

Rochester

MEDICINE



Embracing a New Stage:

Students, residents, and fellows thrive in new Golisano Children's Hospital



On the Cover

Neonatology fellow Laura Price, MD, steals a moment from her busy day to cuddle with Collin Yencer in the Golisano Children's Hospital 68-bed Gosnell Family Neonatal Intensive Care Unit (NICU). The NICU's spacious, private patient rooms and surrounding areas offer a peaceful, intimate setting to support healing and bonding. The new space also provides an optimal environment for pediatric faculty and students at all levels to practice, mentor, teach, observe, and learn.



Mark B. Taubman, MD

CEO, University of Rochester Medical Center
Dean, School of Medicine and Dentistry
Senior Vice President for Health Sciences

**“The best and most beautiful things in the world cannot be seen or even touched. They must be felt with the heart.”
– Helen Keller**

As you enjoy the articles and photos in this issue, my hope is that they will make you feel, as well as think and imagine.

The stories are first and foremost about passionate, exceptional people, and the many ways they contribute to the care of patients, chart new paths of research, prepare our doctors and scientists of the future, and strengthen our community.

Since the Golisano Children’s Hospital opened in July, it’s been a perfect platform for our pediatric faculty to teach and pursue their scholarly interests, and for pediatric students at all levels to flourish. I hope you will enjoy getting to know senior resident Sarah Hodges, MD, and neonatology fellow Laura Price, MD, because their stories illustrate how personally devoted they are to the well-being of the children in their care. Both are grateful for the opportunity to experience the very best in academic and clinical preparation at our school.

You will also read about the next exciting phase of GCH construction that will give the Medical Center’s top-notch pediatric

surgery team the ideal space to treat the rapidly growing number of children in upstate New York who need complex surgical care. For our surgical residents, interns and medical students, this will provide new learning opportunities in an unmatched clinical, educational, and research environment.

Additionally, you will read about faculty who have made legendary contributions to medicine, teaching, and science—Barbara Iglewski, PhD, Arthur Moss, MD, and the late Jules Cohen, MD, among them—as well as younger physicians-in-training like David Paul (MD ’16), Clifford Pierre, MD, Steve Morgan (MD ’16), and Erin Theresa Kelly, MD, who are tackling critical issues in our city such as high school graduation rates, homelessness, and youth literacy.

With sadness, we marked the passing of Jules Cohen, MD, in 2015. In my travels to meet with alumni across the country, his name always surfaces as one of our school’s greatest teachers. His name is etched in its history.

It’s a source of pride to present these stories to you, and on behalf of 435 students, 810 graduate trainees, and our faculty and administrative team, I wish you a healthy, happy 2016.

What do you think?

Write to us! Rochester Medicine welcomes letters from readers. The editor reserves the right to select letters for publication and to edit for style and space. Brief letters are encouraged.

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Mark B. Taubman, MD, left (with his daughter Jan), was formally invested in June as chief executive officer of the University of Rochester Medical Center and UR Medicine, and as senior vice president for Health Sciences at the University of Rochester. Since being named CEO, Taubman has been working in collaboration with leaders from across the Medical Center to execute a strategic plan aimed at re-invigorating the institution's core missions of patient care, research, and education.



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Street Outreach Goes Mobile



Thanks to a handful of community donors, the students and physicians on the School of Medicine and Dentistry's Street Outreach team have a new set of wheels giving them greater traction in their efforts to bring health care to the homeless. This summer the student-run, volunteer program became the proud owner of a Ford Econoline van, retrofitted with exam tables, overhead lighting, telemedicine capabilities and medical equipment, and stocked with vaccines, food, water, blankets, and more. See page 34 for more on the story.



