Disappearing Docs?
Active mentors and enhanced practice experiences could motivate more physicians to choose primary care careers

Time of Discovery
The year-out program changes lives, enhances approaches to medicine, triggers research and even leads to marriage
fter a Rochester winter, signs of Spring, such as the Lilac Festival and our blooming azaleas, bring a much-needed sense of renewal. So too, the academic calendar is cyclic and renewing. In May, we said goodbye to our graduating medical students, graduate students and residents. Not only is there the satisfaction and pride that the faculty take in knowing that we are sending off the next generation of clinicians and scientists well trained in the Rochester tradition, but there also is the excitement and intellectual challenge brought by a new cohort of trainees.

As I composed my commencement remarks for the graduating medical students, I knew that I soon would be making my own farewell to this fine School and all the wonderful alumni I have met.

I told the graduating students what countless Rochester alumni have expressed to me over the years—that they are privileged to enter the profession of medicine, like the graduates of other medical schools, but that they are especially privileged to have been educated at this medical school. Based on alumni experience, and reports from residency program directors across the country, I predict that the Class of 2009 will soon be impressed, and maybe even astonished, by the benefits of their Rochester education. No doubt, during their first weeks of internship, after getting over the awkward feeling of being called “doctor,” they will naturally be anxious about their preparedness for the task of being a real doctor. But I predict that their anxiety will turn to great confidence when they realize that all the time they spent at Rochester not only learning the scientific basis of medical practice, but also learning how to communicate effectively with patients and with their colleagues, how to take a comprehensive history that guides an informative physical exam, how to function best as a member of a team, and how to put the patient first, has paid off. Our graduates will be comfortable and confident. They will say to themselves, “Wow, there’s still a lot to learn here, but I’m definitely ready.” And because of our efforts to raise money for scholarships—much of that money from dedicated alumni—we are graduating students with less debt than they would have faced.

I understand how our graduating students and trainees feel as they take the next step in their career because I too am moving on.

I came to Rochester in 1995 as chair of the Department of Obstetrics and Gynecology and was appointed dean in 2002. The University of Rochester and the community of Rochester have been wonderful these past 14 years, not only for me but for my wife, Donna Giles, who thrived professionally as an investigator and faculty mentor in the Department of Psychiatry, and for our two children. Andrew and Benjamin began nursery school and kindergarten when we arrived, and now—after growing up in this small but sophisticated city with solid core values and easy access to a host of opportunities to explore and develop their talents—they enter college with a centered sense of confidence and balance.

I now head off to an opportunity at the University of Florida where I will be senior vice president for health affairs with the responsibility to integrate a hospital and health system with a health science center of six colleges, as part of a large state-supported university. While I think of this type of position as a logical next step in my career, the actual decision to leave Rochester is bitter-sweet, no, sad—because of the deep personal relationships with so many people that my family and I have forged during our time here. And I include, of course, rewarding relationships with our faculty and the many Rochester alumni across the country whom I have met and who have taught me so much about the values and legacy of our School.

I want each of you to know that the School has a bright future and that, as an alumnus, you have many reasons to be proud. Due to the talent and effort of our faculty and the many Rochester alumni across the country whom I have met and who have taught me so much about the values and legacy of our School.

In February, the Blue Ridge Institute for Medical Research released
rankings of medical schools according to NIH funding for the last three federal fiscal years. From a ranking of 30th in 2006, we rose to the 24th position in 2008. From 2006 to 2008, we had the seventh highest rate of growth in NIH funding nationally. We take pride in this improvement in our NIH ranking, especially in view of the financial constraints that have limited recruitment of new scientists over the past few years. I like to think that growth in our NIH funding at a time of flat funding nationally is due to the well-placed investments in faculty and scientific cores we have made over the years, and to the collegial spirit of our faculty that fosters collaboration and multidisciplinary research. This has led to large Center and Program Project grants, in addition to the mainstream of individual research awards.

These results reflect critical scientific mass in a number of basic, translational and clinical research areas, as well as strengthened infrastructure. Our faculty are thus well positioned to respond to American Recovery and Reinvestment Act of 2009, and equally important, they have the spirit to do so and to be very competitive with other universities that also seek these important grants. For a two-month period through May, we have submitted $100 million more in grant requests this year than last! What is even more remarkable is that our level of activity for regular grant applications has not slackened off one bit.

The Clinical and Translational Science Building (CTSB) has been planned for several years, and its actual construction, which began this June, is especially satisfying on a personal level. The grant application for our Clinical and Translational Science Award, which I had the pleasure of writing with Tom Pearson, M.D., Ph.D., M.P.H., senior associate dean for clinical research, was awarded by the NIH in the first round in 2006. With the support of Medical Center CEO, Brad Berk, M.D., Ph.D., as the highest capital priority for the Medical Center, and under the compelling leadership of President Joel Seligman, who elevated CTSB to become the University’s highest legislative priority, we were able to secure $50 million of funds from New York State towards this $76 million project. The CTSB will become an important part of the Medical Center where significant work will be accomplished of which we can all be proud.

Today, the School attracts ever-more-talented medical students, graduate students and residents to our educational programs. And we are seeing substantial growth in our faculty practice with novel and influential clinical programs that are nationally recognized. It is against this backdrop of a bright future for the School of Medicine and Dentistry that I write my farewell letter in Rochester Medicine. While we are physically relocating, our family’s roots run deep in Rochester, and a part of us will remain with this community. I can easily imagine a summer vacation in Rochester, and we will visit colleagues, friends and Rochester alumni at events during the year. It is my hope that Donna and I will remain tied to the University, both emotionally and philanthropically. In my next position, I will benefit from and use much of what I have learned in Rochester and from Rochester alumni. I am grateful for all these encounters and the many lessons learned.

Our School stands as a model for me of ‘good to great’ in education, patient care, community health and research. The spirit of Meliora will continue with me forever.

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

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Since July 2008, third-year medical student Matthew Malek, 25, has spent his year-out in the rural village of San José, a community of approximately 300 households situated in the rugged western mountains of Honduras. Electricity services only 6 percent of the houses, and about 80 percent of the houses lack piped water. Nobody has a flush toilet; about half don’t even have a latrine.

Getting to the nearest Internet connection requires a walk of from one to three hours. Matt has been living alone in the adobe community building in San José, working in the dual capacity of researcher and community health volunteer.

On the research side, Matt is conducting a randomized, controlled trial involving in-home ceramic water filters. Given that low compliance is the greatest obstacle to the success of such devices, his study aims to determine whether follow-up by a community health worker reliably increases long-term filter usage. As part of the research, he is making repeated home visits at 100 enrolled houses — no small task in the mountains of San José. In addition to the academic value of the research, the project is bringing safe drinking water to hundreds of men, women and children in San José.

Funding for the research and year-out experience was provided by an International Medicine Research Grant from the University of Rochester School of Medicine and Dentistry’s Center for Advocacy, Community Health, Education and Diversity.

On the community-health side, Matt is working in collaboration with the Non-Governmental Organization Shoulder to Shoulder and Rochester’s Family Medicine residency program. For three years, the Family Medicine program has sent bimonthly brigades to San José, offering cata
tive medical care. In addition, the program organizes and financially sponsors a variety of ongoing community-driven projects aimed at alleviating the underlying causes of illness.

A medical student learns about healing while he works on the basic needs of water, nutrition and education for the people of San José.
In San José: dirty water, poor sanitation, malnutrition, lack of education and poverty. As the only continuous “on-the-ground” person in San José, Matt is charged with overseeing and growing these initiatives. He directs programs to build latrines, ventilated cook stoves and piped water systems. He coordinates a scholarship program and a microfinance program, and drives a host of other smaller projects targeting the enhancement of agriculture and the alleviation of poverty. This translates into many hours spent out in the community — coordinating, communicating, encouraging and educating. Matt’s research and his public-health work are being conducted under the mentorship of Douglas Stockman, M.D. (M ’86, R ’89), clinical associate professor and director of global and refugee health in the Department of Family Medicine. For information on the projects or to contribute, go to www.sanjosewater.org. Matt, who returns to Rochester and medical school in June, writes about his year-out:

It’s January of 2009 and I’m in San José, Honduras, on my way to pay Sonia an afternoon visit. I’m walking, being that there aren’t any roads. And since I’m walking, I must either be going up or going down, because there aren’t a lot of flat places in a community with 1,200 vertical feet between the top and the bottom. In this direction, it’s been an hour and a half of down, down, and down. My perception of medicine over the last seven months has been no less fraught with ascents and descents.

As I near Sonia’s house, the barks of a few scrappy but feisty dogs greet me. Sonia and her four daughters chase the dogs away and invite me to rest in a toddler-size, stick-and-cowhide chair on the outside porch. The cup of highly sugared coffee I am soon offered completes the typical San José hospitality.

Today, however, something is different. The kids are giggling more than they usually would when the “gringo” visits, and all this cordiality has the air of being merely a prelude to the big show. So, with no further ado, I ask the question I know they are dying to hear: “So, have you finished the water project?” With a gleaming face, revealing the magnitude of the accomplishment, Sonia answers, “Yes, yes, just last week. Do you want to see?”

The youngest, Joaquina, darts to a solitary piece of PVC pipe, topped with a bronze valve that stands in the center of the yard. She opens the valve and there it is, water, simple and pure.

I can see in her excitement the knowledge that she will never waste again her youth, her calories, and her study hours on hauling water. No more two-hour treks, twice a day, weighed down by 50 liters of dirty, non-suitable-for-consumption water. For her, her sisters, and her mother, Sonia, piped water is independence, power and improved health.

A few days later, I sit in the stick-and-cowhide chair of another friend, Ignacia. We are sharing a similar cup of coffee but a very different water-related experience. Instead of showing off a new water spigot, Ignacia holds a small petri dish in her hands. Unlike Sonia, Ignacia and her daughters still spend hours every day fetching their water from a self-described “spring.” The source would be more accurately described as a parasite-and-feeces-filled hole, but one that contains surprisingly clear surface water.

I first visited Ignacia only a week earlier, as part of a research study involving in-home water filters. At the time, she reported that every one of her six young children had suffered at least three days of diarrhea in the last week. She maintained that her water was clean, but still gladly handed me a sample of her drinking water when I offered to check it with a microbiological test.

Today, Ignacia stares at the petri dish with a mix of disbelief and fright. Instead of the consistent yellow of the clean demonstration sample, her plate resembles a tie-dyed t-shirt, exploding with the colors of numerous colonies of disease-causing bacteria. Encouraging her to look closer, I point out the small, writhing worms that also are growing in the plate. Catching sight of these parasites, the little boy looking over her shoulder averts his eyes and runs off.

“He’s lucky he doesn’t look in his stool,” I think. Looking up, Ignacia takes a thoughtful pause, then begins asking questions:

“And you think this is why my kids are sick?”

“And all these are little animals?”

“And you think this is why my kids are sick?”

And finally: “Well, how do I get these out of my water?”

Ignacia may have less than a year of formal education, but she quickly has a very real understanding of germ theory and its effect on her children. Knowledge is power, and within a few weeks she has scrounged and saved the two dollars needed to buy the water filter I had offered her during my original visit. Empowered, Ignacia stands ready to reduce the diarrheal disease burden of her children, thereby improving their probability of survival, their quality of life and their overall nutrition.

Once more on the trail, I am now on the way to the house of 12-year-old Regina. Having lost both parents at an early age, she now lives with her elderly grandmother. When I arrive, however, I find an unexpected large gathering of people sitting in the yard, one in a hammock, a few on a stack of spare adobe blocks, and a whole slew of little ones running about. I come to learn that the adults are her four older siblings, each with their several children.

