberto, Jr. (PHD '72)** is professor and chair of the Department of Pharmaceutical Sciences at Campbell University in North Carolina. He also is executive director of the Campbell University Pharmaceutical Sciences Institute. Diliberto was responsible for the design and construction of a new state-of-the-art facility, which

houses the Institute for Pharmaceutical Product Development and Analysis.

**George Gray (PHD '66)** is executive director of the Harvard Center for Risk Analysis and a lecturer in risk analysis at the Harvard School of Public Health. His primary research interests are risk characterization and risk communication with a focus on food safety and agriculture and chemicals in the environment. He has worked on subjects ranging from interpretation of rodent bioassays to mad cow disease. He serves on government panels including a Food and Drug Administration, Center for Food Safety and Applied Nutrition (CFSAN) Food Advisory Committee and the NIEHS National Advisory Environmental Health Science Council.

**Grace C. Hsu (PHD '91)** is now Patent Counsel for Glaxo Smith Klein in Pennsylvania (see note under "Class of 1995.")

**Marian Pereira (MS '00)** is pleased to announce her engagement to Damian Scott Guelakis. A May wedding is planned. Marian is a postdoctoral fellow at Rutgers University.

**Rachel L. Roper (MS '90, PHD '92)** has joined the faculty of the Brody School of Medicine at East Carolina University as an assistant professor in the Department of Microbiology and Immunology. In addition to her faculty position with ECU, she is an adjunct professor in the department of biochemistry and microbiology at the University of Victoria in British Columbia, as well as program director for the British Columbia SARS Accelerated Vaccine Initiative.

Her primary area of expertise is virology, including poxviruses, SARS virus, vaccines, and genome sequencing and analysis. Her other areas of expertise include immunology and bioinformatics. Roper has received several research grants for her continued work with SARS and poxviruses. She also has written two book chapters related to her field of study, one in *Methods in Molecular Biology* and the other in *The Immune Consequences of Trauma, Shock and Sepsis: Mechanisms and Therapeutic Approaches*.

**Patrick Daniel Sarmiere (MS '99, PHD '02)** married Casey Elizabeth Edwards on September 27, 2003. Patrick is a postdoctoral fellow at Colorado State University, Fort Collins, and the recipient of the Christopher Reeve Foundation Grant.

**Harold Shlevin (MS '75, PHD '78)**, president and CEO of Solvay Pharmaceuticals, Inc., has been named to the board of directors of Pharmaceutical Research and Manufacturers of America (PhRMA). Shlevin is serving a three-year term from April 2003 to April 2006. He also serves on the board of directors of the National Pharmaceutical Council and of the American Foundation for Suicide Prevention, and the board of advisors of Atlanta's Morehouse School of Medicine.



*Harold Shlevin*

**Ramothea L. Webster (MS '02)** is attending Harvard Medical School and will graduate in 2005 with an M.D./Ph.D.

**Kelly H. Zou (PHD '97)**, assistant professor of radiology and health care policy at Harvard Medical School and Brigham and Women's Hospital, has received an R01 grant from the NIH as a principal investigator on bioinformatics related to medical imaging. Her project is titled "Improved Tumor Resection in Image-Guided Neurosurgery." The grant runs for three years. The goal of this proposal is to develop a computer-assisted, three-dimensional neurosurgical decision aid for improving tumor resection in image-guided neurosurgery. Zou received her master's and Ph.D. in statistics and biostatistics in 1994 and 1997 from Rochester.

## Resident/Fellow Alumni

arranged alphabetically

**Thomas Bonfiglio (M '69, R '72)** received the 2003 Educator of the Year Award from the Papanicolaou Society of Cytopathology. The award is presented to a pathologist in recognition of meritorious service and contributions to the field of cytopathology education.

**Jeanne E. Grove (B '78, R '86)** was nominated for the *Rochester Business Journal* Health Care Achievement Award in the physician category. This award honors doctors, non-physician medical professionals and volunteers who have made outstanding contributions to health care in Rochester. Grove is a senior-attending physician at Rochester General Hospital and is in demand as a teacher and speaker. She is heavily involved in medical community efforts that focus on patient care.

