An ingenious concept
Summer research program changes lives, shapes careers.
ON THE COVER
Ian Wilson, M.D., and Cammie Hilliard, Class of 2009.

CLARIFICATIONS & CORRECTIONS
In the Fall/Winter issue of Rochester Medicine, the images of striatal cells on Pages 20 and 21 should have been credited to Rodrigo A. Quintanilla, Ph.D., a postdoctoral research associate in the Department of Anesthesiology. On Page 9 in the same issue, the correct identification of the image is “myelin debris in adrenoleukodystrophy.” And the photograph on Page 56 was wrongly labeled. It should have said “Amman, Jordan.”
When you read our new strategic plan, you will find frequent references to the concept of Medicine of the Highest Order. This comes from the historic roots of our Medical Center. It is a legacy of our founders, but it also is the goal of our Medical Center today and for the future.

Almost a century ago, Abraham Flexner and the Carnegie Foundation issued Medical Education in the United States and Canada. The 1910 report would help change medical education in America. Flexner emphasized a scientific foundation for medical education. He envisioned academic hospitals where clinicians conducted research that grew out of the questions and problems encountered as they cared for patients. When Flexner looked to help establish a medical school based on this philosophy in New York, he turned to the University of Rochester. He told University President Rush Rhees that Rochester presented an ideal place for “a medical school of the highest order.”

With the help of George Eastman, philanthropist and founder of the Eastman Kodak Co., Rochester created a School of Medicine and Dentistry based on Flexner’s vision and built a Medical Center that incorporated scientific inquiry, learning, and patient care all under one roof.

We can look to George Hoyt Whipple, the first dean of the School of Medicine and Dentistry, as a great example of this concept. He studied the effects of chloroform on the liver, the pathology of jaundice and the role of the liver in blood formation. He devoted years of research to anemia and the relationship of bile, hemoglobin and the liver. All of these research projects were derived from problems faced routinely in the hospital.

Whipple’s work in dogs with anemia showed they responded to a diet of liver and recovered. In 1925, the year our School of Medicine and Dentistry welcomed its first class, Whipple and his colleagues published the first of a lengthy series of papers on blood regeneration and anemia. With Whipple’s cooperation, the pharmaceutical firm Eli Lilly began production of a liver extract. Additional studies were conducted by two Boston researchers, George Richards Minot and William P. Murphy, who used liver therapy to successfully treat pernicious anemia. In 1934, Whipple, Minot and Murphy received the Nobel Prize for their work.

This was a dramatic example of what we today call translational science. Our new strategic plan, drawing on this research legacy, sets as one of our goals the achievement of national recognition for our signature programs that develop new therapies based on our outstanding research. We will emphasize taking the discoveries of research and translating them to use in patient care. We want to make it easier for scientists from different departments to work together and we want to foster better collaboration and feedback among scientists and doctors seeing patients. In other words, we will increase our leadership role in translational science.

Our aim is to become one of the top 20 academic medical centers in the nation. Over the next several years, we plan to invest $500 million in new facilities, technology and strategic recruits. We have proposed a six-story clinical expansion and renovation of Strong Memorial Hospital to add much-needed beds, greater space for imaging sciences and a new home for Golisano Children’s Hospital at Strong. We will begin construction this year of our Clinical and Translational Science Building. Each aspect of our strategic plan contributes to Medicine of the Highest Order.

There is more about our new strategic plan, our goals and our signature programs in this issue of Rochester Medicine. Read the plan on the Web at www.urmc.rochester.edu/strategic-plan.

Bradford C. Berk, M.D., Ph.D. (M’81, PhD’81)
CEO, University of Rochester Medical Center;
Senior Vice President for Health Sciences
Education is at the core of what we do, and is the focus of this month’s **Rochester Medicine**.

The above quote is from a graduate of our Summer Undergraduate Research Fellowship (SURF) program at the University of Rochester School of Medicine and Dentistry, from the first article in this issue. We are all familiar, in a general sense, with the sociology of access to education and careers in medicine and science among those who belong to racial or ethnic groups that are underrepresented in these fields. SURF, a program designed to facilitate access among such individuals during their undergraduate years, has been extraordinarily successful in providing the experience, content knowledge and role models to help guide them into medical school, and attract them to Rochester. In these pages you hear more from Dr. Wilson and learn about the journeys through medical education experienced by many of our other SURF graduates.

Our Post-Baccalaureate Research Education Program (PREP) is a similar program designed for underrepresented minorities who are potentially interested in a career in science. Following college, as preparation for entry into graduate school, PREP students are given hands-on experience in research with individual projects in established laboratories. Of the 40 students who have participated in the School’s PREP so far, 85 percent have applied for admission to Ph.D. programs, most of whom have been accepted. This program was initially funded by the National Institutes of Health, but then continued by the School during a hiatus when NIH curtailed funding nationally. I’m pleased to report that NIH funding for this important program, which you will read about in this issue, has been restored.

Continuing with our education theme, we have great news to report regarding medical student education and the training of our medical residents. You will read about the high praise we received from the Liaison Committee on Medical Education, the accrediting body for U.S. medical schools. We were reviewed by LCME during a three-day site visit that followed an 18-month period of self-study and preparation, which was led by David Lambert, M.D., associate dean for medical student education. Findings from the report, described in this issue of **Rochester Medicine**, are quite laudatory. I would sum it up by the following statement of a member of the review team to Joel Seligman, president of the University of Rochester: “You have a medical school to which many of us aspire.”

In 2005, the Accreditation Council for Graduate Medical Education reviewed the overall quality and administration of our 72 accredited residency and fellowship programs. They felt so strongly about the excellence of our programs, led by Diane Hartmann, M.D., associate dean for graduate medical education, that they gave us an unprecedented six years of accreditation. We were the first medical school or hospital—and still the only one—to receive this extended accreditation. Now, as reported in this issue, the ACGME has selected our School as one of four in the country to study for secrets of successful innovation.

In these pages, you also will read a summary of our new strategic plan, developed under the leadership of Brad Berk, M.D., Ph.D., senior vice president for health sciences and Medical Center CEO. As you will see, the faculty of the School of Medicine and Dentistry play a significant role.

Finally, this issue of **Rochester Medicine** explores how life scientists view the conditions of research here.

—Ian Wilson, M.D. (’99), Assistant professor, Imaging Sciences
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AN INGENIOUS

SUMMER RESEARCH PROGRAM
CHANGES LIVES, SHAPES CAREERS

Ian Wilson, M.D.

Cammie Hilliard, Class of 2009
In the summer of 1993, Ian Wilson arrived at Greater Rochester International Airport, the smallest airport he had ever seen. He had little knowledge of Rochester or upstate New York, a territory he, like many Brooklyn natives, thought began in Westchester and ended at Canada.

Wilson, then a Xavier University of Louisiana student who had completed his sophomore year, ventured upstate to take part in the University of Rochester School of Medicine and Dentistry’s Summer Undergraduate Research Fellowship program (SURF), which is designed to strengthen scientific and clinical skills and boost the competitiveness of participants for careers in medicine and research.

That summer, as did his second in SURF in 1994, proved crucial for Wilson and his career — as the program has for many of the 165 people who have participated in SURF in its 20 years at Rochester. Half have gone on to medical school or graduate degree programs. Wilson, a Class of 1999 graduate of the School of Medicine and Dentistry, is now an assistant professor of imaging sciences at the School and a physician who specializes in interventional radiology.

“SURF has always been a critical component of our efforts to maintain a diverse student body,” said Vivian Lewis, M.D., the School’s associate dean for faculty development — women and minorities. “Through the SURF program, we have access to a select group of students from underrepresented backgrounds. As a result of their summer experiences, these students are very familiar with our School and are more likely to accept an offer of admission. We recognize that many of our best potential faculty can come from training and educational programs like SURF. The SURF program can help us to not only grow our own faculty, but also can help alleviate the critical shortage of minority physicians.”

As of 2006, 28.8 percent of the U.S. population was black/African American, Hispanic/Latino, or Native American, yet these groups accounted for only 14.6 percent of medical school graduates, according to the Association of American Medical Colleges (AAMC). Only 6 percent of practicing physicians nationwide are members of these groups. The School of Medicine and Dentistry, as well as the AAMC, is expanding efforts to increase diversity in medicine and in the faculty.

In the SURF program, the School matches participants with faculty mentors who direct them in focused laboratory research. SURF participants attend seminars, lectures, gross anatomy labs, clinical rotations in the emergency department, and problem-based learning sessions. Participants receive a stipend and room and board during the nine-week program period.

“SURF is part of a nationwide commitment to energize more Americans to love science and medicine,” said Gladys Pedraza-Burgos, M.S., co-director of the School’s Center for Advocacy, Community Health, Education and Diversity. “Our medical school, like others, looks for students with research experience and competency in the basic sciences. In these areas, most students from underrepresented groups don’t have enough exposure. SURF gives them exposure to clinical care, research and test preparation. SURF also helps us expose...
students to our unique curriculum. It gives us a chance to observe them in research, clinical and classroom settings; we can see how they might fare here. And SURF also helps students see if Rochester would be a good fit. It is mutually beneficial.”

The power of role models
Even before his SURF experience, Ian Wilson knew he wanted to be a physician. His mother was a nurse. The parents of several high school friends who were doctors also influenced his career choice. Wilson, a science major at Xavier, applied for a position in SURF because he was looking for a more productive way to spend his summers.

Wilson was assigned to the lab of Martha C. Bohn, Ph.D., then an associate professor of neurobiology and anatomy who now is director of the neurobiology program at Northwestern University’s Children’s Memorial Research Center.

“IT was a real hands-on experience. I did things I had only read about in textbooks,” Wilson said. “I'm in a lab learning how to culture cells from rat embryos at 14 days of life. I'm dissecting basal ganglia, culturing cells, using retroviral vectors to transfact those cells with a gene to encourage the survival of dopaminergic neurons susceptible in Parkinson’s. I went from classical biology to molecular genetics. It was quite a leap — a phenomenal experience.”

During that summer of 1993, Wilson worked independently and designed experiments under the guidance of Bohn and her lab staff.

“I was taught lab techniques that I would never have learned in an undergraduate curriculum,” he said. “It was very intimidating at first, but they integrated me into the lab rather quickly. I carried out experiments that were part of the larger project, but I had my own specific part to play. That summer, the lab made some advances and published some significant findings that eventually led to other projects. I had a small part to play in that. I was at a major university, and I was doing high-level work as an undergraduate. It gave me a sense of pride.”

In his second SURF summer in Rochester, Wilson worked in the lab of Jacob N. Finkelstein, Ph.D., professor of pediatrics, of environmental medicine and of radiation oncology, where the research focused on the mechanisms of cell injury.

“I was happy to do the lab work. It was a good experience. I worked hard that summer and I think my work ethic was noticed,” he said.

For a clinical experience, Wilson also started shadowing physicians, primarily two interventional radiologists who then practiced at the Medical Center, Michael Azodo, M.D., a Nigerian, and Kenneth Williams, M.D., an African American.

“Shadowing was for a limited time, but I contacted the doctors independently and spent as much time as I could get with them,” Wilson said. “I observed real patients and real cases with Dr. Azodo and Dr. Williams. They were my earliest role models in radiology ... If you don’t see people who look like you, you wonder if you belong. It is a very powerful thing. If you don’t see people who look like you, you wonder if this is the place for you. Having role models — people who have the same background or something in common with you — strengthens your interest. You realize if someone else like me could do it, I can do it. It's possible.

“I decided to follow the path I had seen. The epiphany of finding a specialty so early on is very unusual, but it was such a profound experience, it led to my career. I started medical school knowing I wanted to be a radiologist.”

When the time came to apply to medical school, Rochester was Wilson’s first choice, as it was when he applied for residency.
“I made Rochester my top choice, knowing the people there would have my education and development at heart,” Wilson said.

**An introduction to academic medicine**

Wilson’s story echoes the experiences of many SURF alumni.

Dwight E. Heron, M.D., now chairman of radiation oncology at the University of Pittsburgh Medical Center Shadyside and associate professor of radiation oncology at the University of Pittsburgh School of Medicine, participated in SURF in 1991. His SURF mentors included Philip Rubin, M.D., now professor emeritus, and Louis S. Constine, M.D., professor of radiation oncology and of pediatrics.

“This shows the influence of mentors early in a career,” Heron said. “Philip Rubin is one of the godfathers of radiation oncology. He’s a giant in the field and clearly had changed the world of oncology with his ideas. I also had a wonderful experience with Sandy Constine. I remember him holding a young child who had a neuroblastoma. The child was limp in his arms. It was so sad that I wondered how anyone could work with this stuff. When I returned weeks later, this little kid was running around. He was the cutest kid. He was full of life. That made a serious impression on me.”

SURF provided Heron, who graduated from the School of Medicine and Dentistry in 1995, with his “first foray into academic medicine.”

“I had the opportunity to do research,” Heron noted. “It was an early introduction to medical school and the academic environment. You got pep talks and lectures. I learned about the research of others. I could network. I learned about a lot of things. SURF was important in lighting my interest in academic medicine. The social things we did as a group were a value added. We learned from each other.”

Heron studied several fields before he made his career choice.

“I was not sure what I wanted to do,” he said. “I looked up to Philip Rubin. And the work Sandy Constine was doing was remarkable. It became easy to say I want to work in radiation oncology. I didn’t say it immediately, but it was in SURF where my interest was sparked.”

Interventional radiologist Ian Wilson discusses a complex procedure with his team. His patient has a tumor in the lung, which is in a delicate position very close to the patient’s heart and major blood vessels.
“HAVING TWO WOMEN MENTORS WAS FABULOUS... S.U.R.F. WAS GREAT. IT WAS THE FIRST TIME I WAS IN A MEDICAL SCHOOL. I MET A LOT OF GOOD PEOPLE. IT REINFORCED THAT MEDICINE WAS WHAT I WANTED.” JEANNETTE M. PÉREZ-ROSSELLO, M.D.

Jeannette M. Perez-Rossello, M.D., now a pediatric radiologist at Children’s Hospital Boston, spent the summers of 1990 and 1991 in S.U.R.F. working under Martha Bohn and Lee Anna Cunningham, Ph.D., who then was doing postdoctoral training in Bohn’s lab. Perez-Rossello worked with genetically modified astrocytes to provide nerve growth factor to adrenal chromaffin cells grafted into the striatum of Parkinsonian rats.

“Having two women mentors was fabulous,” Perez-Rossello said. “S.U.R.F. was great. It was the first time I was in a medical school. I met a lot of good people. It reinforced that medicine was what I wanted. Lee Anna Cunningham truly treated me as a student and mentee. I’d follow her everywhere. I read the same articles she did. She was constantly teaching me. I felt I was part of the team. She had me work hard. She taught me how to organize and be focused. The way I approach research now and how I get organized I learned from her. She was very pro-woman — and she was very competitive. She kept you on your toes.”

The S.U.R.F. summers convinced Perez-Rossello to make Rochester her first choice for medical school. The competitiveness and focus she developed in S.U.R.F. carried over to medical school classes.

“I struggled heavily through anatomy,” said Perez-Rossello, a member of the Class of 1995. “The experience was traumatic. But I did well in clinical. I decided to go into radiology and make anatomy my expertise. I wanted to conquer what I thought was a weakness.”

Lesly Warner, M.D., a third-year resident in obstetrics and gynecology at George Washington University Medical Center, views her S.U.R.F. summer in 1998 as a true turning point in her life.