I’m visiting Regina because she is the first from her family to graduate the sixth grade. Even more important, she was selected for a scholarship to attend middle school, but didn’t come to the meeting earlier that day to claim her scholarship. Word on the street, or should I say “word on the trail,” is that she doesn’t want to go. Before accepting this rumor, I’ve come to inquire. At first, Regina’s grandmother tells me that Regina can’t matriculate because school supplies will be too expensive. At about $200 for the year, this would be true if all expenses were left to be covered by Regina’s subsistence-farming family. I explain that the scholarship will cover all these costs; she takes a pause.

Next, Regina’s grandmother reminds me that it’s too far to walk. Indeed, it would be six hours of walking a day. I tell her that the scholarship includes a stipend to pay for food and housing closer to the middle school. Once more, she takes a pause. Her belief in the impossibility of education for her youngest grandchild, a girl, nonetheless, has almost fallen.

“Well, I don’t think Regina wants to study,” comes the
myself sitting in the dark interior of Lacero’s two-room house. Outgoing, my age, patient with my Spanish and the owner of a very small “convenience store” I often visit, Lacero and I are good friends. The mood this evening, however, is somber. I am holding something up to the one light bulb that illuminates the space, gravely worried by what I see. Lacero breaks the silence with a forceful cough.

Lacero began to cough about the same time the electricity was turned on in San José, three months ago. At first, he didn’t think anything of it, assuming it was probably just another cold, since that’s what you get during the cool, windy nights of the wet season. After two weeks of a worsening cough and fever, Lacero finally walked the hour to the understocked health center, where he was given the local cure-all, a vitamin B-12 shot. He was satisfied.

Three months and three B-12 shots later, a few visiting physicians and I convince Lacero to go to the city for more thorough testing. Now I sit holding Lacero’s chest x-ray up to the light. I can count the distinctive cavitary lesions of tuberculosis with painful ease. The last time I saw such a classic image, which was from a comfortable seat in a first-year lecture hall, I thought nothing of it. Sitting here with my friend Lacero, I wish I had paid more attention. To merely recognize that this is tuberculosis makes me feel helpless. I want to treat.

In this way, in that dark room, Lacero reminded me why I bother to learn the “bio.” Yes, the “psychosocial” carries immense weight, especially in poor countries, and must be addressed if I want to practice complete medicine. But at the same time, when my friend is in that moment of crisis, I want to know the cure. To only treat the “psychosocial” while ignoring the “bio” would be to deprive me and my future contacts of that unique joy: healing.
Evan Katzel could have graduated this year from the University of Rochester School of Medicine and Dentistry, but he has not attended a class in two years. Katzel, the son and brother of physicians, is not a slacker. He is one of 16 School of Medicine and Dentistry students participating in the long-established and richly praised program of the year-out, an opportunity for mentored research, skill development and often the exploration of existential questions.

In his research, Katzel, who plans to be a plastic surgeon, has focused on the impact of the Smad3 transcription factor. In his first year-out, he studied the relationship between Smad3 loss, TGF-beta signaling and adhesion formation during tendon healing. In the past year, he has investigated the role of Smad3 loss and TGF-beta signaling in radiation-induced capsular contracture following breast reconstruction.

"Unless you do basic science, you don’t really understand how important it is to medicine. It allows you to appreciate and have an eye toward advancing treatments," Katzel said. "The year-out is not for everybody. There are people who think it is a year off and a vacation from school. If you want to be productive, the lab is just as busy as medical school. It’s been a great learning experience for me.”

During her year-out, medical student Laurel Stevens, who plans a career in dermatology, has been investigating the role of the plexin-B1 receptor as a tumor suppressor in melanoma. Plexin-B1 is highly expressed in benign nevi, but there is significantly less expression of the receptor in malignant melanoma. She has been studying the behavior of melanoma cell lines that have been engineered to express wild-type plexin-B1.

"At first, it was really difficult to transfer from seeing patients all the time to not seeing any patients and doing pipetting and research all the time," said Stevens. "I still miss the patients, but I am appreciative of the change of pace in research as well as the opportunity to improve my scientific reasoning.”

David Perlmutter, who also could have graduated this year, received a Howard Hughes Medical Institute Research Training Fellowship for his year-out. He has been working in the Rochester laboratory of Berislav Zlokovic, M.D., Ph.D., professor of neurosurgery and of neurology. Perlmutter’s project focuses on the interaction between altered glucose metabolism and blood brain barrier dysfunction in Alzheimer’s disease.

"I’m undecided what I’ll do as a practicing physician. I’m not sure whether I want to do clinical research or bench research," Perlmutter explained. “The year-out has helped me understand the research process and its importance to medical care. Research...
is slow and frustrating, while the clinic is fast and interactive with patients. It’s easy to forget that it takes time to make discoveries.”

The School of Medicine and Dentistry strongly supports the program, encouraging students interested in stepping out of medical school for a year and assisting students in applying for the grants from the National Institutes of Health and other organizations that provide stipends for the year-out.

“The year-out experience for medical students increases their breadth of knowledge and refines their skills,” said David Lambert, M.D., the School’s senior associate dean for medical student education. “By allowing students this time to focus on an area related to medicine, they bring a different perspective to experiences that follow. The School benefits because, as a community, we learn from each other and students who do a year-out bring their new information and skills back to the medical school. Many students complete their year-out experiences here in Rochester and their work contributes to the prestige of the institution. While we have no measure that it makes ‘better doctors’, one could infer that physicians who have gained additional knowledge are more secure in their career choice and therefore happier and better clinicians or researchers.

Many attest to the security in career choice found through the year-out.

Robert H. Osher, M.D. (M ’76), professor of ophthalmology at the University of Cincinnati College of Medicine, entered his year-out unable to decide what to do with his life. He spent his year-out at Bascom Palmer Eye Institute in Miami.

“I enjoyed everything in medical school, so I was unable to even begin to narrow down the list of possibilities. After I returned to Rochester, I knew exactly what I wanted to do and my career goals were crystal clear,” said Osher, who is now the Cincinnati Eye Institute, the largest private-practice eye center in the United States.

Three decades later, Suzanna Parle, M.D. (M ’89), found herself perplexed with the same dilemma as Osher. She spent her year-out investigating parasites and malaria in children as a research lab manager in Tanzania.

“I’m not sure the year changed my career plans, but I would say that it guided them and solidified them,” Parle said. “I had eventually narrowed my choice of specialty down to neurology or family medicine; as I realized how much I enjoyed working in Africa and that family medicine would be the specialty to train me to work in the most diverse settings, I decided on family medicine, finally.”

Whipple effect

Legend says the year-out program began when George H. Whipple, the founding dean of the School of Medicine and Dentistry, approached a medical student who was not doing well, tapped him on the shoulder and said: “Young man, I think it would be good if you took a year out.”

But history suggests the legend is just a legend. Whipple did bring the program to the School. But, in the early years, according to history of the Medical Center, To Each His Faintest Star, a department selected a student for the year-out fellowship, which was considered a significant honor. The first was awarded only one year after the School opened.

At some point, the program changed to enable students to apply for the year-out in a department of choice, and later for special research around the United States or out of the country.

The year-out appears to have a significant impact on career choice. A 1974 study that surveyed every graduating class of the School found that 12 percent of those who did not take part in the year-out program chose full-time careers in teaching and research, while 10 percent of participants in the program went on to teaching and research. A 1972 study of about 100 year-out fellows found that 63 percent chose teaching or research for a career.

Call it the Whipple effect. In the first decades of the program, pathology dominated. Of the 161 fellows from 1926 to 1974, 42 percent took the year in pathology. And, though separated by decades, those who took the pathology year-out shared many of the same motivations.

“I took the year out because I felt I had stuffed a great amount of material into my head during the first two years of medical school, but I didn’t feel that I had command of it,” said Richard G. Lynch, M.D. (M ’56), former chair of pathology and now professor emeritus at the University of Iowa Carver College of Medicine. “I felt I had learned and retained enough to pass exams, but I wanted more time to go back to understand and integrate.”

Ellens Cooper, M.D. (M ’55), felt burnt out after going through high school, college and the first two years of medical school without any sort of break. She was attracted to the pathology program as a structured, well-established offering.

“I feared that if my year-out was unstructured, that I would end up getting very little accomplished. I have always been someone who likes structure in my life,” Cooper said. “I felt as though it would cement a lot of the knowledge gained in the first two years in a concrete, clinically relevant way. I had never really worked in a hospital before, and I thought it would give me exposure to how clinical medicine worked before I was plunged into it as a third-year medical student.”

In the pathology year-out program, the medical student assumes the duties of a first-year pathology resident, taking call, performing autopsies, making frozen sections, conducting research and even teaching other students. Perhaps because of such involvement, the program has produced many pathologists.

“The year-out that I did in the Department of Pathology in 1962 was the turning point in my medical career. I think I learned more in that one year than in any year since,” said Lynch, who went on to conduct research for 30 years and trained 50 Ph.D., M.D./Ph.D. and postdoctoral fellows. “The year in pathology made me realize that I wanted to spend my career investigating the cellular and molecular basis of disease. Because some of the autopsies I performed were on patients who died with poorly understood immunological diseases, I became fascinated by diseases that involved the immune system. At the time I did my year-out, immunity was just beginning to enter an era of fabulous discovery and rapid growth.”

Milton J. Finegold, M.D. (M ’50), chair of the Department of Pathology at Texas Children’s Hospital in Houston and professor of pathology at Baylor College of Medicine, echoed Lynch, saying that “no program could have been more eventful for my professional and personal life than the year-out at Rochester.

“One not long into the year, I performed the autopsy on a 22-year-old man who was clinically misdiagnosed as having acute pancreatitis because of a markedly elevated serum amylase, but instead had infection of the small intestine, a phenomenon not previously recognized,” Finegold said.

Encouraged by classmate Arthur Golding, M.D. (M ’59), who had chosen surgery for a career, Finegold and another classmate, Paul Smilow, M.D. (M ’59) got approval to perform mesenteric vein ligation in dogs and serially measure the serum amylase. The three did the surgery, enzyme analyses and autopsies, and replicated the human experience.

“In retrospect, it wasn’t all that dramatic or insightful. If we were wiser, we might have discovered one of the thioroboric factors, like protein C,” Finegold said. “But it did provide much satisfaction and remains the basis for my greatest satisfactions still, which is to use genetically engineered mouse models to illuminate human disease.”

Smilow, who is now retired, had considered internal medicine or pedi-
“At first, it was really difficult to transfer from seeing patients all the time to not seeing any patients and doing pipetting and research all the time. I still miss the patients, but I am appreciative of the … opportunity to improve my scientific reasoning.”  LAUREL STEVENS

(Below) Medical student Laurel Stevens separates the epidermis from the dermis to harvest melanocytes.
attricks before his year-out. He went on to become professor of pathology and co-director of the clinical laboratory at Robert Wood Johnson University Hospital in New Brunswick, N.J., and director of its residency program.

David Hicks, M.D. (M '84), now the University of Rochester Medical Center's director of surgical pathology, took a year-out between his second and third year of medical school to help ease the pressures of family life after the birth of his first child. But he also had other decisions to make.

“I grew up on a dairy farm. There were no doctors in my family," Hicks said. "I was a biology major in college because on a farm biology is all around. I was unsure about medicine, clinical practice and research.”

Hicks found the year "remarkably rewarding" and excellent preparation for his return to clinical education. When he graduated, he reluctantly chose internal medicine, and matched at the University of Pennsylvania.