**Elisabeth Hager (R '93)** was nominated for the *Rochester Business Journal* Health Care Achievement Award in the innovation category. This award honors doctors, non-physician medical professionals and volunteers who have made outstanding contributions to health care in Rochester. Hager is a consultant who focuses on transforming medical practices through the principles of entrepreneurship, innovation and total quality management.

**Daniel Ostrovsky (R '03)** and Jennifer Kizinski were married on August 10, 2003. Daniel is chief resident in internal medicine in the pediatrics residency program at the University of Rochester Medical Center.

**Robert J. Panzer (R '80)** was nominated for the *Rochester Business Journal* Health Care Achievement Award in the physician category. This award honors doctors, non-physician medical professionals and volunteers who have made outstanding contributions to health care in Rochester. Panzer developed an office to evaluate the safety and appropriateness of new technologies at University of Rochester Medical Center that became a model for similar

programs nationwide. Panzer is associate medical director at Strong Memorial Hospital and director of quality for Strong Health.

**Ralph P. Pennino (R '84)** was nominated for the *Rochester Business Journal* Health Care Achievement Award in the volunteer category. This award honors doctors, non-physician medical professionals and volunteers who have made outstanding contributions to health care in Rochester. Pennino developed InterVol, a non-profit group of local volunteers who provide medical assistance and supplies to Belize, Rosebud Indian Reservation in South Dakota and other areas of need. He is chief of plastic surgery at Rochester General Hospital.

**Robert Michael Poole (R '88)** has been appointed to the newly created position of chief medical officer of Hynion, Inc., a pioneering neuroscience drug discovery company focused on sleep-wake neurobiology and drug development.

**Dr. Stuart Sacks (R '94)** formed Donor Recovery Racing, a fundraiser to benefit a local family whose 12-year-old son was undergoing a liver transplant. Sacks organized the silent auction and raffle, which raised more than \$10,000. The Donor Recovery Racing team races in the "Cannonball Run One Lap of America" each year and since 1998 has contributed funds to the Finger Lakes Donor Recovery Network, a part of the University of Rochester's organ transplant program.

**Sidney H. Sobel (FLW '73)** is the 2004 recipient of the *Rochester Business Journal* Health Care Achievement Award in the physician category. This award honors doctors, non-physician medical professionals and volunteers who have made outstanding contributions to health care in Rochester. Sobel was nominated for his expertise and national leadership in radiation oncology and for his caring focus on patients. Sobel is president of Finger Lakes Radiation Oncology P.C. at Clifton Springs Hospital. He also is a clinical associate professor of radiation oncology at the University of Rochester School of Medicine and Dentistry.

## Obituaries

### John R. "Jack" Jaenike, M.D.

Jack Jaenike, M.D. (M '48), passed away on March 3, 2004, at age 78. Jack graduated from Charlotte High School and Hamilton College, then earned his medical degree from the University of Rochester School of Medicine and Dentistry in 1948.

After serving in the Naval Medical Corps in the Korean War from 1949 to 1951, he became chief resident in medicine at the University of Rochester Medical Center.

From 1958 to 1960 he did research on renal function and kidney disease at the NIH in

Maryland — research he continued at the University of Rochester Medical Center. From 1960 to 1980 he was professor of medicine at the University of Rochester School of Medicine and Dentistry. He went on to become chief of medicine at Highland Hospital in Rochester from 1980 to 1990.

As a student he won the Doran-Stevens Prize for excellence in patient care and was elected to Alpha Omega Alpha Medical Honor Society. He later was elected to the Society for Clinical Investigation, an honor society of physician-scientists who translate findings in the laboratory to the advancement of clinical practice.

He retired to Fearington, NC, in 1991 and moved to Morehead City, NC, in 1996. He moved back to Rochester in 2000. Jack enjoyed tennis, golf, skiing, gardening, fishing, birding, bridge, and, most of all, spending time with his



*John R. Jaenike, M.D.*  
(48)

family. He was fun loving and enjoyed singing by the piano and dancing. He was a very caring and generous man who believed in helping those less fortunate.