Left to right, Intervol director Anthony Gasparre, Mourey Consulting principal Deborah Mourey, Perrotta Consulting CEO Michael Perrotta, Genesee Valley Medical Foundation grant director Nancy Adams, Mt. Olivet Baptist Church pastor Dr. Rickey Harvey, DMin, student Steve Morgan (MD '16), student Keaton Piper (MD '18), student Carla Velarde (MD '18), student Jennifer Luong (MD '18), student Rachel Park (MD '18), student Jonathan Lin (MD '18), student Allan Augillard (MD '16). Back row, Strong Memorial Hospital emergency medicine physician Erik Rueckmann, MD, MPH, Strong Memorial Hospital emergency medicine physician Flavia Nobay, MD, and Adrienne Morgan, PhD, director of the URM Center for Community Health, Education and Diversity.

Gottlieb Recounts AIDS Discovery at His UR Alma Mater



The doctor who first discovered AIDS in 1981, Michael Gottlieb, MD, paid a visit to his UR alma mater to share his story at an event in November.

Gottlieb, who earned his medical degree from UR in 1973 and completed his residency in internal medicine at Strong Hospital, is now associate clinical professor of Medicine at the David Geffen School of Medicine at UCLA.

He described for an audience of UR faculty, students, and members of the community, the first AIDS patient to come under his care at UCLA. The patient was diagnosed with a rare form of pneumonia that only infects people with very weak immune systems, such as those receiving radiation or chemotherapy. However, there was no apparent reason for this patient to have such a severely suppressed immune system.

"This was a seriously ill patient and I thought, at the time, that he might be one-of-a-kind...that I would never see another patient like this. In the next two or three months, three more patients were referred, all with classic presentations of AIDS as we know it today," he said.

When Gottlieb and his associates analyzed blood samples from these four patients, they realized a type of cell essential to the immune system was almost completely missing. This was a new and shocking finding. The team published the first description of what is now known as AIDS shortly thereafter.

Gottlieb's June 5, 1981 publication in *Morbidity and Mortality Weekly Report* is still used by the Centers for Disease Control and Prevention to mark the beginning of the AIDS epidemic. However, it is now believed that AIDS, and the human immunodeficiency virus (HIV) that causes AIDS, probably existed in North America long before Gottlieb reported his findings.

Gottlieb later treated Rock Hudson for HIV, and credits the famous 1950s and '60s actor for changing the national mindset about the epidemic. Announcement of Hudson's diagnosis brought thousands of patients who had already been diagnosed with HIV/AIDS into the public eye and spurred a new era of federal funding for research.

Now, more than 30 years later, many important advances allow HIV patients to lead full lives with minimal risk of passing the infection to others. These facts have eased the public's fear of the virus, but Gottlieb is quick

to remind people that HIV and AIDS still pose significant health threats to people in the U.S. and around the world.

Gottlieb's talk was followed by a panel discussion about HIV/AIDS research happening at URMC, research Gottlieb said "promises major new advances in HIV care."

Stephen Dewhurst, PhD, vice dean for Research and director of the UR Center for AIDS Research, and Michael Keefer, MD, director of the HIV Vaccine Trials Unit, discussed plans for a clinical trial of a new vaccine approach that uses antibodies that can attack a wide range of viral strains in hopes of preventing HIV infection in high-risk populations.

Harris Gelbard, MD, PhD, director of the Center for Neural Development, discussed the neurodegenerative aspects of HIV, which have become a pressing issue for patients living longer with the infection. His work focuses on a "chemical vaccine" to rid the brain of HIV-induced inflammation. This, he contends, will prevent neurodegeneration and allow the brain to function normally.

Amneris Luque, MD, director of the AIDS Center at URMC, also discussed her research on the negative effects of HIV on cardiovascular health.

\$3 Million Funds Research Into New HIV Vaccine Strategies



UR Infectious Disease researchers are using \$3.1 million from the National Institutes of Health to find new ways to develop a vaccine to prevent HIV, the virus that causes AIDS.

Since the first HIV vaccine trial was conducted at the University of Rochester Medical Center in 1988, progress has been made, but the ultimate goal of creating a safe, effective and durable HIV vaccine remains elusive.

James J. Kobie, PhD, assistant professor of Medicine (Infectious Diseases), is testing an HIV vaccine approach that hasn't been tried before by focusing on B cells, which help the body eliminate foreign molecules. B cells produce antibodies—proteins that latch onto intruders, inhibit their ability to function, and mark them for destruction.