“I hated it," said Hicks, who switched to pathology after a year. “Penn was a great place for pathology, but I never would have found my way to Penn without my work during my year-out. Pathology is intellectually stimulating problem-solving every day. It leads you to teaching, to meaningful clinical roles and to research roles. I’ve never regretted the switch.’’

Of course, everyone who takes a year-out for pathology does not become a pathologist. Before she began her year-out, Ellen Cooper planned a career in an internal medicine subspecialty. But during her time in pathology, she changed.

“All of a sudden, surgery … was becoming very intriguing. This experience primed me as I entered third year and opened the door to the possibility of a career in surgery,” Ellen Cooper, M.D. (M ’98), now chair of the Department of Pediatrics at the University of Tennessee Health Science Center in Memphis, started his year-out in September 1963 to satisfy an interest in probing a topic more deeply, and especially his growing fascination with the inner workings of the kidney.

Chesney’s project focused on the metabolism and transport of a Krebs cycle intermediate, alpha ketogluarate, in isolated rabbit tubules. Chesney remembers fondly his mentor, the late Julius J. Cohen, M.D., professor of physiology, whom he describes as a remarkable teacher.

“I learned how to reason, how to make up solutions, how to interact with two graduate students and two postdoctoral fellows. But nothing worked for nine months,” Chesney said. In the last 90 days of the fellowship, the lab switched to slices of dog kidney cortex, and then everything worked. The project produced solid data, enough for a thesis and a publication in the American Journal of Physiology.

“We discovered that the substrate, alpha ketogluarate, transported into the renal cells in the renal cortex slice was metabolized and that the energy delivered did not support potassium accumulation,” Chesney explained. “The thesis sits on my shelf today.”

That publication was the first of more than 340 peer-reviewed articles, 170 chapters and one book authored or coauthored by Chesney, who is a well-known expert in nephrology.

“By far the more important lessons learned were the values of mentorship, the role of interaction between students focused upon an area, discovering the operating principles of the research establishment of American academic medicine and the importance of focusing on a problem using new tools to probe the problem more deeply,” Chesney said. “I also learned that one can gain from mistakes and can profit from the critical thinking of others in your lab or group.”

Also, one morning while walking the dog that was his research subject, Chesney met a woman, an intern in pediatrics. They have been married now for 41 years.

“Since that time, as the David Hamilton Smith Pediatric Research Fellow, I have been a fellow in pediatric emergency medicine at The Children’s Hospital of Philadelphia, where I intend to maximize his training in clinical research, an interest inspired by his year-out as a medical student in Rochester.”

That year-out, as the David Hamilton Smith Pediatric Research Fellow, started in May 2004. Florin enjoyed a productive time; he studied the levels and consequences of physical inactivity in adult survivors of childhood acute lymphoblastic leukemia; he was involved in an analysis of tobacco smoke exposure and its relationship to metabolic syndrome in adolescents; he led an investigation of various measures...

“The year-out has helped me understand the research process and its importance to medical care. Research is slow and frustrating, while the clinic is fast and interactive with patients. It’s easy to forget that it takes time to make discoveries.” — DAVID PERLMUTTER
of insulin resistance and the relationship to metabolic syndrome in adolescents. Each project resulted in a presentation at a Pediatric Academic Societies meeting or in a publication on which he was a co-author.

“The year-out completely changed my career trajectory, and in many ways was the most important and influential year in my career development,” Florin said. “In medical school, I felt that I would always be mostly a clinician and teacher, with very little research involvement. The experiences that I had during the year-out fellowship inspired me to make clinical research a significant part of my career. The power of clinical research to have effects on large populations of children in addition to the individual child is simply incredible, and after discovering some of that power during the year-out, I was devoted to pursuing research as a means to make as much of difference in the lives of children as I was able.”

Although Florin looked to the year-out for research experience, he also had a personal reason for delaying his graduation.

“At the time, I was dating the woman who would become my wife, and she was completing her master’s degree at the Eastman School of Music,” he explained. “I had to make the decision to leave her for residency or stay an additional year so we could move together. Staying the additional year allowed us to move together.”

For many years, the year-out was solely a Rochester-based program. But, as students traveled more, the targets for the year-out became international. Robert G. Newman, M.D., M.P.H. (M’62), currently director of The Baron Edmond de Rothschild Chemical Dependency Institute, recalled his year-out in Australia in 1961 and 1962 as a “hedonistic period of enjoyment,” but the reality of that year surprised him.

“I was always an eager traveler, and Australia had the major advantage of allowing me to go completely around the world,” said Newman, president emeritus of Continuum Health Partners, Inc., a corporation that controls Beth Israel Medical Center, St. Luke’s-Roosevelt Hospital Center, The Long Island College Hospital and The New York Eye and Ear Infirmary.

An Australian postdoctoral fellow in the Department of Psychiatry at Rochester, William Orchard, M.D., provided an introduction to E. S. J. King, a distinguished pathologist in Melbourne. J. Lowell Orbison, M.D., then chair of Rochester’s Department of Pathology, endorsed Newman’s plan for what was then a rare international year-out, and probably the first in Australia.

“People often are in a rush. They want to get done. They want to get their M.D. and take care of people. I understand that and I also see this in my life. But right now, I shouldn’t be rushing to get to a destination. The journey is what is important and is what is making a difference now. I don’t want to miss the ride.” HELEN WEI
Newman traveled to Australia through Europe and Asia and returned the same way. En route, he arranged to spend a month at a missionary hospital in Kathmandu, Nepal, and a week at Christian Medical College in Vellore, India. He initially recalled a "splendid year" in Australia, with much socializing with nurses and medical students, Australian wine and many good friendships that have endured through the years.

"I lived very well for the year on a $2,000 fellowship stipend from the School of Medicine," he said.

But Newman, a dedicated keeper of annual diaries, checked his record of the year-out. He marveled at what he found.

"It was a great deal more than socializing. Across the street from the university in Melbourne was a major hospital and the Walter and Eliza Hall Institute of Medical Research," he said. "I would go there every Friday for clinical rounds. I had the opportunity to sit in on a broad range of very interesting presentations. I spent an amazing amount of time at the hospital, attending autopsies, observing surgeries and working in the emergency department. What I did was 100 percent up to me. I had total freedom. In retrospect, in spite of my memory of a hedonistic period of enjoyment, I was exposed to a lot of medicine as well."

Newman’s year of travel also introduced him to a wide variety of people.

"It made me a more rounded, tolerant individual interested in many things," he said. "Rochester’s School of Medicine was committed to producing good physicians, but they also wanted graduates who would be interesting and well-rounded. The year-out gave me a unique orientation as an interested citizen of the world. It has touched every day of my life."

"That year sent me off on an academic career that some might say has been a success," Luepker said. "I was thinking of being a clinical practitioner. I wound up an academic."

The people he met became influential in cardiology in Sweden. Over the years, they have sent students to Luepker to study with him; one of his former students is chair of clinical sciences at the University of Lund in Sweden. Luepker, who has received an honorary doctorate from Lund, owns a summer home in Sweden.

"During that year, my wife and I lived in a small one-room apartment that we rented from a nephrologist who was traveling in China," Luepker said. "He was very left wing in his politics. He had busts of Chairman Mao in the apartment and copies of Mao’s Little Red Book in Swedish. In a way, it was very romantic for newlyweds. It was a big year in my life, and I’ve been appreciative of that year ever since."

Current medical student Helen Wei looked to the year-out as a way to a master’s degree in public health. She then decided to go into the master’s degree program in neurobiology. "I’d like to do everything. I am one of those persons who want to do clinical and research and possibly teach. I’m not sure of the amount I want to do in those persons who want to do clinical and research and possibly teach. I’m just thinking of being a clinical practitioner."

"It became an incredible experience that really changed my life," Luepker said.

At the time, Lars Werko, a leader in the study and development of cardiac catheterization and later a top executive at the pharmaceutical company Astra, was chair of the Department of Medicine at the University of Gothenburg. Werko attracted some of the most famous cardiologists from Hungary, Romania, Italy and other countries.

"I was a 24-year-old medical student and I arrived in Gothenburg at the same time as these cardiologists did," Luepker said. "They were there to do important things. I would do anything."

He worked in the catheterization labs, learning the intricacies of the procedure. The work resulted in five published articles on which he was an author.

"The year-out gave me a unique orientation as an interested citizen of the world. It has touched every day of my life."

ROBERT G. NEWMAN, M.D., M.P.H.
Stephen Judge, M.D. (R’06), knows exactly how he became a member of an endangered species — the primary care physician. “I fell in love with both the intellectual and the psychosocial approach of general medicine,” said Judge, who practices with the University of Rochester Medical Center’s Clinton Medical Associates. “I had some tremendous role models. I enjoyed seeing what they did as generalists. It represented what I wanted to be as a doctor.

Part of it is the romantic old-fashioned notion of being the doctor who gets to know the patient over a whole lifetime, who gets to know family members and gets to establish long-term relationships.

“In theory and in reality, primary care is extremely rewarding for the doctor and the patient,” he said. “That is at the heart of it.”

For 25 years, Marc Berliant, M.D. (R’81), experienced the world of a primary care physician that Judge envisions for himself. He cared for patients and their families through the years and the changes life brings. His patients included two and three generations of a family. He helped one generation as the older generation faced death.

“It is a sacred bond. It is a wonderful thing and it sustains you as a physician,” Berliant said. “The magic, too, is when patients come through the door. You have no idea what is wrong with them. They don’t come with a label. They don’t come with a diagnosis. They come with a complaint and it is your job to listen, to take a careful history, do a thorough examination, formulate a differential diagnosis and figure out what is wrong.”

The prognosis for primary care, however, is gloomy. The number of active practitioners is falling. Internal medicine has been the traditional source of primary care physicians, but most internal medicine residents now choose specialties rather than primary care. Family physicians increasingly have taken on the role of primary care provider, but their numbers are not growing.

“We don’t want to have a specialty-oriented way of accessing healthcare. It will be very expensive and there will be a lot of inappropriate consultations with physicians who need to focus on the very sick people in their own specialty practice.”

MARC BERLIANT, M.D.
to meet the need. Judge and Berliant worry about a future with a shortage of primary care physicians.

“We don’t want to have a specialty-oriented way of accessing health care,” said Berliant. “It will be very expensive and there will be a lot of inappropriate consultations with physicians who need to focus on the very sick people in their own specialty practice.”

Judge and Berliant are not alone in their worries. Two prominent alumni have written about their concerns. The Boston Globe published an essay in 2008 by Joseph B. Martin, M.D., Ph.D. (M.D. ’71), professor of neurobiology, former dean of Harvard Medical School and chairman of the New England Healthcare Institute, in which he said “the gravest concern is about the lack of primary care doctors to work in settings where the patient load is high and the pay is less.” In the St. Louis Post-Dispatch, William A. Peck, M.D. (M.D.), director of Washington University’s Center for Health Policy and former dean of Washington University’s School of Medicine, wrote:

“These hard-working physicians, including general internists and family physicians, are at the very heart of health care. They usually are the first contact and ongoing caregivers who diagnose patients, manage their care and refer patients to specialists or hospitalize them when necessary. Most patients think of their primary care physician as ‘my doctor.’ Insured and uninsured patients alike are having trouble finding them.”

Berliant, recently appointed chief of the Medical Center’s Division of General Medicine, has made inspiring more doctors to choose primary care a goal of his new job. While the major causes of the potential primary care crisis are national in scope, Berliant believes improved teaching and mentoring and earlier exposure to successful, well-run primary care practices can motivate more people to pick primary care as a career.