Warner worked under Lorna Rodriguez-Rodriguez, M.D., Ph.D., then associate professor of obstetrics and gynecology and of microbiology and immunology who now is at the Robert Wood Johnson Medical School in New Jersey.

“We did research on ovarian cancer and the CD 44 receptor to determine if it had any role in metastasis,” said Warner, also a University of Rochester graduate. “I had never done research. It was good to do actual research and see what happens in a lab. I learned to appreciate how much people can gain from research and all the hard work that goes into it.”

She especially appreciated the practice admissions interviews and talks by physicians and members of the medical school admissions committee.

“I knew I wanted to go to medical school, and as I learned more about Rochester’s School of Medicine, it became my number one school,” Warner said. “The fact that I got to know the faculty and the system and the process made me a better candidate. And the faculty got to know a better side of me.”

To boost her science knowledge, Warner did a post-baccalaureate year at the State University of New York at Buffalo in a program jointly sponsored by the Associated Medical Schools of New York.

“Buffalo gave me my chance at medical school, but I’m not sure I would have gotten that option without my summer in S.U.R.F.,” Warner said. “S.U.R.F...
was a vital step for me, a fork in the road. I might not have graduated from the School without SURF.”
    
Warner graduated in the Class of 2005.

A remedy for homesickness

Cammie Hilliard, a member of the School’s Class of 2009, is an alumna of the SURF summer of 2002. She describes that summer as a thorough introduction to medical school, with lectures, problem-based learning sessions, anatomy lab and work on building a vocabulary of medical terminology.

“I didn’t think of SURF as a way to help me get into medical school, but that’s the way it turned out,” she said.

Hilliard, who majored in chemistry and minored in biology at Xavier, was assigned to the lab of Mahin D. Maines, Ph.D., professor of biochemistry and biophysics, where she worked on protein purification.

“It was a good experience to see a different side of medicine, but research does not have enough person-to-person contact for me,” she said. She preferred shadowing doctors in the emergency department, where she became comfortable interacting with patients.

Hilliard, who is considering pediatrics for a career, grew up in Prairieville, La., a town just an hour’s drive from Xavier.

“I often got homesick at Xavier and went home all the time,” she said. “I did not get homesick during SURF because everyone was so welcoming.

“I LEARNED A LOT ABOUT MEDICINE AND ABOUT MYSELF DURING THAT SUMMER. S.U.R.F. OPENED DOORS FOR ME.” CAMMIE HILLIARD. CLASS OF 2009
Once I got to Rochester and was surrounded by this wonderful group of people, I knew that Rochester was the place I wanted to go to medical school. I learned a lot about medicine and about myself during that summer. SURF opened doors for me. I saw multifaceted ways to learn and that there were no limits to learning."

Jason Ogiste, M.D., is the director of the Center for Women’s Urologic Health at the Mid Hudson Medical Group in Dutchess County, N.Y. In 1995, he took part in the SURF program, also under the mentorship of Mahin Maines. "Our objective was to look at the potential adverse effects of various heavy metals, toxins and other stress mechanisms—in particular, the effects of methyl mercury and heat shock stress on mammalian neural cell activity,” he recalled.

Research and basic science had interested Ogiste, a Long Island University graduate, since high school. “I saw SURF as an opportunity to potentially continue my involvement in research science while I pursued my medical degree,” he said. “The SURF program more than provided what I had set out to accomplish. Dr. Maines was a phenomenal mentor. Her staff was extremely supportive and my exposure to the wider University of Rochester community during my tenure as a fellow simply solidified my impression of what a wonderful institution my alma mater is.”

Ogiste, who graduated from the School of Medicine and Dentistry in 2000, had planned to pursue his dream of becoming a physician-scientist. Though he has drifted away from that dream in his current work, he thinks he might return to the research bench someday—and perhaps even to Rochester.

“I thought then and still believe that the SURF program was a phenomenal opportunity,” Ogiste said. “It was a very effective way of engendering a higher level of interest in research science and medicine not only among young people of color, but also for anyone who was lucky enough to be exposed to such a program. I think that opportunities such as SURF could be beneficial to anyone, minority or otherwise, who might be thinking of a career in medicine or science. The SURF program definitely is an ingenious concept.”

Ian Wilson, M.D., and Cammie Hilliard, School of Medicine and Dentistry Class of 2009, represent two generations of graduates from Xavier University of Louisiana and the SURF program.
The Post-baccalaureate Research Education Program at the University of Rochester School of Medicine and Dentistry features an acronym with a mission and a message — PREP.

PREP encourages underrepresented minorities who hold a recent baccalaureate degree in the biomedical sciences to pursue a research doctorate and prepares them for careers as research scientists and leaders in the biomedical community.

The program, at the School of Medicine and Dentistry since 2001, is administered primarily by faculty from the Department of Microbiology and Immunology and the Center for Vaccine Biology and Immunology.

PREP has delivered on its mission

Of the 40 people who have participated in Rochester’s PREP so far, more than 85 percent have applied for admission to Ph.D. programs, and most have been accepted. Ten PREP alumni are in School of Medicine and Dentistry Ph.D. programs.

“I wanted to continue on to a graduate career in basic science, but without the proper background, such opportunities are limited,” said Jharon Silva, a Hunter College graduate and Brooklyn native. “Being accepted into PREP at the University of Rochester has significantly changed my life.”

Silva, who now is a graduate student in the School of Medicine and Dentistry, said he is inspired by the guidance of scientists and challenged by the coursework.

“I am genuinely enjoying this process of becoming a scientist,” he said. “PREP has given me a new sense of self-respect, and has instilled within me a desire to continuously move forward by setting goals and making steps toward them. It has given me the courage to take chances within my new academic realm, including applying to the very selective M.D./Ph.D.
program. It is very important to me to eventually serve as a model for other under-represented minorities who just need a bit of encouragement to continue in the sciences.”

Steve Dewhurst, Ph.D., now the School’s senior associate dean for basic research, launched PREP with National Institutes of Health funding.

PREP participants are brought in as technicians and they earn a technician’s salary, said Edith Lord, Ph.D., professor of microbiology and immunology who now directs PREP. The current program supports each participant for two years.

“They get hands-on experience in research. Every student has an individualized project,” Lord said. “They take survival skills courses to learn all they need to know as a scientist and prepare for applying for graduate programs. The idea is to get minority students who otherwise would not be eligible to apply for graduate programs and give them what is necessary to succeed.”

Some students do not have adequate grades for admission to graduate school.

“If they can show they can do graduate-level work and get a B in a course, that says something,” Lord said. “We’re trying to catch them up on their deficiencies, bring them up to the level many other students have and start them thinking about the possibility that they can be scientists.”

The National Institutes of Health stopped funding PREP after five years. Because of the program’s success, David S. Guzick, M.D., Ph.D., dean of the School of Medicine and Dentistry continued funding PREP last year using School funds, and the NIH recently decided to support PREP again. Lord and Dewhurst have applied for a grant under the new NIH program.

“PREP is a valuable program,” Guzick said. “It not only helps us increase the diversity of our graduate program, PREP identifies people who are enthusiastic about medical research and who want to take part in the work of discovery.”

Lord also is increasing recruiting at colleges and universities in Puerto Rico and is establishing an outreach program with Monroe Community College in Rochester.

“This program has worked very, very well,” Lord said. “Our faculty members have worked hard with PREP participants. They need time and help, counseling and encouragement, and hand holding, of course. That’s all part of mentoring.”

The School has taken some risks on candidates for the program, Lord said.

“Only a few have not paid off. Our attrition rate is surprisingly low,” she said.

Brendaliz Santiago, a graduate of the University of Puerto Rico at Mayaguez, is a PREP alumna who is doing a short rotation in Lord’s lab. She plans to earn a doctorate in microbiology.

“My goal is to be a college professor with my own research laboratory,” Santiago said. “It would bring great satisfaction to be able to help others not only through my scientific work, but also help students further their own career interests by providing knowledge and research opportunities.”
The University of Rochester Medical Center of the future, as envisioned in its new strategic plan, grows larger with a new tower for patients and imaging sciences and captures national recognition with the development of new therapies.

The medical school faculty and the hospitals, as part of the strategic plan, will focus patient care services, research and teaching on five major disease areas—cancer, cardiovascular disease, immunology and infectious disease, musculoskeletal disease and neuromedicine—through Integrated Disease Programs (IDP). Each IDP will emphasize the translation of basic discoveries for use in patient care and the development of novel treatments that maintain or improve health.

Ignacio Sanz, M.D., professor of medicine, microbiology and immunology in the School of Medicine and Dentistry, stands at one of the major intersections in the Medical Center’s roadmap for the future as the leader for the IDP for immunology and infectious disease.

“The clinical aspects of the plan are very powerful,” Sanz said. “This is a significant leap into a different dimension and a different way of thinking that is more comprehensive and builds on the skills we have here to do translational research. It makes me very hopeful not only that breakthroughs will happen but also that we will make those breakthroughs here.”

The goals of the IDP for immunology and infectious disease and Sanz’s vision for that IDP open a window to an understanding of the whole strategic plan. But first, look at the basics of the approved strategic plan, which was released in January after an 18-month planning process.

The strategic plan establishes a set of ambitious overall goals for the Medical Center. They are:

- To become one of the leading health care systems in the Northeast and to achieve national recognition for high quality signature programs that develop new therapies based on outstanding research.
- To sustain an interdisciplinary environment that emphasizes fundamental discovery and fosters innovation through the acquisition of new technologies.
- To ensure translation of fundamental discovery into cutting-edge patient therapies through the education of clinicians and scientists.
- To grow clinical volume by recruiting outstanding health professionals and providing capacity for complex procedures where specialized expertise and high volume ensure the highest levels of patient safety and quality.
- To maintain clinical margin and productivity that sustains growth in the clinical and academic missions of the Medical Center.
- To engage the community through economic development (including technology transfer and research partnerships) and to promote community health through research programs that support community-based interventions.
- To ensure that all education programs at URMC are nationally outstanding and prepare students for careers of excellence.

Building on historic strengths

URMC’s 2007–2012 strategic plan “is a blueprint for transforming a regional medical center into a nationally respected magnet for research, teaching, patient care and community service,” said Bradford C. Berk, M.D., Ph.D., the Medical Center’s chief executive officer. “It is a recipe that builds strategically on our history and strengths. It calls for the boldest investment in expertise, facilities and programs since the founding of this University and its Medical Center.”

The Medical Center strategic plan developed in 1996 invested heavily in scientists and buildings for basic research. That investment helped expand the number of the School of Medicine and Dentistry’s research faculty from 304 to 484. The expanded faculty drove funding from the National Institutes of Health (NIH) to $159 million, more than double the $70 million in NIH funds when the plan was launched.

The new strategic plan calls for investing $500 million over the next several years in new facilities, technology and expansion of the School’s faculty through the recruitment of physicians and scientists in specific targeted fields.
The centerpiece of the clinical strategy—the Pediatric Replacement and Imaging Sciences Modernization (PRISM) project—supports efforts to boost quality of care and patient safety and to deal with the gridlock caused by routine daily occupancy rates at Strong Memorial Hospital of more than 100 percent. URMC has filed an application with New York’s Department of Health seeking approval for construction of a six-story clinical building to house the expansion of adult inpatient services and allow the conversion to private rooms in pediatrics.

The $259-million PRISM also includes two floors dedicated to diagnostic and interventional imaging as well as materials management and other support services. Both patient floors will house 56 beds—all private rooms. The building and its atrium will provide a new gateway to Strong Memorial’s inpatient units. When the new building is complete, URMC would renovate its existing pediatrics floor, opening another 67 adult beds. In total, the PRISM project would add 123 beds to Strong Memorial, expanding its licensed capacity to 862.

In addition, the plan calls for the creation of a 52,000-square-foot off-campus Ambulatory Surgery Center to handle the 5,000 outpatient surgeries that can’t be accommodated in Strong Memorial’s current operating rooms. The New York State Department of Health has approved the center. Construction begins this spring.

Construction of the 150,000-square-foot Clinical and Translational Science Building (CTSB) is another key element of the strategic plan. The facility will serve as the academic home of clinical and translational faculty who work in the disciplines that support this type of research (biostatistics and epidemiology, for example), educational and training programs, critical support operations and several large clinical research programs.

Organizing these support services more efficiently will make clinical science programs more effective, and make the School of Medicine and Dentistry a stronger competitor for government and private research dollars. (See detailed story on page 28 about the CTSB in this issue.)

The strategic plan also calls for URMC to invest more than $40 million over the next several years to enhance its information technology infrastructure. This includes expanded investment in Electronic Medical

**Medical of the Highest Order**

**Rush Rhees**
University of Rochester
President (1900–1930)

**Abraham Flexner**
Rockefeller Foundation board member and well-known educator

**George Eastman**
philanthropist and founder of the Eastman Kodak Co.

**George Whipple**
founding dean of the University of Rochester School of Medicine (1921–1953), Nobel Prize recipient
Glue for new discoveries and treatments

The four Innovative Science Programs (ISP)—stem cell and regenerative medicine, biomedical imaging and biomarkers, nanomedicine and genomics and systems biology—were chosen because they have promising applications to the five IDP areas. They also represent disciplines in which the School of Medicine and Dentistry has the fundamentals of a strong program, or are areas that need to be strengthened in order to remain competitive.

In total, for the nine signature program areas, about 140 people will be recruited over the next several years, adding substantially to the faculty already working in these programs.
Rochester’s history and long record of successful research in immunology and infectious disease make it a natural IDP. Conjugate vaccine technology, developed at the Medical Center 25 years ago, led to the creation of vaccines against Haemophilus influenzae type b (Hib), pneumococcus, and meningitis. Recent research helped in the development of a vaccine against human papillomavirus, which causes cervical cancer. School of Medicine and Dentistry researchers conduct cutting-edge research in lupus, rheumatoid arthritis, multiple sclerosis and diabetes. URMC is home to an Autoimmunity Center of Excellence, a Human Immunology Center, a Center for Biodefense Immune Modeling, an HIV Vaccine Trials Unit and a Center for Excellence in Influenza Research.

The strategic plan establishes a set of goals for each IDP. For example, the objectives for the IDP for immunology and infectious disease are:

- Develop an internationally recognized patient-based human immunology research program focused on vaccine responses, B-cell biology and allergic and autoimmune diseases.
- Rank in the top three U.S. research centers in influenza and respiratory diseases.
- Build a leading cancer immunology in a combined effort with the IDP for cancer.

“We already have ongoing collaborations in B cell biology between multiple groups working on different vaccines, such as HIV, influenza and respiratory syncytial virus,” Sanz said. “Similarly, there are ongoing collaborations on multiple autoimmune diseases, including lupus, rheumatoid arthritis, diabetes and multiple sclerosis, and with the Wilmot Cancer Center on the immunological response in cancer. But the IDP means we will work together in more productive and far-reaching ways.

“One of the great things about Rochester is the collaboration. There is very good interaction,” he said. “But the IDP, in a more formal fashion, will integrate different areas of the Medical Center. There will be draft working groups that will make sure expertise and resources are provided where needed. Junior faculty, who may represent liaison between groups, will be developed. This is more than a conversation or interaction.”

An executive committee will share the decisions on the development of the Immunology and Infectious Disease IDP and in the recruitment of faculty. Sanz chairs the committee that includes Richard I. Fisher, M.D., director of the James P. Wilmot Cancer Center, Steve Georas, M.D., director of the Division of Pulmonary and Critical Care, Barbara Iglewski, Ph.D., chair of the Department of Microbiology and Immunology, Tim Mosmann, Ph.D., director of the Center for Vaccine Biology and Immunology, and Richard Reichman, M.D., professor of medicine and of microbiology and immunology.