Typically, B cells rely on T cells to help them make antibodies. Kobie thinks that prodding B cells to produce antibodies without T cell help will encourage the body to reject the virus while avoiding the creation of excessive T cells that the virus thrives on. The NIH has committed \$2.7 million toward this research, to be led by Kobie, in partnership with Oregon Health and Science University.

"One original and innovative aspect of James' study is his focus on a specific type of B cell, so-called IgM memory cells, which have been little studied to date, but may play a key role in facilitating immune protection at the tissue sites where HIV is commonly transmitted," said Stephen Dewhurst, PhD, vice dean for Research at the School of Medicine and Dentistry and chair of the Department of Microbiology and Immunology. His lab also studies HIV vaccines.

Kobie's second NIH grant, for \$400,000, will build off of research already under way at the University of Rochester's HIV Vaccine Trials Network site, also known as the Rochester Victory Alliance. Under the leadership of Michael C. Keefer, MD, professor of Medicine (Infectious Diseases), the Victory Alliance conducts clinical trials of preventive HIV vaccines, enrolling healthy individuals from in and around Rochester.

Keefer's team is conducting a trial of an experimental HIV vaccine and will measure antibodies against HIV in blood samples obtained from participants. Kobie will take this work a step further, testing HIV-specific antibodies in tissue from the mouth and rectum, where the virus typically enters the body. With the help of Alexander Rosenberg, PhD, director of Bioinformatics in the Department of Medicine, Kobie's lab will analyze these samples to determine how various vaccines stimulate production of protective antibodies at these entry points.

"This research will help us understand, in greater detail than ever before, why some HIV vaccines are partially effective while others are not, and will allow us to identify strategies to include in the development of future HIV vaccines," said Keefer, who has more than 20 years of experience in the preventive HIV vaccine field.

Kobie credits the University of Rochester Center for AIDS Research and the Rochester Victory Alliance for these awards: both programs provided seed funding that allowed Kobie to test his ideas and gather the data needed to secure grants in today's competitive funding environment.



Rubery Named Chair of Orthopaedics

After an extensive national search, Paul T. Rubery, MD, chief of the Division of Spinal Surgery, has been named chair of the Department of Orthopaedics at the University of Rochester Medical Center. Rubery served as acting chair since September 2014, following the departure of Regis J. O'Keefe, MD, PhD, who was named chief of Orthopaedic Surgery at Washington University School of Medicine in St. Louis.

A member of URMCC's faculty since 1994, Rubery has led the division of spinal surgery since 1999, and has directed the Spine Center since 2000. He was named associate chair for Clinical Affairs in 2007.

Rubery—who specializes in scoliosis and spinal deformity in children and adults—will maintain his clinical, research and teaching responsibilities in addition to his duties as chair. His research focuses on applications of gene therapy in orthopaedics.

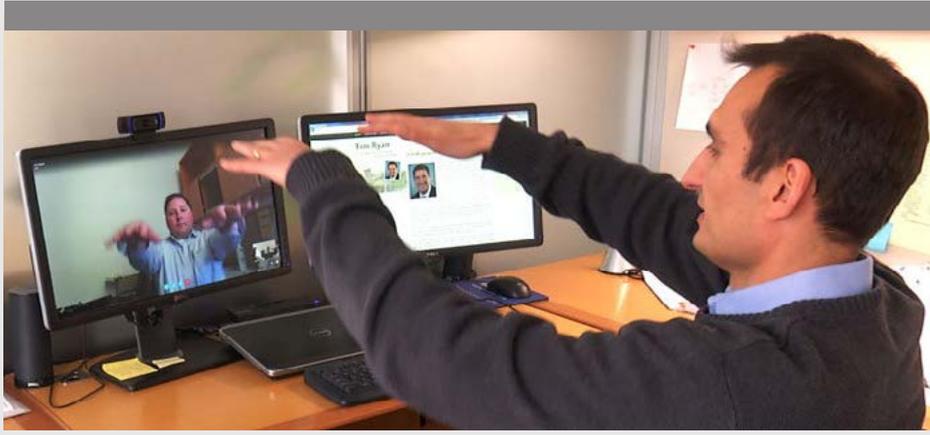
As acting chair, he led the recruitment of