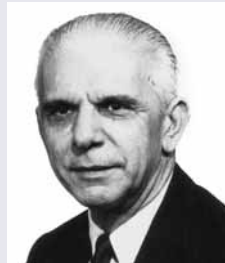
He is survived by his loving wife of 57 years, Betty Jane "BJ" (Anderson) Jaenike; children John R. Jaenike, Jr. (Liz) of Rochester, NY, Paul G. Jaenike (Kay) of Morehead City, NC, and Sarah J. Demo (Bill) of Ithaca, NY; brother Richard C. Jaenike of Medina, NY; and grandsons Jeffrey, Kevin, Peter, and David.

### Christopher P. Katsampes, M.D.

*Courtesy of The Star-Ledger*

Chris P. Katsampes, M.D. (M '36), died Nov. 11, 2003, in Richmond, Va., at the age of 93. Katsampes was a long-time professor of pediatrics at the University of Rochester School of Medicine and Dentistry. He also was the director of clinical research at Warner Lambert in Morris Plains, N.J., for 22 years and a professor of pediatrics for 15 years at the Columbia University College of Physicians and Surgeons in New York City before retiring in 1982.

Katsampes carried out the initial basic laboratory studies with Dr. William Bradford in 1942 that led to the development by others of the still-in-use pertussis (whooping cough) toxoid vaccine. He also conducted research in Giardiasis, Vitamin A, Rheumatic Fever, Theophylline and serological staphylococcal



*Christopher P.*  
*Katsampes, M.D.*  
(36)

Katsampes was an emeritus member of the American Pediatric Society and a member of the American Academy of Pediatrics and Sigma XI. Born in Rochester, he lived in Short Hills, N.J., for 40 years before moving to Richmond three years ago. Surviving are Agelca, his wife of 58 years; sons, Peter and Andrew; a daughter, Asimina Fergusson, and four grandchildren.

### Scott Swisher, M.D.

*Courtesy Lansing State Journal*

*By Shannon Murphy*

Scott Swisher, M.D. (R '48), a world-renowned hematologist, died on Sept. 14, 2003. He was 85.

Swisher helped build Michigan State University's Department of Medicine, serving as its first chairman when it opened in 1966. He was responsible for developing specialties such as infectious diseases and allergies, said Kenneth Schwartz, professor of hematology and oncology.

"In a short period of time, we got first-rate teachers and physicians," Schwartz said. "Scott established the mold on how to build, create and keep a very strong department of medicine."

Swisher became an associate dean of research and graduate education after 11 years as chairman. He also remained active in research in his specialty, Schwartz said.

Swisher was a co-founder of a medical specialty called transfusion medicine, and he co-authored the text *Clinical Practice of Transfusion Medicine*, which is widely used, Schwartz said.

Swisher also did research for the National Aeronautic and Space Administration. He studied how being in space affected an astronaut's blood and looked for substitutes

for red blood cells.

David Greenbaum, a retired gastroenterology professor, said Swisher was a humanist and took a significant role in emphasizing doctor and patient relationships.

“I think he was certainly the right person to be the original chairman of medicine,” Greenbaum said. “He was remarkably eclectic.”

Swisher had a variety of interests outside medicine, his wife said.

“He was as large as life, a very upbeat person,” Doris Swisher said. “His interests varied from the physics of music down to jazz.”

Schwartz said Swisher liked to restore old cars and also was an amateur photographer.

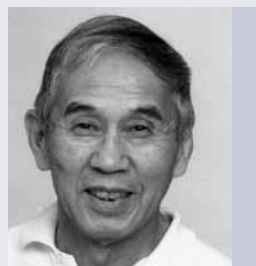
“I used to tease him that he actually built the department of medicine in his basement at his workbench,” Schwartz said. “He was just a first-rate human being.”

Swisher is survived by his wife, two sons and two grandchildren.