Each IDP will operate in a similar fashion

“The IDP will work to extend and complement the outstanding research done at existing centers in a number of ways, including the addition of new disease programs, the recruitment of new scientists in areas that need strengthening and the facilitation of translation of scientific discovery from the clinic and into the clinic,” Sanz said. “The IDP concept is like a glue that will bring the various facets together. This will enhance the ability of the whole group to do human research. We are determined to see Rochester become an incubator for discovery and provide our patients with new treatments developed by our own physician and scientists.”

The strategic plan’s establishment of signature programs also will act as a magnet to students, physicians and scientists, Sanz said.

“Ther are a lot of disincentives out there to being an academic physician — insurance companies, reimbursements, the bureaucracy, a tight NIH budget,” Sanz said. “So there has to be a pull, an incentive. Having better ways to help patients get well is a pull. Having better ways to satisfy your curiosity about a disease is a pull. Being at the forefront of medical education is a pull. The strategic plan offers an environment that will make students, physicians and scientists want to come here and make them want to stay.”

To read the complete strategic plan, go to: www.urmc.rochester.edu/strategic-plan
There is a new look and a new identity at the University of Rochester Medical Center.

The Medical Center has adopted a comprehensive branding strategy to establish a cohesive identity for the institution and its affiliates, and to celebrate its legacy as one of the nation’s first academic medical centers that combined a medical school and hospital under one roof. The branding strategy includes a new logo, a unified name for the Medical Center’s components, and an advertising campaign.

“Our strategic plan has set ambitious goals for the University of Rochester Medical Center, and part of our success hinges on our ability to build a national reputation,” said Bradford C. Berk, M.D., Ph.D., the Medical Center’s chief executive officer. “To achieve this, we need one consistent identity that not only ties together and amplifies the diverse components that comprise our institution, but one that visibly communicates our link with the University of Rochester.”

The name—University of Rochester Medical Center—underscores its academic approach to medicine and now serves as the unifying brand for all Medical Center entities and affiliates. In particular, University of Rochester Medical Center will be adapted as the new name for its various clinical enterprises, replacing Strong Health. However, the branding will not affect the name of the Medical Center’s main teaching hospital, Strong Memorial Hospital.

An advertising campaign that continues through June recalls the Medical Center’s roots with the theme, Medicine of the Highest Order. As one of the first to adopt educator Abraham Flexner’s model of university-based medical schooling, the University demonstrated that integrating scientific inquiry, learning, and patient care could enhance physician education, advance research opportunities, and improve patient outcomes. When Flexner looked to establish a medical school based on this philosophy in New York, he told then-University President Rush Rhees that the University of Rochester presented an ideal place for “a medical school of the highest order.”

Each unit of the Medical Center, including the School of Medicine and Dentistry, will follow the branding guidelines in adopting a logo specific to the unit.

“The new branding strategy will go a long way to clear up public, and sometimes internal, confusion regarding the relationship of the medical school, the hospitals and the University,” said David S. Guzick, M.D., Ph.D., dean of the School of Medicine and Dentistry. “It will make clear that all are part of a powerful integrated academic medical center.”

To view the ads, go to this Web site: www.urmc.rochester.edu/pr/ads.
Citing a culture of collegiality, connectedness and collaboration at the University of Rochester School of Medicine and Dentistry, the Liaison Committee on Medical Education (LCME) has granted the School a full eight-year accreditation.

In listing the School of Medicine and Dentistry’s strengths, the LCME described the Double Helix curriculum as a successful longitudinal integration of the basic and clinical sciences. The LCME accreditation report highlighted several programs, including the third-year basic science blocks, the Process of Discovery course and the Community Health Improvement Clerkship, as innovative elements of the curriculum.

It called the depth and breadth of the School’s research enterprise exemplary. The LCME commended the School of Medicine and Dentistry for providing students with numerous opportunities to pursue areas of special interest beyond the standard curriculum, such as international health experiences, often with financial and logistical support from the School.

The Comprehensive Assessments for second-year and third-year students are successful examples of formative assessments that give students the opportunity to identify their learning needs, develop an individualized learning plan and receive follow-up to make sure those needs are met. According to the report, the learning plans promote self-awareness, professional attributes and lifelong learning.

The LCME cited David S. Guzick, M.D., Ph.D., dean of the School of Medicine and Dentistry, for outstanding leadership and a commitment to medical education and medical students. The report noted that the dean has provided financial resources to upgrade School of Medicine and Dentistry facilities and infrastructure and has participated actively in teaching and curriculum management. He also makes himself readily accessible to students and faculty, the report noted.

David R. Lambert, M.D., associate dean for undergraduate medical education, devotes great amounts of time, effort and energy to implement the School’s educational vision and mission, the report said. Faculty members and department chairs demonstrate a high degree of commitment to medical education, the LCME said.

“The LCME findings reflect a continuation of our leadership and innovation in medical education,” Guzick said. “Building on our rich tradition of the biopsychosocial model and the Double Helix curriculum, and adding contemporary technology, academic rigor and an extraordinary commitment to teaching by our full-time faculty and community physicians, our students emerge with the capacity to contribute greatly to the profession of medicine.”

The LCME survey team visited the School and the Medical Center in October. Fifteen months before the site visit, a task force of more than 80 faculty members under Lambert’s leadership began a self-evaluation that was provided to the LCME. The medical students developed and presented an independent evaluation to the LCME.

“In the self-evaluation, we stated who we are and what we do in an honest and factual way,” Lambert said. “We were very introspective, analytical and honest in the self-study process and in our report. By approaching it this way, our achievements and merits were seen.”

The students created a survey with hundreds of questions. Ninety-three percent of the students responded.

“That percentage is a pretty good barometer of student interest in our report and accreditation as a tool,” said Brian Jenssen, a third-year student who led the student evaluation. “We concluded that the vast majority of the students think Rochester has a very strong medical school program. The crucial asset is the wide array of programs available to students — advocacy, research, community involvement, primary or special care — that produce a diverse group of physicians.”

The students provided some suggestions. Early clinical exposure, for example, is a real strength of the curriculum, but some refinements are needed, Jenssen said. The School’s administrators have been “very receptive” to addressing student suggestions, he said.

“The accreditation process helps you make sure you have defined objectives and that they are being met, and helps you clarify where to target resources,” Lambert said. “It helps them to learn about other aspects of the School they did not know. It’s difficult and requires a lot of time, but it is a great thing to have done.”
ACGME looks for secrets of innovation

When the Accreditation Council for Graduate Medical Education (ACGME) decided to map the genes of successful residency programs, the council sent a team to the University of Rochester School of Medicine and Dentistry.

The details the ACGME team learned from Rochester faculty and residents included a comprehensive online curriculum, the use of outcomes data, the empowerment of residents to shape their education, support for the development of master educators and a commitment to innovation.

Little is known about the role of individuals, organizational culture, structure and strategy in making innovation happen in resident and fellow education, ACGME officials said.

"Rochester is part of a test of concept to determine if we can look at an institution in a different way," said Ingrid Philibert, M.H.A., M.B.A., senior vice president, ACGME Department of Field Activities, who led the project.

"Rochester is very successful in ACGME. We're looking at institutions that appear to be particularly successful in innovations and improvement of residential education environment. We're looking for common attributes, aspects that make these institutions fertile ground for innovation."

ACGME calls the effort the Learning Innovation and Improvement Project. The council selected four institutions for the initial study. The ACGME team also conducted interviews at the Mayo School of Graduate Medical Education at the Mayo Clinic, the Henry Ford Health System in Detroit and Dartmouth-Hitchcock Medical Center in Hanover, N.H.

The team also will study two comparison groups: institutions that perform well in the accreditation process but do not meet the chosen criterion of "successful at innovation," and institutions that succeed at innovation, but experience problems with the ACGME's accreditation process.

The ACGME team found several attributes Rochester and the other three institutions share that influence successful innovation. These include: focus on education and learning, focus on change, an integrated vision of education, research and patient care, inclusiveness and involvement across organization units and levels, use of data for accountability and alignment of resources with mission-driven goals.

In interviews in Rochester, the ACGME team also noted support from the graduate medical education office and residency program coordinators for innovative ideas, an open and non-punitive environment for discussion of programs, financial support for educational innovation and placement of high value on the educational process.

"I was honored for us to be chosen," said Diane Hartmann, M.D., associate dean for graduate medical education at the School of Medicine and Dentistry. "It is a pleasure for me to work daily with a group of residency program directors, coordinators and trainees who are truly committed to innovations in medical education to produce the next generation of physicians."

In 2005, ACGME gave the School of Medicine and Dentistry an unprecedented six-year accreditation for its residency programs, making the School the first — and still the only institution — to get the extended accreditation.

ACGME has adopted six core competencies that go beyond setting minimum requirements for medical knowledge and patient care skills to define what makes a well-rounded, effective physician who is equipped with the ability to keep up with changes in the profession. Medical schools are required to develop curriculums that address the competencies, to assess residents on their level of achievement of the competencies and to use data to continually improve programs for residents.

Rochester has been at the forefront in adopting the competencies.
In the close term, we will take common factors — things that can be replicated to get them more innovative — to a larger audience for adoption or adaption,” Philibert said. “As an accrediting organization, we want to look at these factors in the accrediting process. We do minimum standards. We don’t look at innovation. Could we focus on innovation and improve health care and the way residents are educated? Are standards a barrier to innovation?

The project reflects a change in ACGME, which is “moving from a process oriented to a more outcomes and innovation oriented structure,” Philibert said.

Several School of Medicine and Dentistry faculty and residents met with the ACGME team. Here is what some said about Rochester and innovation:

Ruth Anne Queenan, M.D., vice chairman for education in the Department of Obstetrics and Gynecology: “Our biggest innovation in the residency program is the creation of a comprehensive curriculum online that involves assigned readings, links to useful websites, quizzes, current literature citations, etc. It makes access to information quite easy, and is consistent with what current learners in college, and even high school are used to, yet, it is virtually absent from graduate medical education. I am able to track the use of this system in great detail, and know graduates, current students and most of the residents use the system frequently… We have quite an open policy in terms of resident feedback. I used to view the administration of the residency like preparing a meal, that it could be accomplished, and would be a complete product. I have learned over the years that it is more like running a restaurant, constantly changing and responding to the needs of the patrons/residents.”

Ralph Jozefowicz, M.D., associate chair for education in the Department of Neurology: “We use outcomes data from the residency program to determine what changes are needed. Outcomes data include board pass rates for residency graduates, resident performance on our mock oral board examination that all residents take each spring, performance on the in-service training examination, and the number of teaching and humanism awards that our residents receive from medical students. Outcomes data should be the driver for change, rather than process data. It is a lot easier to motivate change for residents and faculty when an outcome is at stake, rather than a change in process, which usually involved more paperwork.”

Peter Harris, M.D., residency program director for the Department of Pediatrics: “We have a curricular structure imposed by various regulatory agencies, but within this structure, we try to achieve the best possible means of medical education. Who better to help us define the best approach to pediatric education than the residents themselves? We actively empower the pediatric residents to help shape their educational process to make sure that their overall education is the best that it can be. We have various venues for doing this, including a pediatric house staff committee, which is composed of four members who are elected by their peers from each year of training, a pediatric education committee, and very free access to the pediatric leadership.”

Annette Medina-Walpole, M.D., director of the geriatric medicine fellowship program, benefitted from an innovative School of Medicine and Dentistry program, a Dean’s Teaching Fellowship. Her project was the development of a new year-long curriculum for an Academic Career Development Course.

“As participants in the Academic Career Development Course, fellows gain the prerequisite knowledge and experience to successfully develop, implement, and evaluate educational initiatives in various formats targeting interdisciplinary trainees,” Medina-Walpole said. “Fellows also acquire teaching and leadership skills necessary to succeed as a clinician-educator in an academic setting, and to effectively communicate with patients, families, and colleagues. Fellows incorporate the general concepts of the curriculum through a series of individual and group educational projects.”

The course could provide a national model for fellowship programs for the ACGME.
While the budget of the National Institutes of Health (NIH) essentially remained flat in 2007, the value of NIH grants to the University of Rochester School of Medicine and Dentistry jumped a remarkable 11.1 percent.

In the fiscal year ending Sept. 30, 2007, the NIH supported $159.1 million in grants and contracts for research and teaching at the School. That record amount is up from $143.2 million for the fiscal year ending Sept. 30, 2006.

The growth in funding is the result of several factors, said David Guzick, M.D., Ph.D., dean of the School of Medicine and Dentistry, where NIH funding has more than doubled since 1999.

“This increase speaks to the outstanding caliber of our faculty,” Guzick said. “In addition to increased funding thanks to a few large centers, we are seeing consistent, steady growth in the number of awards granted to faculty members to take on new projects. To see such a boost when the climate for research funding is so tight is a tremendous tribute to our scientists.”

In fiscal year 2005, for example, NIH awarded 356 grants to the School. The number of grants increased slightly in fiscal year 2006 to 359. But, in fiscal 2007, the number of the School’s NIH grants grew to 404—a 12.5 percent increase in a year when the number of grants made by NIH across the country actually declined.

The increase in NIH grants is also a credit to the significant strategic investment the University has made in the scientific enterprise during the last 10 years, Guzick said.

Significant new grants also fueled the increase.

In April 2007, the University received a seven-year, $26 million grant from the NIH to establish the New York Influenza Center of Excellence, where researchers are developing methods to protect the nation from both traditional flu as well as bird flu. John J. Treanor, M.D. (M’79), professor of medicine and of microbiology and immunology, and David Topham, Ph.D., associate professor of microbiology and immunology, are co-directors of the center.

And in late 2006, the NIH named the School of Medicine and Dentistry as one of 12 institutions to receive a Clinical and Translational Science Award (CTSA). Guzick is principal investigator of the CTSA. Thomas A. Pearson, M.D., Ph.D., senior associate dean for clinical research, is co-principal investigator. The award, for $40 million, is designed to speed the movement of basic discoveries from the laboratory to the clinic, where they will benefit patients.

The CTSA has supported a number of programs. These include: eight pilot projects to test the feasibility of innovative research ideas; three grants to develop novel research methods to overcome a specific methodological barrier; seven mentored junior faculty awards that provide three to five years of dedicated research training support; support for 18 pre-doctoral trainees to create a new generation of translational science leaders; initiation of a 10-institution academic consortium to forge new scientific collaborations across the upstate region; enhanced community engagement to foster closer ties between the Medical Center’s research enterprise and the local community; and upgraded support for epidemiology, biostatistics and bioethics consultation to help investigators implement their research plans more quickly and efficiently.
New York State will provide $50 million for the construction of a building to house the University of Rochester’s Clinical and Translational Science Institute (CTSI), a facility that is an integral part of the Medical Center’s new strategic plan.

New York’s Gov. David Paterson supported funding for the CTSI as part of a fund for the revitalization of upstate New York, which initially was proposed by former Gov. Eliot Spitzer. In early April, the New York Legislature approved the state budget, allocating $700 million for the fund and including $50 million for the CTSI.

“This support from the state will help cement the University’s national leadership in this critical new realm of science,” said David Guzick, M.D., Ph.D., the dean of the School of Medicine and Dentistry and director of the CTSI. “Not only will these resources ultimately lead to better health, they will also strengthen the University’s role as a catalyst for regional economic development by propelling growth in employment and research funding and the development of new technologies with commercial potential.”