“When I’m in the room with a patient, I still think that is the best job a person can have,” Berliant said “We have to be able to show medical students, interns and residents what it’s like to take care of patients in that setting, what goes on in that room, and what the dynamic of that interaction is. And we have to emphasize that as rewarding.”

Poor quality care, higher costs
In the national debate on health care reform, the looming shortage of primary care physicians plays a significant role. The American College of Physicians (ACP) reported last year that the number of U.S. medical school graduates entering residency in family medicine and internal medicine has declined by half in the last decade. In 1998, according to a national study, about 55 percent of internal medicine residents chose primary care. But by 2007, the percentage selecting primary care had fallen to 23 percent. From 2004 through 2008 at Rochester’s School of Medicine and Dentistry, 15 out of 100 residents in internal medicine chose primary care. So far, only one resident in the 2009 class of internal medicine residents has chosen primary care.

Studies indicate a shortage of 35,000 to 44,000 primary care physicians could occur by 2025. And the consequences of such a shortage would be significant.

“The hallmarks of primary care medicine — first contact care, continuity of care, comprehensive care, and coordinated care — are going to be increasingly necessary in taking care of an aging population with growing incidence of chronic diseases, and have proven to achieve improved outcomes and cost savings,” the ACP report states. “Without primary care, the health care system will become increasingly fragmented and inefficient, leading to poorer quality care at higher costs.”

The ACP report points out the causes of the shortage bluntly: excessive administrative hassles, high patient loads, declining revenue and increased cost of providing care. These factors are leading many primary care physicians to retire early and also dissuade medical students and residents, who also face high levels of debt after medical school, to choose other fields or specialties.

“What has happened in primary care since I went into practice is that there has been an increasing burden placed on physicians, often by insurance companies, to have prior authorizations for prescriptions and pre-certifications for tests,” Berliant said. “You have to argue about what you can and cannot do and what you can and cannot prescribe and that has made the job more difficult. It also is somewhat insulting to be told, for example, that I can’t order an MRI without a consultation with a neurologist.”

When he finishes his day seeing patients, Judge said, he routinely works another three to four hours.

“That’s everyday and on the weekends,” Judge said. “Most of us have to work seven days a week to keep up with the paperwork. The balance between work and life outside work is challenging.”

The work atmosphere also affects the career decision of physicians. When medical students and residents go out to primary care physician offices, they see people who are working very hard and who too often are consumed with paperwork and things that are not really about providing care,” Berliant said. “They don’t see the professionals as being happy in their job.”

The average debt at graduation from medical school is about $150,000. Because most primary care physicians earn substantially less than specialty physicians, those dealing with high debt might see an economic necessity in choosing a different field.

“Primary care doctors who work hard can still make a good living,” Judge said. “The frustration, though not necessarily mine, is not what they make but what they make compared with other doctors. Primary care doctors still make more money than the vast majority of the population. Some of the problem is the perception of being undervalued compared with subspecialists. People in primary care are not in it just for the money. We want to be able to do a good job and have people understand that what we do is critical to the delivery of high quality health care.”

“Master clinicians as models”
As with many national issues, money is at the center of the discussion of restoring the primary care system. Increased compensation most probably would attract more physicians to primary care and help retain them. But what would be the source of the funds for increased compensation? Wouldn’t specialty physicians resist reductions in their compensation? Proposals for universal health care continued on page 52
McAnarney named interim School of Medicine and Dentistry dean

Elizabeth McAnarney, M.D., chair emerita of the Department of Pediatrics at the University of Rochester School of Medicine and Dentistry, will lead the School as acting dean while a national search is conducted for a successor to David S. Guzick, M.D., Ph.D., the University’s Medical Center chief executive officer.Bradford C. Berk, M.D., Ph.D., said.

Guzick, the ninth dean of the School of Medicine and Dentistry who has led the school since 2005, has been appointed senior vice president for health affairs at the University of Florida.

The national search will be led by University Provost Ralph W. Kunz.

McAnarney served in the dual roles of chair of the Department of Pediatrics and of pediatrician-in-chief of the Golisano Children’s Hospital for 13 years, stepping down at the end of 2008. She was the sixth chair of the department, but the first woman. Since 2006, she has continued at the Medical Center, primarily conducting research as professor of pediatrics in adolescent medicine.

A member of the faculty for 40 years, McAnarney also has deep experience in community work and research. Between 1972 and 1993, she also served as medical director of the Rochester Adolescent Maternity Project, an organization that provides comprehensive medical and psychosocial care for pregnant teenagers.

In 2008, McAnarney was elected to the prestigious Institute of Medicine. In addition, she has served as the president of the Society for Adolescent Medicine, the Association of Medical School Pediatric Department Chairs, and the American Pediatric Society. She also is the author or co-author of nearly 200 papers, chapters, and communications.

In his new position, Guzick will be responsible for integrating the University of Florida Health Science Center, which encompasses six colleges that enroll more than 6,000 students annually in the study of medicine, dentistry, nursing, pharmacy, public health and veterinary medicine with Shands HealthCare, a private, not-for-profit system comprising more than 13,000 employees and almost 2,000 licensed hospital beds. He will serve as chair of the board of directors of Shands HealthCare and on the University of Florida senior cabinet, reporting directly to the University President.

In 2008, Guzick was elected to the Institute of Medicine, one of the nation’s highest honors in the fields of medicine and health. Guzick also has been the director of the University’s Clinical and Translation Science Institute. He was principal investigator for the Clinical and Translational Science Award from the National Institutes of Health in 2006 when the NIH selected the School of Medicine and Dentistry to receive $40 million as one of first 12 institutions in the country to get this award. Since Guzick became dean, the value of NIH grants and contracts to the School of Medicine and Dentistry has increased more than 30 percent to $105 million annually.

In 2005, the Accreditation Council for Graduate Medical Education (ACGME) gave the school an unprecedented six-year accreditation for its residency programs, making the school the first to get the extended accreditation. It is the only institution to receive one. In 2008, the Liaison Committee on Medical Education (LCME) awarded the school a full eight-year accreditation with high praise for the dean’s outstanding leadership and a commitment to medical education and medical students. As dean, Guzick also led a sustained and highly successful campaign to raise funds for scholarships and reduce medical student debt.

Medical Center CEO suffers serious injury

Bradford C. Berk, M.D., Ph.D. (M’81, PhD’83), chief executive officer of the University of Rochester Medical Center, is at the Kessler Rehabilitation Center in New Jersey, recovering from a severe spinal injury suffered May 30 in a bicycling accident.

Berk, an avid cyclist, underwent surgery to repair a cervical fracture. Although he has improved, how much he can recover will not be known for weeks or months.

There was no brain injury. There was no arm injury. Berk will not be known for his perfect stainless steel. Guzick’s recovery from a severe spinal injury suffered May 30 in a bicycling accident.

Berk has served as the president of the Society for Adolescent Medicine, the Association of Medical School Pediatric Department Chairs, and the American Pediatric Society. She also is the author or co-author of nearly 200 papers, chapters, and communications.

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Second-hand smoke increases pregnancy problem risks

By Leslie White

Women exposed to second-hand smoke, either as adults or children, were significantly more likely to face fertility problems and suffer miscarriages, scientists at the University of Rochester School of Medicine and Dentistry have found.

An epidemiologic analysis of more than 4,800 non-smoking women showed those who were exposed to second-hand smoke six or more hours per day as children and adults faced a 68 percent greater chance of having difficulty getting pregnant and suffering one or more miscarriages. The study, published in Tobacco Control, is one of the first to demonstrate the lasting effects of second-hand smoke exposure on women during childbearing years.

“These statistics are breathtaking and certainly points to yet another danger of second-hand smoke exposure,” said Luke J. Peppone, Ph.D., research assistant professor at Rochester’s James P. Wilmot Cancer Center.

In the study, four out of five women reported exposure to second-hand smoke during their lifetime. Half of the women grew up in a home with smoking parents and nearly two-thirds of them were exposed to second-hand smoke by their parents. For regular updates on the Berk family. For regular updates on Berk’s condition, go to: www.urmc.rochester.edu/berk

“We all know that cigarettes and second-hand smoke are dangerous. Breathing the smoke has lasting effects, especially for women when they’re ready for children.”

Luke J. Peppone, Ph.D.

Second-hand smoke increases pregnancy problem risks

Pepope analyzed a survey collected from 4,804 women who visited Roswell Park Cancer Institute in Buffalo for health screenings or cancer care from 1982 to 1998. The 16-page survey focused on lifestyle, habits, family and personal health history, and occupational and environmental exposures. Each participant in this study reported that she had never smoked, and had been pregnant at least once or tried to become pregnant.

Participants reported whether one or both of their parents smoked and if they lived with or worked with smokers as adults. They also estimated the amount of time they were exposed to second-hand smoke.

Pepone acknowledges that the data is based upon self-reporting and that is not perfect. However, he said, “Women, especially mothers, have extremely accurate recall. Mothers can easily recall details like how long they breathed, what vitamins they took during prenatal care, and childhood activities.”

The study, funded by a National Cancer Institute grant, was presented at the Society for Behavioral Medicine and the Society of Research of Nicotine and Tobacco conferences.
Two cardiovascular proteins linked to Alzheimer’s

By Tom Rickey

Researchers have found that two proteins that work in tandem in the brain’s blood vessels present a double whammy in Alzheimer’s disease. Not only do the proteins lessen blood flow in the brain, they also reduce the rate at which the brain is able to remove amyloid beta, the protein that builds up in toxic quantities in the brains of patients with the disease.

The work, described in a paper published online in the journal Nature Cell Biology, provides hard evidence directly linking two processes thought to be at play in Alzheimer’s disease: reduction in blood flow and the buildup of toxic amyloid beta. The research makes the intersection between the two proteins a seductive target for researchers seeking to explore both issues.

“This is quite unexpected,” said Berislav Zlokovic, M.D., Ph.D., Dean’s Professor at the University of Rochester School of Medicine and Dentistry, director of the Center for Neurodegenerative and Vascular Brain Disorders and a senior author of the study. “On the other hand, both of these processes are mediated by the smooth muscle cells along blood vessel walls, and we know that those are seriously compromised in patients with Alzheimer’s disease, so perhaps we shouldn’t be completely surprised.”

The new findings, published online in December, are the result of a seven-year collaboration between two laboratories. Zlokovic heads the Center for Neurodegenerative and Vascular Brain Disorders at the Medical Center, looking at molecular roots of diseases like Alzheimer’s. Several years ago, after he found that several genes well known to cardiovascular researchers seemed to be especially affected in Alzheimer’s patients, he turned to Joseph Miano, Ph.D., to help analyze the findings. Miano, associate professor of medicine at the School of Medicine and Dentistry, was interim director of the University’s Aab Cardiovascular Research Institute. He is senior co-author of the new study.

“So, some, it might seem odd that a cardiovascular group would intersect with a neuroscience group to study Alzheimer’s disease,” Miano said. “But there’s a great deal of evidence to suggest that Alzheimer’s disease is a problem having much to do with the vascular plumbing. And Rochester is the type of institution where such partnerships like these are easy to strike up.”

For 15 years, Zlokovic’s laboratory has focused on the molecular mechanisms regulating blood supply and the role of the blood-brain barrier in the development of Alzheimer’s disease. The current work focuses on two proteins well known to cardiovascular researchers, SRF (serum response factor) and myocardin. The two work together within smooth muscle cells that line blood vessels to activate genes that are necessary for smooth muscle function properly. SRF binds to certain snippets of DNA called CaRg boxes and serves as an anchor, while myocardin piggybacks along and turns on the genes to which SRF sticks. Together they act as a master switch that determines whether smooth muscle cells contract.