## Taft Yutaka Toribara

Excerpted from the *Democrat and Chronicle*  
Taft Yutaka Toribara, professor emeritus at the University of Rochester School of Medicine and Dentistry, died December 29, 2003, from complications of pancreatic cancer. He was 86. Toribara was born and raised in Seattle and attended the University of Washington, where he graduated summa cum laude in Chemical Engineering. After earning a master’s degree at U.W. in 1939, Toribara earned his Ph.D. in chemistry in 1941 from the University of Michigan. WWII interrupted his career plans, but despite his “alien” status, Toribara’s expertise was needed for pivotal classified research resulting in a six-fold improvement in the effectiveness of the brake linings used in bombers.

It was in Michigan that he met and married Masako Ono, a marriage that lasted for over 55 years. In 1948 they moved to Rochester, where Toribara took a position at the University of Rochester, working for the Atomic Energy Commission. He was at Rochester for the remainder of his career, which spanned 44 years on the full-time faculty. He remained many years afterward as an emeritus professor and was still publishing journal articles as late as 2002.



Taft Yutaka  
Toribara

His accomplishments include six national squash racquet championships and nearly 100 publications, one of which was the third-most cited scientific paper in his field.

He is survived by his wife, his daughter Lynne, his son Neil, and granddaughters Mariko and Hana.

## Joseph Bennett Warshaw, M.D.

Courtesy University of Vermont

Joseph Bennett Warshaw, M.D. (R '63), died peacefully on December 29, 2003, in Burlington, Vt., surrounded by family, after an 18-month battle with multiple myeloma. He was 67.

Warshaw, an internationally recognized expert on developmental biology and medical care for newborns, was dean of the University of Vermont College of Medicine. Prior to being named dean in August 2000, Warshaw was chair of pediatrics and deputy dean for clinical

affairs at Yale University School of Medicine and physician-in-chief for the Children’s Hospital at Yale-New Haven. Warshaw had been a council member and chair of the Council for the American Pediatric Society and president of the Society for Pediatric Research.

Warshaw was born in Miami, Fla., on July 17, 1936, son of Philip and Mona (Monashefsky) Warshaw. He earned a bachelor’s degree in biology at the University of Florida, where he was a member of Pi Lambda Phi. After receiving his medical degree from Duke University, he served his residency in Pediatrics at Duke and the University of Rochester School of Medicine and Dentistry. Warshaw served on editorial boards of numerous publications, including the medical journals *Pediatrics* and *Pediatric Research*. He was co-editor of Oski’s *Principles and Practice of Pediatrics*. Joe was known for his boundless optimism, insatiable curiosity and great sense of humor, and he had a notable impact on everyone he met. He was passionate about his family and his work as a physician, teacher and researcher.

He is survived by his wife Cynthia, of Burlington, Vt.; two daughters, Debbie Gould and her husband Tom, of Boulder, Co., and Kathy Meyer and her husband James, of Park City, Ut.; son Larry Warshaw and his wife Paige, of Austin, Texas; his mother Mona Warshaw, of Palm Beach, Fla.; his sister Staci Brenner and her husband Stan, of Palm Beach, Fla., two brothers, Howard Warshaw and his wife Laurel, of Carlisle, Pa., and Ira Warshaw and his wife Jane, of West Palm Beach, Fla.

His grandchildren Samantha, Hannah, Ellie, Ben, Noah and Daniel, and his nieces and nephews will miss him deeply. He was predeceased by his father, Philip Warshaw.