The Medical Center plans to break ground on the 150,000-square-foot Clinical and Translational Science Building (CTSB) this summer. It promises to be one of the first facilities of its kind in the United States. Beginning in 2002, Guzick began to assemble the building blocks needed to establish a nationally prominent research program in clinical and translational science, foreshadowing the National Institutes of Health “roadmap,” in which re-engineering the nation’s clinical research enterprise was a critical theme.

The dean worked with Thomas A. Pearson, M.D., Ph.D., senior associate dean for clinical research, as well as committees with more than 80 faculty members, to coalesce efforts in clinical and translational science at the School. When the NIH asked for applications for the CTSA, Rochester was ready.

In October 2006, the School of Medicine and Dentistry was one of the first 12 institutions nationwide chosen by the NIH to receive a CTSA. The $40 million award, the largest NIH grant in the University’s history, places the School among a group of leading academic medical centers that will shape the future direction of biomedical research.

A centerpiece of the CTSA application, written by Guzick, Pearson and their colleagues, was an academic home for clinical and translational research. The CTSB will enable the Medical Center to bring necessary technologies, trained personnel, and resources together under one roof.

The CTSB will be the base for the Upstate New York Translational Research Network, a consortium of ten major medical institutions from Albany to Buffalo that will foster research collaboration on a regional scale. The building also will be home to several leading clinical research programs, including a clinical trials center that oversees some of the largest studies of neurological conditions in the world.

“The scientific advances in the past decade have necessitated that we fundamentally change the way we conduct biomedical research,” said Bradford C. Berk, M.D., Ph.D., chief executive officer of the University’s Medical Center. “This generous support from the governor and the leadership in Albany will allow the Medical Center to accumulate the technologies and scientific talent necessary to accelerate the process of translating the basic discoveries made in the lab into new ways to understand, prevent, treat and cure diseases.”

The $56 million CTSB is a key part of a $500 million investment the Medical Center is making over the next several years in research, patient care and education.
University of Rochester scores in royalty top 10

By Mark Michaud

For the sixth year in a row, the University of Rochester is among the top 10 universities in the nation in terms of the amount of royalty revenue it receives from its licensed technologies, according to a report by the Association of University Technology Managers (AUTM).

The AUTM U.S. Licensing Survey details the technology transfer activity of 189 top U.S. universities, teaching hospitals and research institutions. In 2006, the University of Rochester received more than $38 million in royalty revenue for its licensed patents, ranking it ninth in the nation among U.S. universities.

Of the $38 million, $37.13 million is attributable to the innovative work of faculty in the University’s School of Medicine and Dentistry.

“These royalty numbers are a testament to the productivity and innovation of our researchers,” said Marjorie Hunter, director of the Medical Center Office of Technology Transfer. “Since 2000, both the number of inventions reported by our scientists and patent applications have experienced significant growth. This strong history of innovation represents a pool of intellectual property that can be tapped for commercial purposes.”

The University of California System led the university list with $193.5 million in royalty income in 2006, followed by New York University, Stanford University, Wake Forest University, the University of Minnesota, Massachusetts Institute of Technology, the University of Florida and the University of Wisconsin at Madison.

Over the years, the University of Rochester has licensed several technologies invented by medical school faculty that have improved millions of lives. These include a vaccine against Haemophilus influenzae type b that has virtually wiped out a leading cause of meningitis in preschoolers, and another vaccine that uses the same technology to prevent infection by pneumococcal bacteria, which causes meningitis, ear infections, pneumonia and other illnesses.

University engineers and surgeons developed a method to map previously undetectable defects in the eye that led to the creation of customized LASIK surgery, which dramatically improves vision. University engineers also developed a half-toning technology that is used by virtually every printer manufacturer in the world.

Several new technologies with roots at the School of Medicine and Dentistry recently have come to market or are poised to do so. This includes the new cervical cancer vaccine that was approved by the Food and Drug Administration last year and is being marketed by Merck under the name Gardasil. Another version of the vaccine, developed by GlaxoSmithKlein, is also entering the market. In addition, a new drug to alleviate hot flashes is in the final stages of development by Pfizer.

The University of Rochester Office of Technology Transfer was formed in 1980. In 2001, a separate technology transfer office was created for the Medical Center. The function of these offices is to protect the scientific and intellectual advances developed at the University and help move these technologies into the private sector, where they can be developed into new products and services.

In most instances, these transfers consist of licensing University technologies to existing companies, but in some cases these technologies form the basis of start-up companies, many of which are based in the Rochester area and contribute to local economic growth. Licensing revenue is a critical resource for the University as it represents unrestricted resources that can be reinvested into the research enterprise.
Collegiality helps win spot on the list of best workplaces for scientists

When the magazine *The Scientist* announced its annual list of the Top 40 Best Places to Work for life scientists in November, the only university in New York on the list was the University of Rochester.

Tenured faculty surveyed by the publication gave the University high marks for positive peer relationships and sound management and policies.

In addition to the School of Medicine and Dentistry, life scientists work throughout the University of Rochester in areas such as the Department of Biology and the Department of Brain and Cognitive Sciences.

The publication’s ranking is derived from a Web-based survey of tenured or tenure-track life scientists working in educational, government-sponsored or other non-commercial research institutions. Respondents were asked to assess their work environment according to 39 criteria in eight different categories — job satisfaction, peers, infrastructure and environment, research resources, pay, management and policies, teaching and mentoring, and tenure. More than 2,000 scientists responded.

Massachusetts General Hospital placed at the top of this year’s list, which also included the M.D. Anderson Cancer Center at the University of Texas, Duke University, Dana Farber Cancer Institute, and 36 others. The Trudeau Institute, a small private research center in Saranac Lake, and the Wadsworth Center, a government-funded research institute in Albany, were the only other New York State employers to rank.

For the first time since 2004, scientists overall reported valuing peer relationships more than tenure.

“The University of Rochester Medical Center was founded on the concept of collaboration, both between researchers and clinicians, and among scientists throughout this University and other institutions,” said David Guzick, M.D., Ph.D., dean of the School of Medicine and Dentistry. “It’s gratifying to see that this spirit of collegiality remains a critical selling point for scientists.”
URMC specialist earns national gastroenterology award

Ashok N. Shah, M.D., professor of medicine at the University of Rochester School of Medicine and Dentistry, has been awarded a prestigious Mastership by the American College of Gastroenterology.

Mastership is a rare honor conferred upon physicians who have demonstrated distinguished service to the college and to the field of clinical gastroenterology, patient care and education. Shah, one of four to be honored this year, is the only recipient from western New York. The college has awarded only 103 Masterships in its 75-year history.

Shah has more than 30 years’ experience in gastroenterology at the University of Rochester Medical Center, with special interests in inflammatory bowel disease, advanced endoscopic procedures, celiac disease and diseases of the liver and pancreas. He is board certified in internal medicine and gastroenterology.

The American College of Gastroenterology was founded in 1932 to advance the scientific study and medical practice of diseases of the gastrointestinal tract. The college promotes the highest standards in medical education and is guided by its commitment to meeting the individual and collective needs of clinical gastrointestinal practitioners.

Rochester neurologist named senior medical advisor to Michael J. Fox Foundation

Irene Hegeman Richard, M.D. (R’95, FLW’97), associate professor of neurology and of psychiatry at the University of Rochester School of Medicine and Dentistry, has been named senior medical advisor to The Michael J. Fox Foundation, an organization dedicated to improving the lives of people with Parkinson’s disease by accelerating medical and scientific developments.

Richard has worked closely with foundation officials for the last three years, helping evaluate research efforts and facilitating communication among scientific and medical communities and the general public. Her appointment to the newly created post comes at a time when the foundation is expanding its efforts to fund both basic laboratory and patient-oriented research, such as clinical trials designed to evaluate new treatments for Parkinson’s disease.

Richard’s clinical research perspective complements the scientific expertise of Gene Johnson, Ph.D., our chief scientific advisor, and her input will be a boon to our research staff and advisors in continually raising the bar on the patient-relevant outcomes we expect from every project we fund, said Katie Hood, chief executive officer of The Michael J. Fox Foundation. “Additionally, as a clinician with an active neurology practice, Irene has a
deep understanding of the challenges faced every day by people living with PD, which is something the foundation values deeply, since patients are at the center of every activity we undertake,” Hood said.

For three years Richard has served on the review committee for the foundation’s annual Clinical Discovery Program, which funds high-impact clinical projects in Parkinson’s disease. She has also spoken to supporters and patients at foundation events across the country.

Founded in 2000, the foundation has funded over $95 million in research to date, either directly or through partnerships.

“The people at the foundation are so knowledgeable, so pleasant and so determined to do everything they can to stop this disease, that it’s a pleasure to work with them. I’m delighted to play a role in helping them decide how best to put resources to work to benefit patients,” said Richard.

As a neurologist, Richard regularly treats patients with Parkinson’s disease and is an expert on the psychiatric aspects of the illness, such as depression. She is leading a national multi-site study looking into whether common antidepressant medications might be helpful in treating the disease.

Richard also is involved with the Medical Center’s deep brain stimulation program for Parkinson’s and other patients. She has been with the University of Rochester Medical Center since 1991, first as a resident, then chief resident in neurology, and as a research fellow in movement disorders. She has been a member of the faculty since 1997.

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**ALUMNI AWARDS**

The Alumni Council of the School of Medicine and Dentistry invites all alumni, including graduates of the MD, PhD, and MS programs and former residents, to submit nominations for the annual Distinguished Alumnus(a) and Alumni Service awards. The Gold Medal Award for teaching receives nominations from students, faculty, and administration. Read about these honors and obtain application forms by going to: www.urmc.rochester.edu/smd/alumni/alumniawards.cfm

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**Rochester honors Ruth A. Lawrence**

Ruth A. Lawrence, M.D., (M’49, R’58), professor of pediatrics and of obstetrics and gynecology at the University of Rochester School of Medicine and Dentistry, received the 22nd annual Athena Award in Rochester in January.

The award, an international program founded in 1982 to recognize and honor the achievements of outstanding and professional business women, was introduced to Rochester in 1987 by the Women’s Council of The Rochester Business Alliance. More than 900 people attended the award ceremony.

Lawrence, who joined the School of Medicine and Dentistry faculty as an instructor in 1954, is a pediatrician and neonatologist at Golisano Children’s Hospital at Strong and the medical director of the Ruth A. Lawrence Poison and Drug Information Center.

“People have always asked what my business is,” Lawrence said when accepting the award. “I used to tell them babies. Now I tell them children. If you’re interested in a safe investment in today’s world, they’re one of the surest.”

Lawrence, the mother of nine children, is an internationally known expert on breastfeeding medicine. The first edition of her book, Breastfeeding: A Guide for the Medical Profession, was published in 1980 and has become the gold-standard for the scientific understanding of human lactation and clinical breastfeeding practices. The text is now in its sixth edition and has been translated into Spanish and Japanese.

In 1995, Lawrence met with the Pontifical Academy of Sciences, seeking a Catholic endorsement of breastfeeding from Pope John Paul II. She was successful—the Vatican embraced the cause with enthusiasm, encouraging mothers of the world to pursue this option as often as possible.

In 2005, Lawrence founded Breastfeeding Medicine, a scientific journal that publishes quarterly. She also is the editor of the journal. She also helped create Rochester’s first Neonatal and Pediatric Intensive Care Unit, as well as the poison and drug information center that now bears her name. The center is the second oldest in the nation and the first to serve the hard of hearing. She also helped found LifeLine, a predecessor to today’s 911 system, and guided the Health Association of Rochester and Monroe County for more than a decade. In addition, Lawrence founded Women in Science, Dentistry and Medicine (WISDM), a committee that sponsors events, mixers and lectures of special interest to women at the Medical Center.

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“People have always asked what my business is. I used to tell them babies. Now I tell them children.”

Ruth A. Lawrence, M.D.

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Alumnus named a CNN Hero

Rick Hodes, M.D. (M’82), medical director for Ethiopia for the American Jewish Joint Distribution Committee and medical advisor to Mother Teresa’s Mission for Sick and Dying Destitutes in Addis Ababa, was one of three finalists in an international program conducted by the television network CNN.

Hodes was a finalist in the “Championing Children” category of the CNN Heroes program. The three were selected from thousands nominated online as ordinary people whose work has had an extraordinary impact on the lives of others. As a finalist, Hodes was saluted in a global telecast by CNN in December.

Hodes, who has been a doctor in Ethiopia for about 20 years, was the subject of an article in the Spring/Summer 2007 issue of Rochester Medicine. He often takes sick children from the mission to his home in Addis Ababa to care for them, and sometimes sends them to Ghana or the United States for treatment. He has adopted several boys he first encountered at the mission, including two with tuberculous spondylitis and one with growth hormone deficiency. Hodes also helps finance their education, sometimes in the United States.

One of his adopted sons, Semegnew Hodes, who now is living in the United States, sent a nomination of his father to CNN. Semegnew was a boy with a twisted spine when he first met Hodes at Mother Teresa’s mission.

“I have never seen any other American doctor who has lived in Ethiopia for the last 20 years and still wants to live there and change the lives of hundreds of destitute people,” he wrote. “Every day he amazes me. He treats everyone who needs help. People come looking for him all the time and I have never heard him saying that he is too tired to help them. He even had two boys living with us so he could give them chemotherapy at home. He will treat anyone any time they come or will go to see them. They all get great care because he knows a lot of well-known doctors he can contact about his patients.”

The CNN Heroes designation “brought in a lot of attention, several donations, and a couple of offers of volunteers,” Hodes said. “I greatly appreciate the attention that CNN has drawn to my work and the work of my employers, and hope to move forward in the coming year assisting more destitute people with major health problems,” he said.

CNN selected one of the finalists in the category for special recognition: Steve Peifer, a former software manager at Oracle, who set up feeding and computer centers in remote areas of Kenya to provide an incentive for children to stay in school.

“I have never seen any other American doctor who has lived in Ethiopia for the last 20 years and still wants to live there and change the lives of hundreds of destitute people…”

Every day he amazes me. He treats everyone who needs help. People come looking for him all the time and I have never heard him saying that he is too tired to help them. He even had two boys living with us so he could give them chemotherapy at home. He will treat anyone any time they come or will go to see them.”

Semegnew Hodes
Alumnus creates a bequest to aid future medical students

When James F. Morris, M.D., attended the University of Rochester School of Medicine and Dentistry as a member of the Class of 1948, he had plenty of support. Morris received aid from the G.I. Bill (officially the Servicemen’s Readjustment Act), New York State’s version of the G.I. Bill and the U.S. Navy Reserve V-12 program to help with the $600 annual tuition.

“I supplemented my paid tuition by washing dishes for meals in the Strong Memorial Hospital cafeteria until into my third year, when I was told the job reflected poorly with the ward nursing staff, who were required to address third-year medical students as ‘doctor,’” he recalled.

In memory of his Rochester education and to help with the financial burden faced by many of today’s medical students, Morris has established a bequest of $1 million for a financial need scholarship fund.

“Rochester inspired me to become as knowledgeable and competent a physician as possible and to excel in both teaching and research.”

James F. Morris, M.D.

“Rochester inspired me to become as knowledgeable and competent a physician as possible and to excel in both teaching and research.”

James F. Morris, M.D.