Two years ago, Zlokovic and Miano published a study showing that the two proteins are much more active in the blood vessels of brains of people with Alzheimer’s disease than in people who do not have the disease. They showed that when they reduced the activity of the proteins, blood flow in the brain increased, and when the genes were more active, blood flow decreased.

The latest report goes further, implicating the molecular duo in the slowed removal of amyloid beta. The team found that SRF and myocardin, working together, turn on a molecule known as SREBP2. That protein inhibits a molecule known as LRP-1, which helps the body remove amyloid beta. In other words, when SRF and myocardin are active, toxic amyloid beta accumulates.

The first author of the study is Robert Bell, a graduate student in Zlokovic’s laboratory who is in the Department of Pathology and Laboratory Medicine’s graduate program.

Major neurology prize awarded to Rochester researcher

By Tom Rickey

A University of Rochester School of Medicine and Dentistry researcher whose work has opened a new avenue in Alzheimer’s disease research has received a major prize from the American Academy of Neurology.

Berislav Zlokovic, M.D., Ph.D., Dean’s Professor and director of the Center for Neurodegenerative and Vascular Brain Disorders at the Medical Center, received the 2009 Potamkin Prize for Research in Pick’s, Alzheimer’s, and Related Disorders during the academy’s annual meeting in April in Seattle.

Zlokovic split the $100,000 prize with two other researchers, Michael Wolfe, Ph.D., of Brigham and Women’s Hospital and Harvard Medical School, and Robert Vassar, Ph.D., of Feinberg School of Medicine at Northwestern University. The prize will go toward the investigators’ Alzheimer’s research.

A professor in both the departments of neurosurgery and neurology, Zlokovic is recognized worldwide for his pioneering research on the blood vessels in the brain and the crucial role they play in our health. He has made a series of surprising findings that are forming the basis for new avenues of treatment that would complement the stable of medications that doctors now have to treat patients with the disease.

He has shown that the brain’s vascular system and the blood-brain barrier play a key role in ridding the brain of the toxic amyloid beta that is present in the brains of patients. His team has identified several molecules that either when the toxic protein accumulates in the brain, and he has demonstrated several strategies for preventing or lowering its accumulation in the brain. Finally as a result of his work, new drugs are being tested in people in a completely new effort to prevent or slow the progression of Alzheimer’s.

Zlokovic is also known internationally for his work on stroke. He has shown that the compound, a form of a medication known as APC that doctors now use to treat sepsis, offers promise for stroke patients as well. He has demonstrated that APC protects brain cells that are under siege by quelling inflammation and protecting neurons from the toxic effects of another drug, TPA, which is used to treat stroke. Zlokovic and colleagues are testing APC in stroke patients in Rochester and three other cities around the nation. Last year, he also showed how defective blood vessels may play a role in the development of amyotrophic lateral sclerosis.

Two years ago, Zlokovic won the Mervin Foundation Award for Medical Research in Alzheimer’s Disease, one of the biggest awards available to scientists who work on the disease.
Chiefs named in cardiology, transplantation, hematology and new palliative care division

The University of Rochester Medical Center has formed a new division in the Department of Medicine, the Palliative Care Division. Timothy E. Quill, M.D. (M’76, R ’79), professor of medicine, of psychiatry and of medical humanities at the School of Medicine and Dentistry, is the division’s chief.

The new division is an outgrowth of the Center for Ethics, Humanities and Palliative Care. The division estimates that it will conduct more than 1,000 inpatient consultations in the next year, in addition to several hundred outpatient consultations. The division has just received approval from the Accreditation Council for Graduate Medical Education to offer a one-year palliative care fellowship.

In addition, the division opened an inpatient palliative care unit in April in Strong Memorial Hospital. The Susanman Palliative Care Unit includes 12 private rooms with family-friendly amenities and medical care offering both the best quality of life for patients and their families at the same time they receive the best possible disease management.

Quill is a pioneer in palliative care and end-of-life decision making. He has worked to increase the availability of palliative care to all seriously ill patients, not just those who are facing the end of life. He and several of his colleagues recently authored the 4th edition of the Primer of Palliative Care, published by the American Medical Directors Association. In addition, Quill has served as editor of the Speciality of Hospice and Palliative Medicine, and is co-director of the University of Rochester’s Center for Palliative Care.

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U.S. awards $10.4 million research contact for ‘post-radiation pill’

By Leslie White

The University of Rochester School of Medicine and Dentistry has received a $3.18 million first-year government contract, with an option to increase to $10.4 million over the next three years, to investigate a “post-radiation pill” for use in the event of an accident or act of terrorism with nuclear or radiological devices.

Rochester researchers, led by principal investigator Yuh-Char Chen, M.D., Ph.D., will test eltrombopag for its ability to replenish blood platelets following injury from radiation. Because eltrombopag is available in tablet form, rather than as an injection, Chen hopes it will serve as a convenient therapy in a medical emergency.

“Our primary objective is to establish a medical countermeasure that is safe, effective and simple to take, in the event we experience a shortage of medical personnel for the first 24 to 48 hours,” said Chen, a professor of radiation oncology at Rochester's James P. Wilmot Cancer Center. “A post-radiation pill would be tremendous help in a catastrophe.”

The contract was awarded by the Biomedical Advanced Research and Development Authority (BARDA), which develops and acquires medical countermeasures to chemical, biological, radiological or nuclear threats, as well as to pandemic flu and other infectious diseases. BARDA operates within the Office of the Assistant Secretary for Preparedness and Response in the U.S. Department of Health and Human Services.

In clinical trials, daily administration of eltrombopag in healthy and thrombocytopenic humans resulted in a dose-dependent increase in platelet counts in the peripheral blood within one to two weeks. GlaxoSmithKline, which is developing eltrombopag in a number of other conditions associated with thrombocytopenia, is supplying the University with eltrombopag.

Puzas named research dean; Dewhurst leads Microbiology & Immunology

J. Edward Puzas, Ph.D. (M ’73, Ph ’78), the Donald and Mary Clark Professor of Orthopaedics at the University of Rochester School of Medicine and Dentistry and director of orthopaedic research, has been appointed senior associate dean for basic science research.

He replaces Stephen Dewhurst, Ph.D., Dean’s Professor of Microbiology and Immunology who succeeds Barbara H. Iglewski, Ph.D., as the chair of the Department of Microbiology & Immunology.

In his new role, Puzas will work to develop a collaborative environment that encourages interaction between basic science and translational researchers as a way to speed discoveries into treatments.

In appointing Puzas, David S. Guizick, M.D., Ph.D., dean of the School of Medicine and Dentistry, said: “Dr. Puzas has been a pillar of the research community at the Medical Center for nearly three decades, and has long been a champion of and role model for interdisciplinary collaborations, not just among scientists from different academic departments, but between clinicians and basic science researchers.”

In addition to his primary appointment in orthopaedics, Puzas is also a professor in the Department of Environmental Engineering, Department of Biomedical Engineering, Department of Pathology and Laboratory Medicine, and the Department of Biochemistry and Biophysics.

major areas of interests are the functioning of bone and cartilage cells in diseases such as osteoporosis, pathologic fracture healing, environmental tumor exposure and its role in skeletal metabolism and the mechanism of cancer cell metastasis to bone. He has been key player in helping the Department of Orthopaedics rank first nationally in the amount of funding awarded by the National Institutes of Health.

Puzas also is president of the United States Bone and Joint Decade, an organization heading an effort to improve research, public awareness and treatment of bone and joint disorders.

Dewhurst, a leading researcher in the design of next-generation vaccines for HIV and influenza, became the first female chair in the history of the School of Medicine and Dentistry. A highlight of her tenure as chair during the period from 1999 to 2004 when National Institutes of Health grant support to the department increased by nearly 300 percent. Iglewski is a renowned researcher whose work focuses on the molecular mechanisms underlying Pseudomonas aerugi- nosa, an important bacterial infection that targets patients with weakened immune defenses. She will remain active as a faculty member.

The Department of Microbiology & Immunology at U.S. awards $10.4 million research contact for ‘post-radiation pill’

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Dewhurst earned his Ph.D. from the University of Nebraska Medical Center in 1987, followed by postdoctoral training at Columbia University and the Harvard School of Public Health. His doctoral and postdoctoral work focused on the mechanisms by which HIV and related viruses cause disease. He joined the Rochester faculty in 1990, became Dean’s Professor of Microbiology & Immunology in 2002 and associate chair of that department in 2005.

Dewhurst has more than 20 years experience as a molecular virologist, developing novel methods for the delivery of experimental HIV and herpes viruses. He also made key discoveries as part of a team that in October 2006 received a $7 million NIH grant to develop experimental drugs against neuroAIDS, the nerve damage caused by HIV infection that lessens many patients’ ability to think and move.

Iglewski stepped down as chair after leading the department since July 1998, when she became the first female chair in the history of the School of Medicine and Dentistry. A highlight of her tenure as chair during the period from 1999 to 2004 when National Institutes of Health grant support to the department increased by nearly 300 percent. Iglewski is a renowned researcher whose work focuses on the molecular mechanisms underlying Pseudomonas aeruginosa, an important bacterial infection that targets patients with weakened immune defenses. She will remain active as a faculty member.

The Department of Microbiology & Immunology at Rochester Faculty in 2002.

Iglewski called Dewhurst “a true citizen of the medical school, medical center and university, who is well known for his extraordinary commitment to education and diversity, his propensity for
Clinical trial participants should know the results

By Mark Michaud

While an estimated 2.3 million people in the United States take part in clinical trials every year, there currently exists no formal requirement to inform them of study results, an oversight that leaves participants confused, frustrated and, in some cases, lacking information that may be important to their health.

In an article published in Archives of Neurology, researchers at the University of Rochester School of Medicine and Dentistry have proposed a novel and effective approach to disseminate the results of clinical trials to study volunteers.

Industry, government and academic researchers are dependent upon the willing participation of millions of individuals to fill the estimated 50,000 clinical trials conducted every year that evaluate the safety and efficacy of experimental drugs and medical devices. Researchers are only required to inform participants in instances when new information arises that may affect their willingness to continue participation.

However, neither federal guidelines nor institutional review boards generally require disclosure of results at the conclusion of a study, even if the study is halted. Consequently, many research participants never learn the outcome of studies in which they volunteered.

“Individuals who participate in clinical research frequently expose themselves to risks, both known and unknown,” said neurologist Ray Dorsey, M.D., the report’s co-author. “Because of their participation, they should be informed of the results of these studies in a timely and personalized manner.”

Despite recent federal efforts to mandate communications in instances where the product is approved, researchers still are not required to disclose results in instances when the drug or device has been tested in patients, but not in clinical trials. In such cases, study coordinators called each of the participants directly.

Professor of neurology Ira Shoulson, M.D., the study’s principal investigator, held a conference call with Amarin Neuroscience’s chief executive officer that was open to all study participants and investigators during which they summarized the study results and then fielded questions.

The researchers surveyed participants after the communication efforts and found that 56 percent learned of the results within 48 hours of the initial public release by the company, with the vast majority (73 percent) being informed by a telephone call from the study staff. Participants reported a high level of satisfaction with the way results were communicated and had developed a strong understanding of the drug’s benefits and risks.