## In Memoriam

John Abbott, M.D. (M '39)  
Robert Ainslie, M.D. (M '37)  
Robert Atkins, M.D. (M '51)  
Robert Bruce, M.D. (MAS '40, M '43)  
John Choate, M.D. (R '65)  
Arthur Clemett, M.D. (M '50)  
Richard Cooper, M.D. (M '60)  
Robert Coye, M.D. (M '52, R '55)  
Clement DeFelice, M.D. (B '43, M '47, R '50)  
Brenda Denslow-Perretta, M.D. (M '83)  
Lester Gootnick, M.D. (M '51)  
Robert Graves, M.D. (M '48)  
Morris Green (PHD '58)  
Samuel C. Grove, M.D. (R '74)  
Donald Grover, M.D. (M '35)  
Stanley Gutelius, M.D. (R '47)  
John Hagen, M.D. (M '50)  
Forrest Haswell, M.D. (M '41)  
Fred Karch, M.D. (M '72)  
Nyla Kelson, M.D. (M '51)  
David Logan, M.D. (R '63)  
Charles Long, M.D. (M '80)  
Warren J. McKibben, M.D. (M '46)  
Edward Parkhurst, M.D. (M '51)  
Frederick Pleune, M.D. (M '43, R '49)  
Stewart G. Ray, M.D. (R '59)  
Franklin Schaefer, M.D. (M '45)  
Lucile E. Smith (PHD '50)  
Timothy Stern, M.D. (R '75)  
Nathan Taylor, M.D. (R '58)  
Eugene Towbin, M.D. (PHD '49, M '49)  
James S. Williams (former faculty)  
Lucile Williams (PHD '50)

## Cardiology Revolutionary

continued from page 13

from certain therapies. It's the hope of the "magic bullet" rather than the shotgun approach to treatment.

"Let's say we could identify, through genetic profiling, those at high risk for sudden cardiac arrest," Moss says. That's the hope, because the therapies are here and they'll only get better with basic-science discoveries and improvements to device therapy (before, ICDs required surgeons to open the chest; now, a small incision is all that's needed).

Moss predicts that, in 40 or 50 years, coronary bypass surgery will be a thing of the past. But tackling such a large problem won't be simple. It will take a combination of drug and device therapy along with the continued convergence of experts in the electrical and mechanical aspects of the heart.

"It's like the story of *Gulliver's Travels*, where they tied down the giant with lots of small strings," says Moss. "No one small string can restrain the giant."

Moss, for his part, is using many strings to tie some strong knots. 🏗️

# Remember when...



There are many places in the “old hospital” which bring back memories of all kinds. For me, and I suspect for many others who remember those days, the old main lobby is one of the more important.

You entered it through the beautiful and imposing entrance on Crittenden Boulevard. It was a huge room, but so beautifully proportioned that it felt small and inviting, very much the way the Reception Room at Helen Wood Hall can make you feel. It was all gleaming wooden panels, reflecting the soft lights of the lamps that were near the small round tables. On those tables one could usually find *The New York Times*, *The Democrat and Chronicle*, and *The Times Union* (remember that one?). There was even a big fireplace, with a fire when appropriate. But the most impressive of the furnishings was a massive wooden desk that stretched for miles across the front part of the room. I think that desk

was the intelligence center of the hospital and the medical school, not just for patients and visitors, but for staff and students as well.

In those days, the page operator was in a little room at the left rear, with, I think, a Dutch door so the top half could be open. They didn't miss a trick. They saw you come, they saw you go. They knew who was with you. If they needed you, they could find you, immediately. The post office was around the corner, with the same mailboxes in use today. There was a coffee shop (a cup of coffee for a nickel!) nearby.

All in all, this was a magnificent room, a room that made you feel safe and a real part of an entity much larger than yourself. These are my memories and, like most memories, may not be quite accurate. But I know I'm right when I say it was a very special place.

— *Chloe Alexson, M.D. (M '54, R '57, FLW '59)*

*Today the old lobby  
is the Reading Room  
of the Miner Library  
and is a stop on  
the Medical Center  
Heritage Trail.*



## CONGRATULATIONS

Pattarachai Kiratisin, M.D., Ph.D (MS '99, PHD '99), has been named the 2004 recipient of the Dade MicroScan Young Investigator Award, presented by the American Society for Microbiology. Kiratisin is receiving the honor for his outstanding clinical research and important contributions in the fields of clinical microbiology and infectious diseases.

## SAVE THE DATE

Alumni Weekend 2004 will be held October 14–16.

## RESEARCH FUNDING HITS ANOTHER HIGH

Total NIH funding to the University of Rochester Medical Center reached \$134.9 million in 2003, a 10 percent increase over 2002. Since 1996, NIH funding to the Medical Center has more than doubled. Total research funding at Rochester increased more than 16 percent last year.

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