After graduating from the School of Medicine and Dentistry, Morris served for three years as a resident in internal medicine at Strong Memorial Hospital. He finished his training at the University of Utah Medical School. After another Army stint during the Korean War, he joined the faculty of the then University of Oregon Medical School, now Oregon Health and Sciences University, as chief of pulmonary and critical care medicine. Morris later became a professor of medicine, with an emphasis on teaching and research. He retired in 1994, but continued working as a pulmonary consultant at Portland’s Veterans Affairs Medical Center for six years.

“Rochester inspired me to become as knowledgeable and competent a physician as possible and to excel in both teaching and research,” he said. “The faculty were exemplary in challenging and educating us in those roles.”

Morris had several mentors at Rochester, but he named Wallace O. Fenn,
More than a half century had passed since she earned her medical degree, but Martha Mann Freeman, M.D. (M'51, BS'44, SON'45), remembered the University of Rochester School of Medicine and Dentistry fondly.

Dr. Freeman, who died July 27, 2007, in Durham, N.C., bequeathed $500,000 to the School of Medicine and Dentistry, which will be used to update anatomy labs and expand the Ryan Case Method Room.

Dr. Freeman, 84, was born in South Carolina. She earned her Bachelor of Science degree at the University of Rochester and then attended the University's School of Nursing. After working as a registered nurse for two years, she returned to Rochester, where she received her medical degree in 1951 with a specialty in pediatrics.

While she greatly enjoyed working with children, the Anderson Independent, a North Carolina newspaper, reported, she found that her true passion was in developing policy and conducting research at the Food and Drug Administration, where she worked from 1964 to 1987.

She and her husband, Noel Freeman, lived most of their lives in the Washington, D.C., area, and then retired to North Carolina. Her husband is also deceased.

University establishes George Eastman Circle

The University of Rochester is establishing a new society called the George Eastman Circle to honor donors who provide leadership Annual Fund support to any of the University's schools and units, including all areas within the Medical Center.

It is the University's only donor recognition society that counts multiple school or unit Annual Fund gifts as one aggregate commitment and recognizes the total at the University level. Gifts qualifying for the George Eastman Circle may also qualify for the George Hoyt Whipple Society.

Annual Fund gifts have a significant impact in every area of the University. They are, by definition, unrestricted, current-use funds that provide the head of each school, unit, or department with maximum flexibility for responding quickly to new opportunities or to meet unexpected needs. In the School of Medicine and Dentistry and in the Medical Center, these venture-type funds typically support operations, educational programs, scholarships, research, patient care, and similar initiatives.

The George Eastman Circle is more than a donor recognition program. It is an opportunity for the University's alumni, parents, and friends to join together to strengthen and advance the University as it enters the next transformational period in its history. Members will have exclusive access to programming that highlights and celebrates the University's greatest achievements.

Charter Members of the George Eastman Circle stand at the forefront of a movement that will help the University provide even greater service to the community and world. By joining together, they are honoring the legacy of one of the University's greatest benefactors, George Eastman, and establishing a new tradition. Through their vision and leadership, Charter Members will earn an important place in University history.

For more information on becoming a Charter Member of the George Eastman Circle, please contact Mary Ann Kiely at (585) 273-3171 or mkiely@admin.rochester.edu or Stephanie Katz at (585) 276-3597 or skatz@admin.rochester.edu.

Charter Member status will be granted to supporters who make a five-year pledge before June 30, 2008 at one of the following annual levels:

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Don’t Show Me the Money

Excerpted from White Coat Wisdom, by Stephen J. Busalacchi; Publisher, Apollo’s Voice, LLC

John A. Frantz, M.D. (M’46) met Mary Hodge more than 60 years ago when he was a University of Rochester School of Medicine and Dentistry student and she was a graduate student in the Department of Physiology. They married in 1946. Mary Frantz was a Rochester medical school student for two years but earned her M.D. at the University of Colorado in 1951. The couple has practiced medicine for more than a half century in Monroe, a small community in Wisconsin. They have no plans to actually retire and continue to practice medicine today, perhaps not even earning $5 an hour. “Mary and I have been very fortunate in preserving our youthful idealism and other youthful attitudes. The medical school’s emphasis on avoiding destructive competition among its students is certainly a factor,” John Frantz says. But practicing medicine for a minimum wage has its frustrations. Stephen Busalacchi interviewed the couple at their home.

John When we got old enough, we were compelled to take our retirement income or pay a 50 percent penalty on what we should have taken. We decided that we might as well work for fringe benefits only.

So you’re not getting paid?

John The insurance carrier complained that we were fraudulently getting insurance because we weren’t on the payroll, and the solution was to pay us minimum wage.

Mary I kicked and screamed about that. I don’t mind working for nothing, but I don’t want to work for five dollars an hour. But I have no choice. We want our health insurance benefits.

You have to be the only two doctors in America working for minimum wage.

John Well, there are a lot of doctors working for nothing. There are many volunteers after retirement. By the time you’ve been a doctor for 50 years, you wouldn’t know who you were if you didn’t do a little bit of it.

You’re not doing it for the money.

Mary No. Having been depression-raised kids and being by instinct, prudent, if not miserly, we have no shortage of financial resources to manage our retirement.

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John, where did you grow up?

John I grew up in Indianapolis, and I went to high school there. I went to Haverford College, in a suburb of Philadelphia. It’s probably the most Quaker of the Quaker schools. The Quakers are very good role models because they witness more their actions than their words. I have three older sisters. My father was a clergyman in the Presbyterian Church from 1926 till his retirement in the 60s.

How did he and your mother react to your interest in medicine?

John The next best thing to being a preacher, because they’re service professions.

Where did you go to medical school?

John Rochester was a very good choice because they kind of showed the way about how to organize a medical school without promulgating grades. If you wanted to know your grades, you’d have to transfer to another medical school because of getting married and my teaching being interrupted.

It was during the war, and 85 percent of the places in medical school were taken by men from the armed forces. But then, by the time I finished, I was in a class with about 15–20 percent women.

Mary, tell me a little about where you grew up?

Mary I grew up on Long Island, near New York City. My father worked in the city, but we lived in a rural town, 20 miles from the city. He was a publisher. My parents were both college educated. I grew up in a family that valued learning. I had an older brother and a younger brother. I went to an excellent public school system that was very progressive in the 30s. I went to Antioch College in Ohio. My father was very much in favor of that. It sounded good to me and I had a very good college career. It wasn’t until the end of my college career that I decided to go to medical school. Before that, I was thinking more of going into science, as a research chemist. I actually had rather a prolonged time in...
school and sneak a look at the transcript in the Dean’s office. They didn’t want us to be competitive. We were all fellow scholars helping each other learn. Twice during the pre-clinical years, they cancelled the final exam at the last minute with an announcement that we all mastered the material, so what’s the use of going through the charade?

Really? Never heard of that.
\textbf{John}  Well, nobody has, except people who know about Rochester. They are the wave of the future.

\textbf{Mary}  tell me a little about medical school.
\textbf{Mary}  I went to the University of Rochester also for two years and then after that, I dropped out for two years and had a couple of children and went back to the University of Colorado. Oh, I loved going to school. The work load wasn’t as alarming as medical students find it today. We worked hard, but we enjoyed our work and maybe it was partly that Rochester ethos that you were all enjoying your work. You don’t have to beat out on anybody else. When I went back to Colorado, it was a little overwhelming with two children, but John did a great deal of child care in the evenings and we had good child care.

How did you go about choosing your specialty?
\textbf{Mary}  I didn’t really choose a specialty. I went into general practice after medical school in an internship. We practiced in Western Colorado, for a few years. We really liked the practice — John was already a specialist in internal medicine. But I did family practice and delivered babies and took care of kids.

Do any patients stand out?
\textbf{Mary}  I was just a year out of practice. I had a very sad OB patient, a woman in her 40s who had never had any children and she finally got pregnant. She was so excited. She did everything right all through her pregnancy, but her baby died shortly before it was born. It was a still birth. I felt just awful. I probably felt at least as awful as she did. She knew how bad I felt and said, “Don’t feel bad. It’s okay. It just wasn’t meant to be.” How she comforted me.

I’m very emotionally involved with my patients and I’ve learned how not to let it interfere with my work. And also, doctors are very emotionally involved in their own success. They want to succeed. They feel very responsible, so it’s a lot of ego thing, too. It’s not just worrying about the other person. You’re worried about yourself, too.

The track record?
\textbf{Mary}  Yeah. But the people in the town were nice. The other physicians were nice enough people, but they were not very high class, ethical physicians and we felt uncomfortable. We couldn’t both be out of town at the same time because we didn’t know who to tell our patients to go to.

When we came to Monroe, why, it was a specialty clinic. They didn’t have any family doctors at that time. I ended up telling them I’d go into pediatrics, internal medicine, wherever they wanted me. Internal medicine is where I turned out to be. I worked at getting my specialty examination just on the basis of years of experience and examination, rather than having to go back and do a residency — an option which is no longer open.

\textbf{John}  We went together through the West to look for a place for her to be a student and for me to be a resident in training. And we ended up at Colorado because the head of the medical department was also the chairman of the admissions committee, and he was in a position to assure us that our application would be considered as a unit.

I was somewhat oriented towards general practice, but he persuaded me to go into internal medicine, instead. When we left Colorado, we did student health work at the University of Missouri in Columbia, as kind of a base of operations to look for a multi-specialty clinic that was big enough to absorb both of us. I had a disappointing experience in Washington State. They were very interested in me, but when they found out about Mary, all kinds of red nepotism flags went up. And so we figured we needed a bigger group to avoid that problem.

\textbf{Mary}  When we first came to Monroe, I wasn’t ready to be a full-time physician, in any case. I had, by then, three children and another one on the way. I was happy to work part-time in whatever capacity they wanted me. By the time I might have been considered for a full partner, the whole structure of the clinic changed and everybody was employees anyway, so it didn’t matter.

How did you two get together?
\textbf{Mary}  At the University of Rochester. My first year and a half in Rochester, I couldn’t get into the school and so I worked in a research lab in physiology. I worked in a high altitude lab with a noted physician physiologist, and John was one of the guinea pigs we would put in this high altitude chamber and monitor him. I was the technician who monitored him.

We often joked that he had so much brain power to start with because otherwise in those days, they might not have been as careful about monitoring how low the oxygen got. But he came out okay. We found out we enjoyed the same things and went on some bike trips together and some concerts.

\textbf{John}  The department was quite congenial. One of my main assignments was trying to figure out how aircrew on a B-29, say, could stay conscious if the oxygen system was shot up. There was myself and one of the other students who managed to stay conscious at 25,000 feet for 30 minutes on acute exposure. I’ve always felt as though if you didn’t pass out, you could hardly have killed many brain cells. I wasn’t as worried as she was.

\textbf{Mary}  I wasn’t all that worried. In retrospect though, we should have been worried.

\textbf{John}  You want to know what our biggest mistake was? Getting married before she got her degree. She ends up with my name and we can’t tell whose mail is which.

\textbf{Mary}  I was only one and a half years into medical school when we got married.

Did you ever envision practicing this long?
\textbf{Mary}  It just sort of happens. I don’t envision retiring, as long as we can write our own ticket about how many hours, how many weeks, how many months.

\textbf{John}  Well, early in my career I discovered that retirement is frequently a health hazard, less so for women than men. And so, it seemed as though it was best to arrange not to retire abruptly. In my case, I volunteered to do nursing home work that the other doctors weren’t quite so enthusiastic about. You can’t exactly make yourself indispensable, but you can make a pretty good attempt if you pick something the other people don’t like to do. My experience is that you can do a lot for the patients by way of the nurses. Even if the patients don’t appreciate you, you can do a lot for the relatives, so it’s perfectly satisfactory entry into being constructive into people’s lives.
The Class of 2008, like others before them, found Match Day a time of tension and emotion. This momentous day is both the culmination of years of study and work and the beginning of a new stage of life. In the Class of ’62 auditorium, members of the Class of 2008 shouted, screamed, laughed, hugged and cried. Twenty members of the class will remain in Rochester as residents.
ILLINOIS
NanaEtua Baidoo, University of Chicago Medical Center, emergency medicine
Rachel Perry, University of Illinois College of Medicine, obstetrics-gynecology

INDIANA
Virginia Takagi, Indiana University School of Medicine, obstetrics-gynecology

MAINE
Lee Hallagan, Maine Medical Center, general surgery

MARYLAND
Tracy Fuller, Johns Hopkins Hospital, pediatrics

MASSACHUSETTS
Jeremiah Lord, University of Massachusetts Medical School, emergency medicine
Summer Chapin, Greater Lawrence Family Health Center, family medicine
Matthew Davis, Cambridge Health Alliance, psychiatry
Vasanth Kainkaryam, Baystate Medical Center, medicine-pediatrics
Sydney Montesi, Massachusetts General Hospital, internal medicine
Celeste Sharplin, Cambridge Health Alliance, family medicine
Alan Sherburne, Boston University Medical Center, general surgery

MICHIGAN
Shailey Desai, University of Michigan Hospital, Ann Arbor, internal medicine
Mattoo LoPiccolo, Henry Ford HSC, dermatology
Lan Tran, William Beaumont Hospital, obstetrics-gynecology

MINNESOTA
Katharine Dias, Allina Family Residency Program, family medicine

NEW JERSEY
Lin Li, University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School-Piscataway, internal medicine
Alexsey Tentler, University of Medicine and Dentistry of New Jersey-New Jersey Medical Center, Newark, medicine-pediatrics

NEW MEXICO
Brant Hager, University of New Mexico School of Medicine, psychiatry

NEW YORK
Lisa Cannon, New York Presbyterian Hospital-Columbia University Medical Center, general surgery
Kara Greenwald, New York University School of Medicine, internal medicine
Thomas Gregg, Stony Brook Teaching Hospitals, general surgery
Sue Hong, New York Presbyterian Hospital-Weill Cornell Medical Center, pediatrics
Joshua Miller, Mt. Sinai Hospital, internal medicine
Swathi Nadinda, Mt. Sinai Hospital, emergency medicine
Ravi Saksema, Einstein/Montefiore Medical Center, pediatrics
Elizabeth Schmidt, North Shore University, Manhasset, obstetrics-gynecology
Annie Wang, North Shore University, Manhasset, diagnostic radiology
Jacqueline Zayas, Einstein/Jacobi Medical Center, pediatrics

NORTH CAROLINA
Anne Fender, University of North Carolina Hospitals, dermatology
Justin Godown, University of North Carolina Hospitals, pediatrics
Jacob Jentzer, Duke University Medical Center, internal medicine
Jack Kurtzky, University of North Carolina Hospitals, internal medicine
Domenick Roma, University of North Carolina Hospitals, internal medicine

OHIO
Jennifer Lee, University Hospitals-Case Western Medical Center, general surgery

OREGON
Inge de Weille, Oregon Health & Science University, psychiatry
Christopher Greenman, Oregon Health & Science University, internal medicine

PENNSYLVANIA
Annabelle de St. Maurice, University of Pittsburgh Medical Center, pediatrics

RHODE ISLAND
Jacqui Fenderon, Women & Infants Hospital, obstetrics-gynecology
Pooja Rao, Rhode Island Hospital/Brown University, medicine-pediatrics
Natthapol Songdej, Rhode Island Hospital/Brown University, medicine-pediatrics

TENNESSEE
Brett Campbell, Vanderbilt University Medical Center, anesthesiology

TEXAS
Kathleen Antony, Baylor College of Medicine, obstetrics-gynecology
Alan Sears, Brooke Army Medical Center, general surgery

VIRGINIA
Ummara Shah, University of Virginia, internal medicine

WASHINGTON
Yuri Lee, Valley Medical Center, family medicine
Brian Murray, University of Washington Affiliated Hospitals, pediatrics
Maryann Overland, University of Washington Affiliated Hospitals, primary medicine
Suzanna Parle, Tacoma Family Medicine, family medicine

WISCONSIN
Sheri Kardooni, University of Wisconsin Hospital and Clinics, general surgery
ROCHESTER MEDICINE

MD Alumni

Class of 1942

Sylvanus (Bill) Nye (MD ’57) writes about his friend and fellow alumnus, Lloyd Tuttle: “Born in 1916 in a small town outside Rochester, Lloyd Tuttle celebrated his 90th birthday last October with friends living in the Galloway Ridge at Fearrington retirement community located a short distance south of Chapel Hill, North Carolina. He moved into Galloway Ridge from Fearrington Village two years after his wife, Elinor, died. Also a Colgate graduate, Lloyd left Rochester with his degree and a commission in the Army. After an internship he set up an aid station near Bastogne during the Battle of the Bulge. Four months later, in two days Lloyd and his team cared for many of the 80,000 prisoners at Dachau who had a chance of surviving. Following the war Lloyd and Elinor lived in Binghamton where he practiced anesthesiology. The ladies find him charming, friendly, delightful, brilliant and comfortable to be with and many others find him an engaging dinner companion.” Bill and Phyllis Nye (BS ’54, BS ’55) also live at Galloway Ridge.