“The critical that we treat participants as partners in research,” said Shoulson. “It is our hope that the commitment the investigators and sponsor made to communicate the results of the clinical trial in a timely and personalized manner to research participants will set the standard for future clinical trials.”

Gaza: an eye opening experience

Ismail Mehr, M.D. (R ’02), is chief of anesthesiology at St. James Mercy Hospital in Hornell, N.Y., the town where he grew up. In January, Mehr organized a team of physicians, including four other University of Rochester School of Medicine and Dentistry alumni, who went to Gaza to provide medical assistance at a time of heightened conflict there. Their 10-day mission was sponsored by the Islamic Medical Association of North America (IMANA). Mehr had participated in IMANA medical missions in Indonesia in 2004 after the tsunamis and in Kashmir after the earthquake in 2005. In addition to Mehr, the team of 11 who went to Gaza included: Imran Qureshi, M.D. (BS ’95, M ’99), an interventional radiologist in a practice in Aurora, Ill.; Irfan Galiats, M.D. (R ’08), a plastic surgeon in Salt Lake City; Sharaj Sayed, M.D. (R ’12), a vascular surgeon in Cobb County, Georgia; and Labib Syed, M.D. (MM ’96, R ’04), an assistant professor of radiology and of surgery at Johns Hopkins Hospital.

The team arrived as a cease-fire was taking hold. They initially had difficulty getting into Gaza from Egypt, but crossed the border on Jan. 23. Working primarily at Gaza City’s Al-Shifa Hospital, the team performed about 75 surgical procedures, including removing a kidney tumor the size of a watermelon from a four-year-old boy. Two emergency medicine physicians on the team saw about 350 patients. Omr Qureshi, M.D. (BS ’97, M ’01), a radiologist at Noyes Memorial Hospital in Dansville, N.Y., served as medical coordinator in the United States for the trip. Mehr answered questions for ROCHESTER MEDICINE.

What made you go to Gaza?

When I went to Indonesia on a medical mission after the tsunami, I came back a changed person. I realized what people in the world were truly suffering and I made a promise to myself to continue to do this work. When the offensive started in Gaza, I searched online for a U.S. medical center rounds

alumni news

monitors. I would have to administer anesthesia without a monitor. But we had no choice. Labib Syed and Imran Qureshi put catheters in both kidneys to normalize function. I was not scared going to Gaza but I was scared when I had to do this procedure with a nine-year-old child. I was out of my realm of comfort. I was praying to God for this. The baby came through. I am not sure he will be able to get out of Gaza for the corrective procedure he needs. But this was an all-Rochester team effort and it was a success.

What did your mission in Gaza teach you?

This was an eye-opening and life-changing experience for me. First and foremost, the world has to realize that if you force embargoes on places because of alliances or other political reasons, it is not the politicians who are hurt on either side, it is the people who suffer. If someone were to go to Gaza and see what has happened there, they would come back with the same feelings we did. It is only human. Most people in America do not really know or understand why this is happening. Most people don’t know about the embargo on Gaza. Living in Gaza is like being in jail. We want people to have curiosity. We want people to read about the conflict and the history and make a decision about what is happening there. Until the lives of each and every person on both sides are considered equal, there won’t be a solution.

Would you go back to Gaza?

All of us on the team have grown a bend that has brought us closer than before. We lived through a battle zone. We left a part of us behind. People took us in. We went out of their way to host us and take care of us when they had little to give. A lot of tears were shed when we left. We feel we left part of our family there. Each one of us wants to go back. We plan on going back, though the logistics and the politics will make that difficult. We were lucky we got to Gaza this time. We would want to teach medical students and residents there.
A bipolar world

From the inside looking out

Edmund S. Copeland, Ph.D., received his doctorate in radiation biology from the University of Rochester School of Medicine and Dentistry in 1964. After postdoctoral study at Roswell Park Cancer Institute in Buffalo and Norsk Hydros Institute for Cancer Research in Oslo, Norway, he had a successful career working at the Walter Reed Army Institute and from 1967 to 1976, and at the National Institutes of Health (NIH) Division of Research Grants until his retirement in 2000. Copeland lectured at Walter Reed and Georgetown University, published three dozen research articles, and won several NIH awards. But he might not have graduated from the School because of his bipolar disorder, which also affected his brother and sister. Copeland, who now lives in Crozet, Va., gave up his plan to become a physician, but followed a dean’s advice to work toward a Ph.D. In this essay, he recalls his experiences.

Back in the summer of 1958, I was all ready for medical school. I had made it through Cornell University as a chemistry major with plenty of biology. I was looking forward to getting started and doing urine and fecal analyses. In the summer of 1957, Edmund S. Copeland, Ph.D., received his Ph.D. in radiation biology with most of my tuition costs having been funded by the Atomic Energy Commission. Except for two weeks as an emergency cook at scout camp, I had spent the summer of 1956 volunteering at a hospital pathology lab assisting in 13 autopsies, doing urine and fecal analyses. In the summer of 1956, I had been a laborer installing gas station hydraulic lifts and fuel tanks. These thoughts and others whipped through my head that August as I clipped vines of the table holding a paddle until they finally reacted and fell. I got a guy to talk for the first time with my psychiatrist and later with his students who had started and become faculty members in the Department of Radiation Biology is a matter of record.

In the years between 1958 and 2002, I was hospitalized eight times for what had become known as manic depressive psychosis, or bipolar affective disorder. Lithium therapy prevented any hospitalizations between 1973 and 1998. As might be expected in hindsight, my most sustained productivity was when my mood was stabilized by lithium from 1973 to 1998. This period ended when lithium toxicity nearly killed me and led to my retirement after 24 years at NIH as an executive secretary. If you have ever sunbathed on an anchored raft during a really heavy sea you can get an idea of what lithium does to mood swings. The raft will ride up until its anchor chain reaches its limit. In some way lithium does this to cut off mania.

Consequences of mania

Mania is great for the guy riding the swell as the wave breaks. It becomes hard to ride when the wave is breaking. Much patching up remains to be done after each high, as many tons get stubbed.

Also, in retrospect, it can be seen that my bipolar “cycle time” was two years. I also must thank my classmates for putting up with my wheezing scholarship, letting me both lead and pull me up when I went down. In spring of 1960, my lab partner and I planned and initiated a study on radio zinc in the hair of rats on different diets. When I was hospitalized in May 1960, my partner finished and wrote up the study alone. We both got credit.

As a sophomore at Cornell, my “high” had led to a theory of the universe that astrophysicist Philip Morrison found most unusual. He thought I was a graduate student. He told me my idea was similar to that advanced in the book The Radiant Universe, a hypothesis that was not susceptible to test. My other ideas, such as the “Flatfish Hypothesis” (1978) about a mechanism of free radical carcinogenesis and “Bras are carcinogenic” (1984) about hyperthermia-induced mammary carcinogenesis, were conceived just before my lithium-subdued manic phases reached their climax. My suggestion to reorganize the NIH Division of Research Grants into small groups with related study sections also came during a similar time (1988), when thoughts came easily and I had shaken my inhibitions.

A source of encouragement in this struggle is that numerous giants in human history are reputed to have had manic-depressive illness. These include Schrödinger, Poe, Coleridge, Galileo, Michelangelo, DalVinci, Beethoven, Bach, Tchaikovsky, Lincoln and Churchill. It is said that society without bipolarians would be rather dull and unproductive.

Bipolar affective disorder, like no other phenomenon, gives one the chance to look at oneself, to see what one has done. Coming to the end of a wave gives a chance to look back at the crest, a chance to see what one has accomplished. “Normal” people with smooth, less fractured lives rarely get this chance. Manics get the opportunity to ponder their great ideas and yet to realize that despite these fractures and these ideas, they are like everyone else.

Copeland today.

Also, I am an advocate of Manic-Depressive International, a nonprofit bipolar organization that serves the needs of people living with bipolar illness. The organization’s mission is to improve the quality of life for people with bipolar disorder through education, peer support, and advocacy. The organization provides a network of support and resources for individuals living with bipolar disorder and their families.
Rosier honored by national orthopaedic organizations

By Germaine Reinhardt

Randy Rosier, M.D., Ph.D. (M ’78, PhD ’79), professor of orthopaedics at the University of Rochester School of Medicine and Dentistry, received the Alfred R. Shands, M.D., Award from the American Orthopaedic Association and the American Orthopaedic Research Society for his significant clinical, research and educational contributions to the field.

The annual award honors physicians who have dedicated a significant portion of their professional career to furthering knowledge of musculoskeletal disease.

Rosier served as chair of the School of Medicine and Dentistry Department of Orthopaedics from 2000 to 2007.

For more than 25 years, he has been a leading force in orthopaedics. During his tenure as department chair, Rosier is credited with achieving significant milestones, including the establishment of the Center for Musculoskeletal Research to coordinate all intra- and interdepartmental research. This focused approach has paid dividends for the department, which now is the country's top-ranking musculoskeletal research center, based on funding by the National Institutes of Health (NIH).

Rosier also drove significant changes in the department's clinical enterprise, overseeing the relocation in 2001 of all orthopaedic and rehabilitation clinical services into one location outside the Medical Center, a move that has helped make Rochester home to one of the nation’s busiest orthopaedic clinics in the nation.

“The success now serves as a model for many other Medical Center clinical services moving off-campus,” said Regis O’Keefe, M.D., Ph.D. (PhD ’00), chair of the Department of Orthopaedics. “His insights and unique ability to communicate and translate scientific progress to improvements in clinical care have advanced the care of patients throughout the world.”

No one has contributed more to the field of orthopaedics than Dr. Rosier over the last 25 years,” said Regis O’Keefe, M.D., Ph.D. (PhD ’00), chair of the Department of Orthopaedics. “His insights and unique ability to communicate and translate scientific progress to improvements in clinical care have advanced the care of patients throughout the world. From the operating room to the outpatient clinic, there’s not been one area where he has not made a significant contribution to the field.”

Rosier brought his interest in biophysics to both his clinical and research work. His research relates to growth-factor regulation and signaling in bone and cartilage, as well as molecular mechanisms of tumor metastasis and radiation damage to skeletal tissues. It is through his research that physicians now better understand the mechanisms behind bone-tumor metastasis. On the clinical side, he helped establish Rochester’s first specialty clinics to treat osteoporosis and bone cancer. Through his work with the tumor clinic, Rosier introduced to Rochester the concept of limb salvage to treat bone sarcomas in both adults and children.

Alumnus named chair of orthopedic surgery at Lenox Hill

Elliott Hershman, M.D. (BA ’75, M ’79), an internationally recognized expert in knee disorders and athletic injuries, has been named chairman of orthopedic surgery at Lenox Hill Hospital (LHH) in New York City.

Hershman joined the hospital in 1979. His postgraduate training included a chief residency in orthopaedic surgery at Lenox Hill Hospital and a fellowship in sports medicine at the Cleveland Clinic.

Previous director of the Basic Science Program in Orthopedics at LHH and vice chairman of the Department of Orthopedics since 1981, Hershman has devoted more than three decades studying, treating and analyzing knee injuries in recreational, competitive and elite athletics. He has been the team orthopedist for the New York Jets for more than twenty years and for the New York Islanders Hockey Club since 1996. He was selected the Sports Medicine Officer for the World Cup international teams that played at the Meadowlands in 1994.

Hershman is committed to developing new techniques and perfecting current procedures that improve the care of patients with knee disorders and sports injuries. His areas of interest for research are artificial meniscus replacement and the epidemiology of athletic injuries on artificial turf.

He is the author of numerous publications including peer review journals, text books and abstracts. He is a two-time recipient of the Maurice Cowen Memorial Award for Excellence in Resident Teaching.