Class of 1948

Marvin A. Epstein will be celebrating his 60th anniversary from medical school this year. He writes: “I sold my practice of internal medicine in Walnut Creek, Calif., in 1993, and have remained exceedingly busy ever since. Traveling, seeing children and grandchildren, theater, movies, gardening, and hospital activities. For a while after retiring, I continued to interpret electrocardiograms at the hospital of which I was one of the three major founders — John Muir Medical Center in

Venice, Italy

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

Submit your class notes to your class agent or e-mail to: RochesterMedicineMagazine@urmc.rochester.edu.

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

For Karl Q. Schwarz, M.D. (M’83, R’86), professor of medicine at the University of Rochester School of Medicine and Dentistry and director of the Echocardiography Laboratory at the Medical Center, vision and imagination are the cornerstones of his career. “My job is to see things and interpret what I see in reference to the patient’s complaints,” he says. “The information contained within a single echocardiographic image may tell a story that reveals a patient’s entire disease process, if only we have the vision to interpret the image properly. I see still photography in exactly the same way.” Schwarz got his first camera at the age of seven, and quickly became the family photographer. He prefers traditional black-and-white photography. “I feel that black-and-white images tend to provoke a much more robust story in our own minds than color images, in the same way that reading a book is almost always more stimulating and robust than seeing the movie,” he said. He does experiment and create with color. Some black-and-white photographs are hand-painted by his wife. He also has created very colorful photographs of Venice, Italy, using a technique called high dynamic range imaging. In the Venice photographs, Schwarz says he went for “funky.” Selections of his photographs appear throughout Class Notes.

Venice, Italy
Walnut Creek. From a 150-bed community hospital, it has grown to a tertiary and trauma center of over 300 beds, and is in the midst of a building program that will increase bed capacity to 425!

“When our hospital merged with a nearby medical center, the John Muir Association, Inc. was formed and I have been very active in that group, serving as chairman of the board. We are the only grass-roots organization for the Medical Center, and have a number of important responsibilities.

“My stepson, Brian Hazen, received an M.D. from Rochester, and is also an internist. I am very proud of him. My wife and I have four children and 10 grandchildren that we share.”

Class of 1952
Frederic A. Stone writes: “We have sold our house in Henderson Harbor, N.Y., and have relocated halfway between Dallas and Fort Worth, Texas, near two of our five sons, and their families (four generations, five households). I am not in practice; however, I am following the partnership that started following Nella’s and my two years at a bush hospital in northern Malawi, Central Africa, 1992–1994, being sustained by the Presbytery of Northern New York.”

Class of 1954
Chloe Alexson updates the class: “Gene Farley writes a long, news-filled letter with reports on his sons and his 12 grandchildren, who are spread around the world. Josh is teaching ecological economics at the University of Vermont. Jonathan lives in Houston. Tillman, who did his family medicine training in Rochester, is now in Colorado as medical director of a network of community health centers. Shedd is in Colorado as a self-employed carpenter and contractor. Pat is in Uganda helping to return that country to social and economic health. Gene and Linda continue to work for universal health care coverage.

“Gene, who doodled with pen and ink through all the meetings he attended as head of family medicine in Rochester (just like George Engel used to do), tried doing some in wood and decided he wanted to do some in iron, so before he stepped down as chair of the Department of Family Medicine at the University of Wisconsin School of Medicine, he took an evening course on welding at the local technical college. The work in the photo is called Circumnavigation. It is made of quarter-inch rolled iron plate, doodled on and then cut and bent with an oxyacetylene torch. It was commissioned as a wedding present. It is now at the home in Milwaukee of the couple who commissioned it. ‘Doing it is fun and if things ever slow down regarding health care reform, I hope to do a lot more,’ Gene says.

“Rose and Gene Gangarosa are continuing their career efforts to promote safe water and sanitation in the developing world. Through their endowments, Emory University and the Centers for Disease Control and Prevention have established a Center for Global Safe Water, yearly funding for 12 to 15 graduate-student field experiences, and support to implement and measure the impact of safe water and sanitation projects. Gene is personally involved in mentoring these students. He also teaches a course that focuses on the control of food and waterborne diseases.

“Ann and Neal McNabb have downsized from their semi-rural farm outside Rochester, and now live on the border between Rochester and Penfield. Unfortunately for any gardening hopes, they seem to have brought the deer with them. Neal has become anti-high-tech after being thoroughly frustrated from spending about 24 hours attempting to correct computer errors regarding their change of address or following up because the computers of the agency or company were not working. They have now settled in a bit and the last of the boxes have been recycled.”

Lansing Hoskins writes: “Since retiring from full-time employment at the Cleveland Veterans Administration Medical Center in 1998, I have maintained my research lab there, purchasing research supplies from the small stipend I receive for seeing patients in the GI clinic as a fee-basis consultant a half-day a week. I continue to participate in the new teaching curriculum to the first-year students of the medical school and am going to professor emeritus status this year. My research is on the biological bases of community structure within the complex microbial ecosystem that we all share in our colons. Beyond contributing to our understanding of colonic microbial ecology, the eventual medical goal of this research is to develop ecologically sound means for controlling ‘bad bugs’ like Clostridium difficile, Vancomycin-resistant enterococci, and perhaps others whose metabolic activities may potentially harm us. I presented a paper on this research at the XXX International Congress on Microbial Ecology in Health and Disease in Rome, in September. It was held in the Pontificia Università Urbaniana, founded in 1627 by Pope Urban VIII on a hilltop overlooking Old Rome on one side and the Vatican with St. Peter’s Basilica on the other. Our hotel was a short walk uphill to the university and a shorter walk to St. Peter’s Square, and we were steeped in historical tradition.

Siena Piazza del Campo
Besides the meeting, Patience and I toured Rome, visited the Vatican Museum, went to a Sunday mass in the Basilica, and attended, with 4,000 others, an outdoor audience with the Pope in St. Peter’s Square.”

Class of 1958
Robert F. Murray Jr. completed his term on the University of Rochester School of Medicine and Dentistry Alumni Council in January. Murray, who served on the council for six years, said about his term: “I believe it would be a good experience for every alumna/alumnus to have the experience of serving on the council. It was an eye-opening experience for me to meet and see the dean and members of his staff and the development office in action. This is a dynamic, creative group that stimulates older members of the council like myself to see the possibilities of making the U of R Medical School a more exciting place for students and faculty. Further, some who have a long history of participation are always looking for more ways to enhance the image and growth of the Medical Center. I became convinced that the partnership that is nurtured between physician and Ph.D. is an essential element of the medical advances and exciting research that goes on at Rochester. I hope this drive expands until every alumna and alumnus can find a way to be involved in the programs of teaching and research that keep Rochester at the cutting edge of medical advance and patient care. My experience on the council changed my perception of what a continuing role in the life of the Medical Center should be.” Bob and his wife, Peachy, reside in Washington, D.C., and in 2007 celebrated 51 years of marriage.

Class of 1960
Irvin Emanuel received the Lifetime Achievement Award from the Coalition for Excellence in Maternal and Child Health Epidemiology at its annual meeting in Atlanta. The coalition includes 16 separate organizations in maternal and child health.

William Powell was featured in a Houston Chronicle article in July concerning his pivotal role in launching a retired physician mentoring program for nursing students at the University of Texas School of Nursing in Houston.

Class of 1961
Mark R. Levy writes: “Nancy and I have retired, gotten a first grandson and moved to Rye Brook, N.Y.”

Class of 1962
William Angell writes: “Living on Tampa Bay in Florida with wife Judy, son Braden, two cats, two dogs, two boats, age 72. Bucs and Gators fan. Life is good. Still doing thoracic and cardiovascular surgery full time (Stanford 1968). Diving (scuba and free), fishing on and off shore, back packing to 10K feet, skiing, kayaking, sculling and biking. Five children, two physicians, one biologist, one attorney, one ship’s captain, five grandchildren. Stopped publishing five years ago after 130 papers; now just operating four start-up business ventures: pharmaceutical, construction, auto care and maintenance, and yacht construction.”

Class of 1963
Paul Levine writes: “I continue teaching classes related to cancer epidemiology at the George Washington University School of Public Health and Health Services, and I do research in several areas, including the study of inflammatory breast cancer, the role of race and poverty on cancer patterns in the District of Columbia, and cancer patterns in Gulf War I-era veterans.”

Stephen E. Natelson has retired from the practice of neurosurgery after 35.5 years in Knoxville, Tenn. He continues to live there.

Class of 1970
J. Franklin Richeson (R’72, FLW’76), professor of cardiology, received the Herbert W. Mapstone Prize for Excellence in Second Year Teaching from the University of Rochester School of Medicine and Dentistry during convocation in September.

Class of 1971
Ruth Todd Evans is the author and illustrator of a new children’s book, The Panda Who Would Not Eat. The tale is based on the true story of Shi Shi, one of the first pandas in the San Diego Zoo’s Giant Panda Conservation program, whose picky eating was solved by a nearby botanical garden. Evans has had a lifelong love of plants and nature. Following her career as a physician, she has been pursuing her passions in art and literature. Evans, lives with her husband in Rancho Santa Fe, Calif., is donating the book’s royalties to help fund education programs at Quail Botanical Gardens in Encinitas, Calif. The book can be purchased directly from the publisher’s Web site: www.sunbeltbooks.com
Class of 1972
Todd Wasserman (BA’68, R’73) writes: “This is a 35-year update. After leaving UR in ’73, I spent three years at the National Cancer Institute and the U.S. Public Health Service as a yellow beret. My son was born at Strong Memorial Hospital in ’73 and my daughter at Walter Reed in ’76. The four of us moved to San Francisco, where I did three years in radiation oncology. We moved to St. Louis for a faculty position at Washington U. where I have stayed ever since with ever increasing responsibility. Neither of my children could be bribed to go to Washington for college and free tuition. Derek went to Brown and GW law school and lives in L.A. Amy went to Cornell and Sackler School of Medicine. After three years’ internal medicine in Manhattan, she is now a fellow in rheumatology at UCLA. Unfortunately, Ellen, my wife, died of breast cancer in 1997 at the age of 49. I went on a medical disability in 2002 and moved to Florida. I continue to be busy with academic work, clinical trials and consulting. I remarried in 2005. It has been a fulfilling 35 years.” Wasserman became a fellow of the American Society of Therapeutic Radiation Oncology (ASTRO) in October at a special ceremony during the annual meeting in Los Angeles.

Class of 1974
Richard Allan Aronson (R ’76), received the 2007 Ray Helfer MD Award, given by the American Academy of Pediatrics and the Children’s Trust Fund. The annual award honors a pediatrician who has made an outstanding contribution to the prevention of child abuse and neglect. Aronson recently completed 30 years of public service as a maternal and child health medical director in Vermont, Wisconsin and Maine. He is helping establish the Center for Humane Worlds for Child and Youth Health through the Future Search Network (www.futuresearch.net).

Hillard Lazarus writes: “I have been quite fortunate and have recently received two awards—the American Cancer Society Cancer Care Hall of Fame and the American Cancer Society Research Award ‘The Standing Tall Tribute’ (Lifetime Achievement Award). I remain at Case Western Reserve University (professor of medicine and director of the Blood & Marrow Transplant Program).”

Michael Udkow (R ’77) of Oakland, Calif., has retired from the Permanente Medical Group after practicing gastroenterology for 28 years. He has more time to play with his new granddaughter, Maya, but still finds time to entertain visitors to the Bay area. Call or e-mail him for a good time!

Class of 1975
Dean Parmelee co-edited a new book, Team-Based Learning for Health Professions Education. Parmelee is the chair of the Team-Based Learning (TBL) Collaborative, an international organization to support TBL in health professions education.

Class of 1977
Kathleen Gensheimer writes: “Eighteen classmates from the Class of ’77 returned to Rochester for our 30th reunion. Our class guest, Dr. Arthur Moss, provided thoughtful comments in his ‘Power of Ideas’ after-dinner address. He may have inspired many of us to think about that ‘late in life’ chance to garner the Nobel Prize! After dinner, we retired to the home of Isabel and Mike Schneider for a very pleasant open house. Hence, the evening was filled with time to reminisce and reconnect with old friends and to elicit fond, or perhaps not so fond (!), memories of Rochester.”

Class of 1978
Richard S. Levine (BA ’74), his wife, Jill, and Lizzie, their Petit Bassett Griffen Vendeen retired champion show dog, have migrated to Delray Beach, Fla. Levine will be joining Boca Radiology Group at Boca Raton Community
Hospital, and multiple imaging centers, as a full-time neuroradiologist, after 22 years in St. Louis. He joins his parents, Herb and Elaine, who have lived in Delray for 20 years.

Class of 1979

**Eric Topol** now leads the Scripps Translational Research Institute in San Diego. He also is chief academic officer and chief of genomic medicine and translational science for Scripps Health. He continues to practice cardiology at the Scripps Clinic.

Class of 1980

**Gary Falk (BS '76)** was selected for *Best Doctors in America* 2007–2008. He was co-chair of the National Cancer Institute working group to identify research priorities in Barrett’s esophagus, and he delivered the keynote address at the Dutch GI Society annual meeting in Veldhoven in the Netherlands. Falk was a visiting professor at the University of Rochester and at the University of Chicago last year. His daughter, Amy, is a freshman at Connecticut College; his son, David, has set scoring records for three consecutive years in lacrosse at his high school. Falk has been married to **Lynn Shesser (BS '75)** since 1984.

Class of 1982

**Joyce Elizabeth Mauk, F.A.A.P., president/CEO** and medical director and Schur Chair of Neurodevelopmental Pediatrics at the Child Study Center in Fort Worth, Texas, and the director of developmental pediatrics for Cook Children’s Physician Network, was honored as the health care industry recipient of “The Great Women of Texas” award by Fort Worth Business Press in January 2007.

Class of 1983

**Karl Schwarz (R ’86)** was promoted to professor of medicine in cardiology at the University of Rochester School of Medicine and Dentistry. Schwarz writes: “I have to say it was a tremendous honor, for which I am quite grateful.”