Lyness elected president of national geriatric psychiatry group

Jeffrey M. Lyness, M.D. (BA ’83, M ’86, I’91), professor of psychiatry at the University of Rochester School of Medicine and Dentistry and director of the Geriatric Psychiatry Program at the Medical Center, has been elected president of the American Association for Geriatric Psychiatry (AAGP).

Lyness, who also is the Department of Psychiatry’s associate chair for education, will serve as president-elect until assuming the presidency in March 2010 for the 2010-2011 year.

“This certainly is a well-deserved honor,” said Eric Caine, M.D., chair of the Department of Psychiatry. “It also reflects the outstanding national reputation of the entire Geriatric Psychiatry program and its many members."

In addition to his clinical and education responsibilities, Lyness researches the characteristics and course of depression in older adults in primary-care settings. His research has been supported by grants from the National Institutes of Health, other federal agencies and industry.

“Jeff’s election to this high-profile and important post comes at a time of rapid advances in the field of late-life mental health, but also at a time of increasing need for services by a rapidly expanding population of seniors,” said Yeates Conwell, M.D., the department’s vice chair. “We are fortunate to have Jeff leading this effort.”

Lyness received his M.D. degree with Honors and with Distinction in Research from the University of Rochester School of Medicine and Dentistry. He completed his internship in internal medicine at the Medical Center, and then was a psychiatry resident at Yale University. He returned to Rochester in 1990 to join the faculty and to complete clinical and research fellowships in geriatric psychiatry. The American Association for Geriatric Psychiatry was founded in 1978. The AAGP’s mission is to enhance the knowledge base and standard of practice in geriatric psychiatry through education and research and to advocate for meeting the mental health needs of older Americans. The association’s activities include the publication of American Journal of Geriatric Psychiatry.

As I began preparing for medical school, I was concerned about how I would afford it. Thanks to the generous contributions of alumni, I am now able to transform a dream into reality.” — ROSEANNA GUZMAN, M.P.H., ’10M

Your Annual Fund gift, in any amount, will help students like Roseanna fulfill their dreams every day. In the current economic environment, your support is even more critical so that funding for scholarships and other initiatives will continue. Your gift of $1,200 or more may qualify you as a George Eastman Circle member.

Give today and help make great things happen!

TO LEARN MORE ABOUT ROSEANNA’S STORY, and other stories of students benefiting from your support, please visit our web site at www.rochester.edu/annualfunds/impact
Match Day 2009

No Match Day would be complete without shouts, jolts of surprise, smiles, hugs and sometimes a few tears. This year’s Match Day at the University of Rochester School of Medicine and Dentistry had all the drama and necessary ingredients. Eighteen members of the class will remain in Rochester as residents.

1. Cammie Hilliard and Emmanuel Menga
2. Sarah Spencer Welsh and Cathy Lee
3. Emmanuel Menga and friends
4. Michael Brogan and Laurel Stevens
5. Jennifer Riehl
6. Rebecca Ryan, Katherine O’Connor, left, and Cathy Lee
7. Jessica Rosenthal, Jennifer Riehl and Danielle Ruppert
8. Valerie Joyce-Heffner and Sarah Philipp
Neurologists establish professorship in honor of Joynt

By Tom Rickey

Colleagues and friends in the Department of Neurology at the University of Rochester School of Medicine and Dentistry are more than halfway toward their goal of raising $1.5 million to honor the physician who founded the department.

The professorship will honor neurologist Robert J. Joynt, M.D., Ph.D., one of the most influential neurologists of the last half century, who is now a Distinguished University Professor. Joynt founded the University’s Department of Neurology in 1966 and guided the department for 18 years, laying the foundation for what is today one of the nation’s leading neuroscience departments.

The professorship, to be known as the Robert J. Joynt Chair in Experimental Therapeutics in Neurology, is designed to further development of treatments of neurological diseases, supporting research in Parkinson’s, Huntington’s, and Alzheimer’s diseases.

Friends, alumni, colleagues and grateful patients have contributed to this fund thus far.

An Iowa native, Joynt graduated from the medical school of the University of Iowa. He pursued neuroanatomy thanks to a gifted and influential teacher who brought the subject matter alive for Joynt. After medical school, he trained in Montreal and then studied as a Fulbright scholar at Cambridge University. He returned to Iowa City and earned his doctoral degree in neuroanatomy before joining the faculty of the School of Medicine and Dentistry as an associate professor in 1965.

In 1966, Joynt launched the neurology department at Rochester, starting with just three neurologists. At Rochester, Joynt became a giant in the field of neurology. He is one of a handful of people who has headed both the leading societies in neurology, the American Academy of Neurology and the American Neurological Association. He also served as president of the American Board of Psychiatry and Neurology. As a member of the Institute of Medicine, he is one of three Rochester neurologists, along with Ira Shoulson, M.D. (M ’71), the Louis C. Lasagna Professor of Experimental Therapeutics, and Robert “Bench” Griggs, M.D. (R ’71), current president of the American Academy of Neurology, who have been inducted into the institute in the past 20 years. For 17 years Joynt served as editor of Archives of Neurology, founded Seminars in Experimental Therapeutics in Neurology, is designed to further development of treatments of neurological diseases, supporting research in Parkinson’s, Huntington’s, and Alzheimer’s diseases.

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An Iowa native, Joynt graduated from the medical school of the University of Iowa. He pursued neuroanatomy thanks to a gifted and influential teacher who brought the subject matter alive for Joynt. After medical school, he trained in Montreal and then studied as a Fulbright scholar at Cambridge University. He returned to Iowa City and earned his doctoral degree in neuroanatomy before joining the faculty of the School of Medicine and Dentistry as an associate professor in 1965.

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Major gift that grew from a chance meeting will transform neuromedicine

Ernest J. Del Monte, a Rochester native who has worked with guided missiles, created an efficient way to construct hotels and built a successful business, now wants to take on Alzheimer’s disease, Parkinson’s and other neurological conditions.

In May, Del Monte, chairman of E.J. Del Monte Corp., a Rochester-based company that owns and operates 17 hotels in New York State, and his wife, Thelma, donated $10 million to the University of Rochester Medical Center, the first installment toward what Del Monte hopes will be a $20 million commitment.

The gift, the second largest in the history of the Medical Center, supports the Ernest J. Del Monte Neuromedicine Institute, an umbrella for a host of neuromedicine programs.

“Neuromedicine is one of the most promising endeavors the University has undertaken,” Del Monte said. “We have all the necessary ingredients to be successful internationally. My hope is that this gift will be the force to help scientists and clinicians collaborate seamlessly so that one day, from this Institute, the cure for Alzheimer’s disease, stroke and other neurological disorders will emerge. I truly believe we can do it.”

The gift grew out of a request about seven years ago from Del Monte’s grandson, Lee Hallagan, a Del Monte engineer, and a chance encounter with Webster Pilcher, M.D., Ph.D. (M’83, R’89), chair of the Department of Neurosurgery, Hallagan, then a college student, asked his grandfather if he knew any neurosurgeons because he was interested in medicine and wanted to observe brain surgery.

Del Monte, a University trustee, told his grandson that he did not know any neurosurgeons. But, not long after his grandson’s request, Del Monte attended a University event where he met Pilcher, and Pilcher agreed to let Hallagan observe several surgeries.

The request turned into a career. In 2008, Hallagan graduated from the School of Medicine and Dentistry. He is a resident in general surgery at Maine Medical Center. Del Monte and Pilcher also continued their conversations about neuromedicine.

“The more I learned from him, the more interested I got,” Del Monte said.

The Del Monte Neuromedicine Institute will focus initially on four major programs already well-established at the Medical Center: Alzheimer’s disease, stroke, spinal cord and brain injuries, and brain tumors. For example, patients with Alzheimer’s soon will experience a more streamlined and coordinated care plan in Rochester, as physicians and others from different disciplines pool their resources to offer the latest diagnostic equipment, early intervention programs, access to clinical trials, and even family support group programs.

Because the Del Monte Neuromedicine Institute will focus primarily on bringing laboratory breakthroughs to everyday patient care, neuromedicians working in translational medicine will be relocated together into the current Medical Research Building Extension. The gift will fund the renovation of the building’s ground floor into 23,000 square-feet of new laboratories to accommodate additional neuromedics. The building will be renamed the Ernest J. Del Monte Neuromedicine Institute in recognition of the gift.

“The Del Montes’ gift positions the Medical Center at the forefront of our battle against diseases that rob individuals of their health, independence, and dignity. I cannot thank Ernie and Thelma enough,” said Pilcher, who will be director of the Institute.

Rochester’s contributions in the field of neuromedicine research have improved patient health, enhanced physician training, and spurred new thinking on a number of research fronts. Last year, the Medical Center ranked sixth among the research institutes in National Institutes of Health funding for neuromedicine studies. Today, Medical Center neuromedics manage care at three of the city’s hospitals and its neurosurgeons work out of all four of Rochester’s hospitals, ensuring that all residents have access to the highest standards of care and technology.

During the last decade, three times as many University of Rochester School of Medicine and Dentistry graduates have chosen to pursue careers in neuromedicine than in other schools. For the last eight years, all residents pursuing adult neurology at the University passed national certifying exams on the first try, compared to an 85% national pass rate.

Del Monte founded his company in 1953, initially working out of the base of his home to manufacture concrete room castings in construction. In 1959, he sold the generator business and moved into construction and real estate development, building plants for several Rochester-area companies, including Bausch & Lomb Inc. and Xerox Corp. In expanding into the hotel business in the 1970s, Del Monte developed and pioneered the use of precision concrete room castings in construction. He received more than 20 patents for the process, known as the Delcrete Building System. Del Monte used the system to construct hotels in New York, the United States and then around the world.

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Ganga Aarti ceremony, Varanasi, India

Memory & Emotion

Solomon Shaftel began taking photographs while a student in high school. He caught his love of photography from his father, an engineer at Eastman Kodak Co., who also liked taking photos. "What I love about photography is its ability to capture powerful moments in time for an eternity. I cherish my best photos for their ability to remind me of wonderful memories, and the emotions that make us human," Shaftel says. Though he started with film and single lens reflex cameras, he has switched to point-and-shoot digital cameras, almost exclusively a Canon SD800. "I love the size and quality of the camera. You never know when the perfect scene may unfold in front of your eyes. The ability to place a camera in your pocket translates to many more opportunities. For this reason, I readily accept the trade off of quality for size," he says. Shaftel received a Ph.D. in Neurobiology and Anatomy from the School of Medicine and Dentistry in May 2007 and his M.D. this May. He will do a year of internship at the University of Texas Southwest in Austin. In June 2010, he begins a three-year ophthalmology residency at the University of California at San Diego. His photos can be found through Class Notes.

MD Alumni

Class of 1944
Stuart Finch writes: "The Reunion at Rochester this year is our sixty-fifth. It is a memorable occasion for the small delegation of us who remain to celebrate the privilege of having attended such an outstanding school which has greatly impacted all of our lives. I hope that all members of the class will try to make it this year. My personal objective is to be certain that we have at least one or two class specific events at the Reunion that are tailored only for the enjoyment of the members of our class. Recently, I had an opportunity to speak to several members of our class including Jack Butler, Bob Coon, George Holton and Irvin Voth. They all sounded great and had interesting stories to tell about themselves and other classmates. Jack and George seem to get the best out of living in Florida, whereas Bob enjoys life in the beautiful state of Vermont. Irvin lives in Oregon where he has the pleasure of having several nearby family members and still is able to manage some of his properties. I will try to track down all other members of our class with a report about them at the Reunion. The one class member whom I didn’t reach, but am certain will be there, is Paul Schloerb."

Class of 1945
Mike Finigan has been selected as the 2009 Distinguished Alumnus of The Aquinas Institute of Rochester. This award is presented at commencement each year in recognition of outstanding and widely recognized achievements. The award salutes, in particular, those who exemplify the standards and objectives of The Aquinas Institute through personal conduct, professional accomplishments and community service.

Class of 1946
E. Bruce Hallett writes: "I continue to enjoy contact with Phil Bates. He remains in Greenwood, S.C. plays a little golf, and relives the pleasures of world travel through the welcome pleasures of old albums. Family ties remain strong with daughters and four grandchildren; one recently returned from Iraq. He resides in a complex offering the usual in assisted living facilities. He and his wife, Legre, now deceased, were close friends of my Connie and me in our med school days. We even shared an old 1929 Chevy auto for a bit (I smashed it up)."

Jack Hamilton (BA ’44) remains in the tree business, an endeavor he picked up after his medical career was completed. Several of your classmates have changed occupation, offering new challenges in later life. Bill Caccamise (BA ’44) wrote of a long career in ophthalmology, from India, Nepal and Japan; perhaps others. He was a giver, and without doubt still is. He is now a product of modern medical technology with cardiac wires sustaining vital impulses. His wife, Irene, has provided the so welcomed support since 1952, when Bill was a fellow at the Cleveland Clinic. Clare Johnson (BA ’43) resides in Phoenix, where he practiced plastic surgery, retiring in 1988. His wife, Mary Anne, provided guidance for 57 years. Clare now lives in a pleasant retirement center. He is busy and healthy; enjoying life at age 87."

Class of 1947
Carl E. Silver is co-author of Neck Dissection. Management of Regional Disease in Head and Neck Cancer.

Class of 1948
W. Maurice Bond has retired as Director of Adoptions at the Illinois Department of Children and Family Services and continues to work as a child maltreatment consultant. Dr. Bond is a member of the American Academy of Pediatrics, the Medical Society of the State of Illinois and the Illinois Medical Association. He is a Fellow in Pediatrics of the American College of Physicians and American Academy of Pediatrics. Dr. Bond lives in Naples, Florida, with his wife, Helen. The Bond’s three sons are Dr. Joseph Bond, a physician in Chicago; Dr. Michael Bond, a plastic surgeon in Naples, Florida; and Dr. James Bond, a physician in Chicago. The family includes seven grandchildren.

Class of 1949
Alvin Ureles has published a historical novel about an important Revolutionary War-era physician who played numerous key roles in this country’s quest for independence. “Following Joe: The Patriot Doctor and the Siege of Boston” has been published by Outskirts Press and can be found on the Amazon and Barnes & Noble bookseller Web sites. All proceeds from sales of the book benefit the University of Rochester Medical Center Division of Endocrinology to fund endocrine and diabetes research. Ureles is professor emeritus of medicine at the Medical Center.

Class of 1950
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Class of 1951
Dr. Robert P. Kneppo has been inducted into the Aquinas Institute Hall of Fame this year. This award is given to an alumnus or special friend and supporter of Aquinas, who represents the Christian values taught at the school. This honoree is recognized for having given back to Aquinas and the community in a way that upholds the tradition and teachings of the Aquinas Institute.

Class of 1956
Richard C. Friedman is a faculty member at the Columbia University Center for Psychoanalytic Training and Research in New York City and a research professor of psychology at Adelphi University, in addition to his previous appointments at Cornell University. He also has been on the editorial board for Archives of Sexual Behavior since 1996. He is a member of many...
professional organizations, including the American Academy of Psychoanalysis, the American Psychoanalytic Association, and the Group of Advancement of Psychiatry, where he is the co-leader of the Human Sexuality Committee. Friedman is a Distinguished Life Fellow of the American Psychiatric Association and a Fellow of the American College of Psychiatrists.

Class of 1969
Stafford Warren retired in December 2008 from full-time practice as a cardiologist in Charleston, W.Va. During Warren’s 35 years of work in the field, he was a champion of balloon angioplasty and other techniques that avert the need for major surgery. He arrived in Charleston as a member of the Charleston Cardiology Group and then practiced at the Charleston Area Medical Center. Prior to his retirement, he was the director of the Catheterization Lab at Thomas Memorial Hospital. He plans to work part time while he pursues other interests, including traveling, volunteering abroad, and canoeing.

Class of 1974
Philip Greenland was elected an honorary fellow of the Royal College of Physicians of London in 2008. Only 13 such fellowships were given worldwide and only five from the United States this year. Greenland is a Harry W. Dingman Professor, senior associate dean for clinical and translational research, and director and principal investigator of the Northwestern University Clinical and Translational Sciences Institute, all at the Feinberg School of Medicine. His research, instruction and clinical studies focus on the prevention of cardiovascular disease.

Class of 1980
Wendy Schlessel Harpham has been writing and speaking about survivorship since her diagnosis of lymphoma in 1990. She writes a regular column—"View From the Other Side of the Stethoscope"—in Oncology Times. ACP Press has released her seventh book, her first addressed to clinicians: Only 10 Seconds to Care. Help and Hope for Busy Clinicians. She is an internist in Dallas.

Class of 1981
Judy Aschner, director of the Division of Neonatology at the Monroe Carell Jr. Children’s Hospital at Vanderbilt University, has been named the first holder of the Julia Carell Stadler Chair. The endowed chair, created by the Carell family, is named after Julia Stadler, co-chair of the Campaign for Children and Mothers at Children’s Hospital and daughter of Children’s Hospital namesake, the late Monroe Carell Jr. The chair honors a Children’s Hospital faculty member who is advancing the field of neonatology through research and patient care.

Class of 1986
Thomas C. Barber was elected chair of the board of councilors (BOC) of the American Academy of Orthopaedic Surgeons at its 2009 annual meeting in Las Vegas. He also will serve on the academy’s board of directors. The BOC represents the grassroots of the orthopaedic profession and explores health policy, education, research, advocacy and communications functions within the Academy. Barber is an orthopaedic surgeon specializing in total joint replacement at Kaiser Permanente in Oakland, Calif. He is also associate physician-in-chief at Kaiser Oakland Medical Center.

Class of 1989
Bradley Berg is a pediatrician at Salimpour Pediatric Medical Group in Sherman Oaks, Calif. He also dedicates his time to FightForTheChildren.org, a non-profit that establishes pediatric clinics in the developing world in rural villages without access to health care.

Major Sandra Bruno writes: “I am the medical director for pediatrics at Robins Air Force Base
in Georgia, and I am engaged to Dr. Ilju Minapann. I enjoy spending my free time with family and friends. I look forward to seeing everyone at our class reunion.”

Heather Evans lives in Seattle with her husband, Christopher Baldwin, and two children, Nash and Miles. She spends her free time with her family, cooking, and practicing yoga.

Hans Stohrer is a geriatrician at the Jewish Home and Hospital Life Care System in New York City, following a two-year stint in emergency medicine at Coney Island Hospital in Brooklyn, N.Y. He completed a fellowship in geriatric medicine and residency at Mount Sinai School of Medicine. Hans is board certified in geriatric medicine, internal medicine, and hospice and palliative medicine. He and his wife, Haifan (MS ’93, PhD ’95, MD ’99) — one of the school’s founding faculty members, Schuster taught microbiology to every dental student from the school’s opening 1970 to his retirement in 2008. While serving as the school’s associate dean for research from 2003 until his retirement, he encouraged graduate and undergraduate students to participate in research and helped form the Student Research Group. Until his retirement, Schuster had chaired the university’s Human Assurance Committee for more than 20 years. The committee reviews all research studies involving human subjects and human materials at MCG, MCG Health and the Charlie Norwood Veterans Affairs Medical Center, any research done off-campus by faculty, staff or students of those entities and research by non-MCG researchers using MCG facilities.

Schuster’s research probed the effects of dental materials, such as resin, on cell membranes to promote bone and tissue growth. He published nearly 150 articles in peer-reviewed journals and holds several patents and has been principal or co-principal investigator on numerous grants. He fostered research collaboration between the dental school’s clinical and basic science faculty. As one of the school’s founding faculty members, Schuster taught microbiology to every dental student from the school’s opening 1970 to his retirement in 2008. While serving as the school’s associate dean for research from 2003 until his retirement, he encouraged graduate and undergraduate students to participate in research and helped form the Student Research Group. Until his retirement, Schuster had chaired the university’s Human Assurance Committee for more than 20 years. The committee reviews all research studies involving human subjects and human materials at MCG, MCG Health and the Charlie Norwood Veterans Affairs Medical Center, any research done off-campus by faculty, staff or students of those entities and research by non-MCG researchers using MCG facilities.

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In memoriam

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Carole Wilkerson Samuelson (R ’70)
Robert W. Saunderson Jr. (MD ’47)
Jo-Anne Smith (MD ’79)
William H. Smith (BA ’41, MD ’44)

Disappearing docs?
Continued from page 25

care or for a single provider create an even more complex debate. At the School of Medicine and Dentistry, Berliant is focusing on education and training as a way to help ease the shortage. “We have excellent teachers but we have to do even better,” he said. “Preceptors need to be in the room with the patient and the resident to coach the residents, to show them how to have a more positive interaction and to treat the patient with dignity and respect. We need to teach how to be a good clinician with a willingness to listen, to respect different points of view and to collaborate with the patient. A master clinician teacher can demonstrate those principles and they can be modeled. We need to do a better job in the room with the patient.”

Residents should be exposed to a broader patient mix than currently available with the continuity care practice at the Medical Center, Berliant said. Residents also should have early experiences with successful community primary care practices. Medical students also should have the opportunity for an early taste of primary care practice. “When residents came to my office, it was not a fancy workplace or the patient demographics that impressed them, it was the team of people working together to take care of patients — the nurse practitioner, nurse, secretary and physician working side by side to provide excellent care,” Berliant said.

Family medicine mirrors primary care in the services physicians provide. Family physicians increasingly have become the providers of primary care as the number of internists choosing the field has declined. About nine out of 10 primary care physicians trained at the Medical Center are family physicians. But the number of people choosing family medicine might not be enough to affect the number of people choosing family medicine, they will have to pay more,” Berliant said. “Ultimately, putting more money into primary care will not solve the problem of the primary care physician shortage. As a profession, we need to design innovative models of health care delivery that will enhance provider satisfaction and improve patient outcomes.”

Corrections

In the fall/winter issue of Rochester Medicine on page 36, in a reunion section, the George L. Engel Memorial Lecture was not spelled correctly. We regret the errors.

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Alumni Awards

Call for Nominations

The University of Rochester School of Medicine and Dentistry Alumni Council invites all alumni, including graduates of the MD, PhD, MS programs, and former residents, to submit nominations for alumni awards that are presented during Alumni Weekend each year. In 2009, the School of Medicine will bestow four awards. The Distinguished Alumnus Award recognizes achievement that has had an impact on a national and global scale by individuals whose lives and work exemplify the standards and objectives of the school. The Alumni Service Award recognizes outstanding support, commitment, and service which have furthered the interests of the school. The Humanitarian Award recognizes those who serve the poor and underprivileged people of this world and attempt to make a difference to those in need. The Gold Medal Award for outstanding teaching receives nominations from students, faculty, and administration. To learn more about School of Medicine alumni awards and obtain nomination forms, visit www.urmc.rochester.edu/eng/alumni/alumniawards.cfm