Class of 1985

**Karl D. Kieburtz (MS ’85), professor of neurology, received the Trainee Mentoring Award from the University of Rochester School of Medicine and Dentistry during convocation in September.**

Class of 1986

**Jeffrey Lyness (BA ’82), professor of psychiatry, received a commendation for second-year teaching from the University of Rochester School of Medicine and Dentistry during convocation. He recently became associate chair for education in the Department of Psychiatry.**

Class of 1988

**Steven Grinspoon** was promoted to professor of medicine at Harvard Medical School.

**Jeffrey T. Junig (MS ’85, PhD’87)** was appointed assistant clinical professor of psychiatry at the Medical College of Wisconsin. After 10 years as an anesthesiologist he completed a residency in psychiatry, and now runs a solo psychiatry, pain and addiction practice with his wife, Nancy, running the business end of things. He also treats inmates in the Wisconsin Department of Corrections, writes a regular column for *Psychiatric Times*, and hosts a radio show called *About Psychiatry*. He invites old friends to stop by his homes on the Web at http://fdlpsychiatry.com or http://wisconsinopiates.com.

Class of 1991

**Karen C. Johnston (R ‘92)** has been appointed chair of the Department of Neurology at the University of Virginia (UVA) Medical Center. She joined the UVA faculty in ’97 and had been vice chair of research for the department since ’04. Johnston’s research focuses on treatment and outcomes in acute ischemic stroke; she is the principal investigator on numerous NIH-funded grants. She is an associate editor of the journal Neurology, chair of the NIH-NINDS advisory committee for the...
Clinical Research Collaboration and has published extensively in the area of stroke and neurological clinical trials.

Class of 1992
Kym Orsetti Furney has recently published her first book, When the Diagnosis is Multiple Sclerosis: Help, Hope & Insights from an Affected Physician. Furney was diagnosed with MS in 2000 and has been fortunate to do extremely well. She continues to practice internal medicine on a part time basis in Charlotte, N.C., while raising her two children. Her book is a message of hope for those who are newly diagnosed with MS, but it also addresses some of the challenges that emerge along the way.

Class of 1995
Edward J. Fox (BA ’91) has left the University of Pennsylvania for the Milton S. Hershey Medical Center – Penn State, where he is associate professor of orthopaedic surgery in the division of musculoskeletal oncology surgery. He writes: “I’m loving it out here as there’s so much of a Rochester influence. C. McCollister Evarts, M.D. (M ’57, R ’64), was here as dean of the medical school. Kevin Black, M.D. (M’81, R’86), is my chairman. Wayne Sebastianelli, M.D. (BA ’79, M ’83, R ’88), is here. I even found one of my classmates, Tom Nifong (M’95), here unexpectedly! It really feels like home as a result. I hope to be up for Meliora weekend in 2008 to row with my UR crew undergraduate alumni at the Head of the Genesee!” Fox, who is married to Grace Ching Hsu, (MS ’88, PhD ’91), says: “We welcome anyone from Rochester to the Land of Chocolate. Just make sure you bring a Wegmans and Country Sweet!”

Adnan Nasir (MS ’89, PhD ’94) is one of 15 doctor-scholars of the North Carolina Medical Society Leadership College who completed a year-long program that concentrated on leadership development at the state level. Scholars are nominated by local and specialty medical society leaders who see an opportunity for their colleagues to improve health care in their local communities through leadership roles in organized medicine. Nasir specializes in dermatology.

Class of 1996
Timothy Beittel writes: “I live with my wife, Rebecca, and two girls, Elaina and Alexis, in Thomasville, N.C. I had a traditional family practice in town for a few years but for the past three years I’ve been with ACT Medical Group, a statewide group that provides primary care and psychiatry and psychotherapy services to long-term-care facilities and local agencies throughout the state. We hope to expand across state lines in the next year or two. I’m a vice president, corporate medical director and director of primary care services. My wife teaches English at the local community college, and is working to get certified in distance education. Elaina is seven, mid-way through first grade, and learning to read and do math. She loves fashion and Bratz dolls and WebKinz, and is full of ‘tween’ attitude. She also takes ballet and tap lessons. Alexis is three, marking time in preschool until she can go to big school like her sister. She is finally potty-trained, which is a joy for all of us!”

Dina Plekavich-Kringstein writes: “My husband, Peter Kringstein (R ’99), and I are thrilled to announce the birth of Benjamin John on Oct. 31, 2007. He joins big sister Jessie, who is five. I work part time as an internist when not on maternity leave. I job

New York City at night
Class of 2007

Ethan R. Ellis will serve as chief resident for the Department of Internal Medicine at Beth Israel Deaconess Medical Center in 2010.

Joanne Wu, a resident in physical medicine and rehabilitation at URMC, was recently named chief resident for 2008. Her fiancé, Benjamin Chapman, Ph.D., is a post-doctoral research psychology fellow in the Department of Psychiatry who also is working toward an M.P.H. in the Department of Community and Preventive Medicine.

Graduate Alumni
(arranged alphabetically)

Cedric Alexander (PDC ’98) has been appointed federal security director for the U.S. Transportation Security Administration (TSA). Alexander has oversight of more than 1,200 TSA officers at the Dallas/Fort Worth International Airport. Prior to his current position, Alexander served as deputy commissioner of public safety for New York State and as chief of police in Rochester. After completing his postdoctoral training in family therapy, he remained at the Medical Center as a clinician and as clinical supervisor of psychology postdoctoral students and psychiatry residents, 1987–2002.

Kevin Biglan (MPH ’04), assistant professor of neurology, was named the Andrew W. Mellon Dean’s Teaching Fellow by the University of Rochester School of Medicine and Dentistry during convocation in September.

Class of 2006

Chirag Shah (BA ’99) married Stephanie Schulte in Boston. Several Rochester alumni celebrated with the couple, including Matthew Doane (MD ’04), Samuel Madoff (MD ’04), Leonard Calo (MD ’04), Jacob Kathman (BA ’99), Sarahmona Przybyla (BA ’99), Peter Fleming (BA ’01), Owen Halloran (MD ’05), Chris Soriano (BS ’00), Omesh Gupta (BS ’98, MD ’03) and Tashveen Kaur (MD ’02). Shah is chief resident in ophthalmology at Wills Eye Hospital. His wife, Stephanie, is a pathology resident at Brigham and Women’s Hospital.

Class of 2005

Todd Florin (BA ’00) was appointed chief resident in pediatrics at the Children’s Hospital of Philadelphia for the 2008–2009 academic year.

Lydia Lee (BA ’94) writes: “I completed my fellowship in maternal fetal medicine at Brigham and Women’s Hospital, Harvard Medical School, and joined the faculty of Cedars-Sinai Medical Center, Los Angeles. By the way, I was also blessed with healthy twin boys, Max and Ben in May.”

Class of 2004

Matthew Ferrantino, a current resident in internal medicine at URMC, and Heather Florescue-Ferrantino (BA ’00), a current resident in OB/GYN at URMC, welcomed Jack, Kate and Ryan on August 31, 2007 at 35 weeks’ gestation with a combined weight of 14 pounds 9 ounces! All three are healthy and meeting milestones right on target. Heather worked until 30 weeks with co-residents pushing her around on a chair at rounds! Matt and Heather feel incredibly blessed — and tired.

Lydia Lee (BA ’94) writes: “I completed my fellowship in maternal fetal medicine at Brigham and Women’s Hospital, Harvard Medical School, and joined the faculty of Cedars-Sinai Medical Center, Los Angeles. By the way, I was also blessed with healthy twin boys, Max and Ben in May.”

Class of 1997

Laura K. Hummers (BA ’93) writes: “My husband (Franz) and I welcomed our second child, Aidan Arrington Sewchand, on June 7, 2007. He and three-year-old big sister, Sierra Elizabeth, keep us on our toes. I am currently assistant professor of medicine and co-director of Johns Hopkins Scleroderma Center in Baltimore.”

Class of 1998

Caroline Little Cribari (MS ’96, PhD ’98) writes: “This past year has been eventful, at home and in my career. My very active kids turned two and four. I was chief of the department of behavioral health services, El Camino Hospital, a non-profit community hospital in northern California, where I was one of two physicians to be involved in developing the nation’s second hospital-based perinatal mood disorder program, which will open soon. I continued to be the medical director of the hospital’s partial hospitalization eating disorders program and to have a small private practice. I have traveled and trained in the field of perinatal mental illness and eating disorders. I danced Zumba when I got the chance, and sang and danced daily with my children. My husband ran a half marathon for Team in Training to raise money for lymphoma and leukemia research. I have left the hospital practice and will focus now on private practice, writing a book, and my children. We missed this year’s reunion but have fond memories of last year’s reunion. Best wishes to everyone!”

Lydia Lee (BA ’94) writes: “I completed my fellowship in maternal fetal medicine at Brigham and Women’s Hospital, Harvard Medical School, and joined the faculty of Cedars-Sinai Medical Center, Los Angeles. By the way, I was also blessed with healthy twin boys, Max and Ben in May.”

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Graduate Alumni
(arranged alphabetically)

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Kevin Biglan (MPH ’04), assistant professor of neurology, was named the Andrew W. Mellon Dean’s Teaching Fellow by the University of Rochester School of Medicine and Dentistry during convocation in September.
Christine Clark’s (PhD ’08) daughter, Ava Marie Herne, was born on Jan. 3 and weighed six pounds, seven ounces. Both mom and baby are doing great. Clark writes: “I am so grateful. It is so wonderful to start the new year off right with the Ph.D. and baby.”

Edmund Copeland (MS ’61, PhD ’64) retired from the NIH in March 2000. He writes: “I now live in Crozet, Va., and have a chance to attend biophysics seminars at UVA Medical Center and to tutor chemistry students at Western Albemarle High School. I have taught English as a second language at a volunteer agency in Charlottesville.”

Caroline Little Cribari (MS ’96, PhD ’98, MD ’98) – See SMD Class of 1998.

Jeffrey T. Junig (MS ’85, PhD ’87, MD ’88) – See SMD Class of 1988.

Henry Keys (MS ’73, R ’73, FLW ’83) – See Resident/Fellow Alumni.

Karl D. Kieburtz (MD ’85, MS ’85) – See SMD Class of 1985.

Helene Mc Murray (MS ’00, PhD ’04) received the Graduate Alumni Postdoctoral Fellow Award from the University of Rochester School of Medicine and Dentistry during convocation in September. McMurray serves on the School of Medicine and Dentistry Alumni Council.

Gerard Michel (BS ’85, MBA ’88, MS ’88) has been appointed Biodel Inc.’s chief financial officer, vice president of corporate development and treasurer.

Adnan Nasir (MS ’89, PhD ’94, MD ’95) – See SMD Class of 1995.

Katia Kazarinova Noyes (MS ’97, PhD ’00, MPH ’02) has been promoted to associate professor of community and preventive medicine at the University of Rochester School of Medicine. She resides with her husband, Chris, and children, Peter and Philip, in Pittsford, N.Y.

Regis J. O’Keefe (MS ’00, PhD ’00, R ’92) chair, Department of Orthopaedics and Rehabilitation and director of the Center for Musculoskeletal Research, was named the Marjorie Strong Wehle Professor in Orthopaedics during convocation in September.

Steve Parente (BA ’87, MS ’89, MPH ’89) is the director of the Medical Industry Leadership Institute at the Carlson School of Management at the University of Minnesota and an associate professor in the Department of Finance with joint appointments in medicine and public health.

J. Edward Puzas (MS ’74, PhD ’77), Donald and Mary Clark Professor of Orthopaedics, received the award for Junior Faculty Academic Mentoring from the School of Medicine and Dentistry during convocation in September.
Montauk, New York

Norman Salem (PhD ‘78), retiring as the lab chief of the Laboratory of Membrane Biochemistry and Biophysics at the National Institute on Alcohol Abuse and Alcoholism after 30 years at the NIH, will take on a new position as the chief scientific officer of Martek Biosciences Corp. and vice president for discovery and clinical research.

Diana Shaw (MPH ‘94) was a Baldrige examiner in 2007 and is certified to teach NxLeveL, a series of courses in entrepreneurship. Shaw currently resides in Hawaii.

Susan Welt Shearer (MPH ‘01) received her professional engineering license in June 2007. She works for the New York State Department of Health as a senior sanitary engineer in the Center for Environmental Health, Bureau of Environmental Exposure Investigation in Troy, N.Y. She lives in Halfmoon, N.Y.

Robert Sutherland (PhD ‘66) recently resigned his position as head of Varian Biosynergy. As part of an “active retirement,” he is vice president for commercialization and leading the “discovery to products” program at the new Ontario Institute for Cancer Research in Toronto. The institute is well funded by the Ministry of Research and Innovation of the Province of Ontario. The focus is on translational research and emphasis on recruiting researchers and clinicians to supplement the already excellent programs in the Toronto/Ontario biomedical community.

Paul W. Todd (MS ‘60), currently chief scientist at Techshot Inc. in Greenville, Ind., writes: “Still in the workforce but planning 40 percent off next year for time with eight grandchildren and world travels. Techshot Inc. has spun out two fledgling companies to tackle two diabetes-related technologies: islet separation for transplants and painless finger sticks. All family members are healthy, and work is too interesting to quit.”

Yonghong Zhu (MS ‘00, PhD ‘02) joined Roche LLC in December as part of the global biomarker group based in Basel, Switzerland, but he resides in Palo Alto, Calif. He writes: “Our baby girl, Lylian Jochan Zhu, was born at home (yes sweet home!) at 4:52 a.m. on November 10, 2007. She decided to rush into this world one week ahead of schedule and gave us not a single indication. It took mom only one hour from having a contraction to giving birth. Dad had no choice but to be her bona fide delivery doctor and tied the cord with a shoelace. Mom and daughter later were sent to El Camino Hospital and both are in very good condition.”

Resident/Fellow Alumni (arranged alphabetically)

Agneta Borgstedt (R ’61) retired from her consultation practice in pediatric neurology and developmental disabilities in 2000 but found a new career as president of the Guild of Mercury Opera Rochester. Guild programs and lectures for its educational outreach programs are reported on the Web site of the company: MercuryOperaRochester.org. Click on Guild and then on the reading room, where you can download the group’s opera lectures.

Nancy Curry (R ’79) is president of the Society of Uroradiology, the second woman to hold that position.

David M. Garrison (R ’02), assistant professor of psychiatry, was named the George W. Corner Dean’s Teaching Fellow by the University of Rochester School of Medicine and Dentistry during convocation in September.

Francis Gigliotti (F ’83) was named the Lindsey Distinguished Professor for Pediatric Research at the University of Rochester School of Medicine and Dentistry during convocation in September.

Roy Jacobstein (R ’76) received a North Carolina Arts Council’s 2007–08 North Carolina Fellowship Award. Approximately 16 artists statewide received fellowships. Each artist receives an award of $10,000, which allows him or her to concentrate on the creative process or a specific project. Jacobstein is an adjunct professor at the School of Public Health at the University of North Carolina at Chapel Hill. His recent book, Fuschia in Cambodia, a narrative centering on the adoption of his daughter in Cambodia on September 12, 200, will be published by Northwestern University/TriQuarterly Press in 2008. He has also published one chapbook with more than 100 poems published in literary journals such as The Gettysburg Review, Mid-American Review, Poetry Daily, Southwest Review, TriQuarterly, The Wallace Stevens Journal and The Washington Post.

Ralph Jozefowicz (R ’82, R ’85, FLW ’86) professor of neurology and of medicine, and associate chair for education, received a commendation for Second Year Teaching from the University of Rochester School of Medicine and Dentistry and was named the Paul F. Griner Dean’s Senior Teaching Scholar during convocation in September.

Henry Keys (MS ’73, R ’73, FLW ’83) became a fellow of the American Society of Therapeutic Radiation Oncology (ASTRO) in October at a special ceremony during the 49th Annual Meeting in Los Angeles.

Regis J. O’Keefe (MS ’00, PhD ’00, R ’92) – See Graduate Alumni.

Colin Poulter (FLW ’83) became a fellow of the American Society of Therapeutic Radiation Oncology (ASTRO) in October at a special ceremony during the 49th Annual Meeting in Los Angeles. He has been on the Strong Radiation Oncology faculty since 1965 and a member of ASTRO since 1968.

J. Franklin Richeson (MD ’70, R ’72, FLW ’76) – See SMD Class of 1970.

Karl Schwarz (MD ’83, R ’86) – See SMD Class of 1983.

Thalia Smith Segal (R ’94) writes: “I am now working part time practicing pain management and OR-based anesthesia at Westchester Medical Center. My three young girls keep me very busy. Leora is seven. Yaffa is four and Aviva is two-and-a-half.”

Robert Smith (FLW’ 80) received the 2007 Distinguished Faculty Award from Michigan State University College of Human Medicine. He also received the 2007 Mentor Award and Outstanding Faculty Award from Michigan State University.

Michael Udkow (MD ’74, R ’77) – See SMD Class of 1974.

Todd Wasserman (BA ’68, MD ’72, R ’73) – See SMD Class of 1972.

University of Rochester School of Medicine and Dentistry Alumni Council
The Council is comprised of 17 alumni members who serve four year terms. Members represent all regions of the United States. The Council meets twice each year. Robert Scala, Ph.D. (PhD ’58) serves as Council President. Dr. Scala is a retired career toxicologist and resides with his wife, Jan (SON ’59) in Tucson, AZ.

President
Robert Scala, M.S. Class of 1956, Ph.D. Class of 1958—Physiology/Toxicology Tucson, Arizona; bobbscala@earthlink.net

Vice President
Lawrence Nazarian, M.D. Class of 1964, Resident 1966—Pediatrics Penfield, New York; ltdradn@aol.com

Members-at-Large:
- Robert Brent, M.D., Ph.D., Class of 1953, Radiation Biology 1955—Pediatrics, Radiology and Pathology; West Chester, Pennsylvania; rbrent@nemours.org
- Ronald Bruce, M.D., Class of 1962—Orthopaedic Surgery; Sullivans Island, South Carolina; bones9187@comcast.net
- Milissa Carter, M.D., Student, University of Rochester School of Medicine & Dentistry; Rochester, New York; milissa_carter@urmc.rochester.edu
- C. McCollister Evarts, M.D., Class of 1957, Resident 1964—Orthopaedic Surgery Rochester, New York; mac_evarts@urmc.rochester.edu
- Constantine Farmakidis, M.D., Class of 2006, Resident; Rochester, New York; c_farmandakis@urmc.rochester.edu
- Mary Anna Friederich, M.D., Class of 1957, Resident 1962—Ob/Gyn; Scottsdale, Arizona; maryannafriderich@msn.com
- Kathleen Gensheimer, M.D., MPH., Class of 1977—Epidemiology; Yarmouth, Maine; Kathleen.F.Gensheimer@Maine.gov
- Dwight Heron, M.D., Class of 1995—Radiation Oncology; Pittsburgh, Pennsylvania; heron02@upmc.edu
- Michael McKenna, Ph.D., Class of 1975—Toxicology; Wilmington, North Carolina; mmckenna@merriopharma.com
- Helene McMurray, M.S. Class of 2000, Ph.D., Class of 2004—Post Doctoral Fellow—Biomedical Genetics; Rochester, New York; helene_mcmurray@urmc.rochester.edu
- Carol Cooperman Nadelson, M.D., Class of 1961, Resident 1962—Psychiatry Brookline, Massachusetts; carol_nadelson@hms.harvard.edu
- Alexander Pearson, University of Rochester School of Medicine & Dentistry M.D./Ph.D. Student; alexander_pearson@urmc.rochester.edu
- I. Donald Stuard, M.D., Class of 1960—Pathology; West Chester, Pennsylvania
- Robert Sutherland, Ph.D., Class of 1966—Biophysics; Menlo Park, California; bob.sutherland@varian.com

Ex-officio Members
- Bradford C. Berk, M.D. Class of 1981, Ph.D. Class of 1981 (Senior Vice President for Health Sciences, CEO of Medical Center & Strong Health)
- Robert Caldwell, M.D. Class of 1961, Resident 1969—Surgery; Scottville, New York; rlcaldwell@yahoo.com
- David S. Guzick, M.D., Ph.D. (Dean, University of Rochester School of Medicine and Dentistry)

Alumni Council Committees 2008

Alumni Relations Committee
- Resident Subcommittee
- Mary Anna Friederich, M.D., Chair
- Student Subcommittee
- Chair—TBN

Awards Committee
- Lawrence Nazarian, M.D., Chair

Communications and Development Committee
- Robert Brent, M.D., Ph.D., Chair

Executive Committee
- Robert Scala, Ph.D., Chair

Technology Commercialization Committee
- Robert Sutherland, Ph.D., Chair
1939
Dr. John Frazer
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1943
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1966
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Arthur J. Redmond, M.D.

Arthur J. Redmond, M.D. (M'42, R'45), a “doctor’s doctor” who served on the clinical faculty of the University of Rochester School of Medicine and Dentistry for more than five decades, died at his Brighton, N.Y., home Jan. 14. He was 92.

Dr. Redmond helped many future physicians get into medical school and then helped start their careers. He had an internship for fourth-year students at his practice, and established a scholarship for medical students.

“He felt that passing the torch was very important,” Dr. Redmond’s daughter, Sheila Redmond-Tamme, of St. Louis, said.

Dr. Redmond also was known for his skills as a diagnostician. His practice was once one of the largest in the Rochester area and he counted mayors, lawyers, judges and writers among his patients. Timothy P. O’Connor, M.D. (R’83), who gave the eulogy at Dr. Redmond’s funeral service, called him “the doctor’s doctor.”

“People came in from all over the country, as once Art had a hand in your health care, you really didn’t want anyone else,” O’Connor said.

Dr. Redmond never actually retired. At his death, he was medical director of Wilmorite Corp. in Rochester and also was a senior Federal Aviation Administration examiner for pilots.

Dr. Redmond joined the School of Medicine and Dentistry faculty as a clinical instructor in 1945, just three years after his graduation. At the time of his death, he was clinical professor emeritus of medicine.

Dr. Redmond opened his practice in Rochester in 1946. He was active in the community, serving as president of the Rochester Society for the Prevention of Cruelty to Children in 1963 and again from 1972 to 1974, and as president of the Monroe County Unit of the American Cancer Society from 1969 to 1971. He also served as chief of medical service at the U.S. Air Force Hospital at Sampson Air Force Base in Geneva., N.Y., from 1953 to 1955.

In 1986, the American College of Physicians gave Dr. Redmond its Physicians Award for Outstanding Contributions to Internal Medicine. In 1990, he received the American Cancer Society’s Hope Award.

Dr. Redmond, who graduated from Holy Cross College, was well known for his love of Ireland and all things Irish. He visited Ireland every year for 28 consecutive years.

In addition to his daughter, he is survived by his wife of 65 years, Mary Mauser Redmond, of Brighton, N.Y.; two other daughters, Martha Dillard, of Winston-Salem, N.C., and Mary Patrice Condon, of Brighton, N.Y.; nine grandchildren and seven great-grandchildren.

Contributions in Dr. Redmond’s memory may be made to the Arthur J. Redmond Scholarship Fund, c/o University of Rochester School of Medicine and Dentistry, Alumni Office, 300 East River Rd., P. O. Box 278996, Rochester, NY 14618 or James P. Wilmot Cancer Center, Box 704, P. O. Box 23029, Rochester, NY 14692-9804 or McQuaid Jesuit High School, 1800 S. Clinton Ave., Rochester, NY 14618.

Margaret B. Shipley, M.D.

From the Canton Repository

Decades after she abandoned plans to be a doctor, Margaret Shipley, M.D. (M’42), resumed her medical training in her mid-50s so she could establish a clinic that would treat poor children in the Canton, Ohio, area.

The number of children served by the clinic eventually grew to about 5,000. Even after Dr. Shipley retired in 1979, she frequently visited the clinic to give books to the children as well as medical texts to the clinic’s doctors, the clinic’s executive director, Laurie Inskeep, said.

Dr. Shipley died Nov. 14, 2007, in Canton. She was 92.

“Her life was centered around children,” her son, Ralph Shipley, said, adding that she hated being in the spotlight. “She really believed children were worth great commitments and sacrifice to help.”

Margaret Stringfellow, who was born in Lynn, Mass., graduated from Ohio Wesleyan University. She received her medical degree from the University of Rochester School of Medicine and Dentistry in 1942 and became the first female intern at Massachusetts General Hospital. She married Thomas Shipley, M.D., also a member of Rochester’s Class of 1942. When her husband was called to serve in World War II, she was pregnant, so she put off plans to practice medicine. She eventually had two sons and a daughter.

Dr. Shipley was involved with the Junior League and other volunteer organizations in the Canton area. She became concerned about children who were barred from school because their families couldn’t afford immunizations. She could not find any pediatricians willing and able to staff a clinic for low-income children, her son said.

“She thought, ‘Why don’t I be the pediatrician?’ To do that, she had to go back and get her pediatrics training in her mid-50s,” he said.

Dr. Shipley did a three-year pediatrics residency at Cleveland’s Metro Health Hospital, often spending three to four nights a week away from her family. She then helped start the Well Baby Clinic in Canton in 1971, with help from the Junior League and Children’s Aid Society.

She never worked for pay, according to Inskeep. Her entire medical career was spent as a volunteer at the clinic. In the early years, Dr. Shipley often had to scramble for resources. If the clinic needed an exam table, the husband of one of the staffers would build one. Organizations and churches donated chairs.

In 1979 when Dr. Shipley retired, the clinic was renamed the Margaret B. Shipley Child Health Clinic. To this day, the clinic provides health care to chil-
dren regardless of the ability of their families to pay. It now has a laboratory, a staff of nurses and doctors and conducts lead testing.

Andrei Yakovlev, M.D., Ph.D.

By Leslie Orr

Andrei Yakovlev, M.D., Ph.D., professor and chair of the Department of Biostatistics and Computational Biology at the University of Rochester School of Medicine and Dentistry, died Feb. 27 at his home in Mendon. He was 63.

Since joining the faculty in 2002, Dr. Yakovlev led a major expansion in biostatistics. Tenure-track faculty grew from seven to 21 members, and sponsored research increased from $800,000 to more than $5 million annually, totaling $37 million over the past five years. Perhaps most importantly, however, he was known as a brilliant scholar and collaborator, always brimming with ideas that challenged conventional wisdom.

“Andrei was the answer to our hopes for a chair of Biostatistics and Computational Biology, the rare individual who had facility in both of these fields,” said David S. Guzick, M.D., Ph.D., dean of the School of Medicine and Dentistry. “When we set out to hire a chair, we needed someone with the flexibility to work back and forth between mathematics, statistics and systems biology. We also needed a leader who could attract outstanding senior faculty and mentor junior faculty and students. He accomplished all of this in spades and did so by creating a collegial, welcoming environment.”

“His approach to work was both brilliant and inspiring to all who came into contact with him, and motivated us all to think differently about our research,” said Medical Center CEO Bradford C. Berk, M.D., Ph.D. “I personally worked with Andrei on statistical analysis of gene expression profiles and found his critical approach challenging, engaging and educational. His strong leadership has resulted in a thriving department, which will play an integral part in moving our strategic plan forward. We will all miss his passion and intellect.”

Born in St. Petersburg, Russia, Dr. Yakovlev became a citizen of the United States in 2005. During the 1990s he was a visiting professor at universities in France, Australia and Germany, and taught at Ohio State University and the University of California, Santa Barbara. Prior to arriving in Rochester, he was director of the Division of Biostatistics at the Huntsman Cancer Institute at the University of Utah in Salt Lake City from 1998 to 2002.

While in Utah, Dr. Yakovlev began working on a series of landmark studies involving differentiation of stem cells with one of the best stem cell teams in the world: Mark Noble, Ph.D., Chris Proschel, Ph.D., and Margot Mayer-Proschel. Eventually, they all ended up in Rochester.

“Working with Andrei was one of the great scientific joys of our lives,” said Noble, professor of genetics. “He changed the way we thought about stem cell biology in profound ways. He was able to see great distances down the road of knowledge, and he was constantly coming up with new ways to solve problems that others had long dismissed as too difficult.”

His death is a huge loss for the scientific community, agreed Chris Proschel, a fellow stem cell researcher. “The hallmark of his mind was that he questioned everything, literally every assumption ever made, at the peril of running against the stream,” Proschel said. “He was as rigorous a scientist as I’ve ever met.”

Dr. Yakovlev’s research appeared in four books and almost 200 scientific papers, in mathematics, statistics, biomathematics and biology journals. He investigated stochastic modeling in cell biology, carcinogenesis, gene expression data analysis and survival analysis. Some of his work related to cancer and the survival benefits of screening and certain treatments, and prediction of clinical outcomes.

“His recent and ongoing research in methods of statistical analysis of gene expression data is extraordinary, discovering major flaws in widely used methodology and creating innovative methods to overcome them,” said Jack Hall, professor of biostatistics.

Researchers who knew him well noted his ability to reshape thinking about medicine and science through mathematics.

“Before I met Andrei I never thought the world of numbers and probabilities could be fun and exciting and could fundamentally change the way I see experiments,” said Mayer-Proschel. “I will terribly miss his insight, his genius and his sense of humor.”


He was an advisor to the World Health Organization and U.S. Environmental Protection Agency; a member of the Russian Academy of Sciences (1992); a Fellow of the Institute of Mathematical Statistics (1998) and American Statistical Association (2000); and elected member of the International Statistical Institute (2002).

In addition to his professional accomplishments, friends and colleagues point out that Dr. Yakovlev was the life of the party. He liked to play piano and engage in lively discussions about art, music, politics and history.

Dr. Yakovlev was married and had two sons, one of whom died in Russia. He is survived by his wife, Nina, and a young son, Yuri.
IN MEMORIAM

Francis F. Baker (MD '41, R '50)
Ellen C. Binckley (MD '44)
Robert F. Ehinger (MD '47)
Gertrude Falk (PhD '52)
Elmer A. Gardner (R '59)
Barry A. Gray (MD '70, FLW '74)
Daniel F. Gunther (R '95)
Jerald Jarrett (MD '58)
Arthur Kornberg (MD '41, HNR '62)
Alexander N. Levay (MD '57)
Robert W. Loss (MD '78, R '81)
Marian (LeFevre) Manly (BA '33, MS '36, PhD '39)
George R. McGovern (R '60)
J. Phillip Pennell (MD '65)
Mark R. Proctor (R '79)
Arthur J. Redmond (MD '42)
Charles E. Riley (MD '51)
Harold D. Robertson (MD '50)
Ira A. Roschelle (MD '58)
Samuel L. Shaver (PhD '51)
Margaret S. Shipley (MD '42)
Barbara A. Simmonds (PDC '95)
Eugene J. Stanton (MS '85, R '88)
Albert W. Sullivan (MD '44, R '51)
Roger Terry (MD '44)
Philip M. Winslow (MD '38, R '42)