surgeons specializing in trauma, total joint replacement, and hands, as well as a sports medicine specialist. In addition to expanding its services to the community, the department continues to excel at preparing the next generation of orthopaedic specialists. Groundbreaking research is at the heart of its national reputation, and it annually ranks among the top institutions for NIH funding.

"Paul will continue the department's tradition of excellence," said Mark Taubman, MD, CEO of URMCC and dean of the School of Medicine and Dentistry. "Under his direction, Orthopaedics will continue to flourish in patient care, physician and scientist education, and research."

A graduate of Cornell University Medical College with Alpha Omega Alpha honors, Rubery completed his Orthopaedic Surgery residency at the Hospital for Special Surgery in New York, and did his fellowship in Spine Surgery at URMCC.

Virtual Research Studies Deemed Feasible



A pilot study in Parkinson's disease suggests a new era of clinical research that removes the barrier of distance for both scientists and volunteers. It may help researchers leverage the rapid growth in personal genetic testing to better diagnose, and potentially treat, a wide range of diseases.

The findings, published in the *Journal of Digital Health*, demonstrate that remote recruitment and conduct of research visits is feasible and well-received," said lead author Ray Dorsey, MD, MBA, the David M. Levy professor of Neurology. "Direct-to-consumer genetic testing, when paired with telemedicine, has the potential to involve more people in clinical research and accelerate the process of identifying the genetic causes and variations in chronic diseases such as Parkinson's."

It's a "game changer," according to study co-author Emily Drabant Conley, PhD, a

research scientist and director of business development with 23andMe, a personal genomics and biotechnology company based in California. "It opens up exciting frontiers in research and may allow us to do things at a scale and speed previously not possible."

Parkinson's is a complex multi-system disease with a wide range of patient experiences, both in terms of the severity and progression of symptoms, and an individual patient's responsiveness to treatments. While researchers have been able to identify many of the different phenotypes of the disease, this variation makes diagnosis and treatment a challenge.

The ideal solution would be to identify the genetic signature of the various phenotypes and understand more precisely how these different forms of the disease are manifested in terms of symptoms, and what treatments, or combination of treatments,

provide the most effective relief. This has proven difficult, given the previous high cost of genetic testing and the logistics of recruiting from a geographically diverse pool of volunteers in order to create a sample large enough to support scientifically meaningful conclusions.

Three innovations now make this task possible: direct-to-consumer genetic testing, the recent rapid decline in the cost of genetic sequencing, and telemedicine.

University of Rochester and Johns Hopkins University researchers partnered with 23andMe, to conduct the pilot study to determine if individuals with known genetic risk factors for Parkinson's could be diagnosed for the condition via telemedicine. The researchers also tested the feasibility of conducting clinical research remotely.

Working with 23andMe and the Michael J. Fox Foundation for Parkinson's Research, 50 individuals in 23 states were recruited to complete a survey and undergo a remote assessment consisting of cognitive and motor tests via secure video conferencing developed by Vidyo. The study found that physicians at a single site were able to successfully and rapidly diagnose and categorize patients located across the country. The findings could pave the way for new and more cost-effective methods of recruitment for clinical trials and make participation more convenient and inviting for volunteers.



Rotondo Leads Prestigious Surgical Society

Michael F. Rotondo, MD, FACS, vice dean for Clinical Affairs and CEO of the UR Medical Faculty Group (URMFG), was voted president of The Halsted Society, a leading U.S. surgical association. Named for William Stewart Halsted—who helped establish a new philosophy and scientific approach for surgery at the turn of the 20th century—the Society has nearly 400 members who review and discuss surgical research, and guide the continued development of the academic medical surgical field.

A trauma surgeon who earned his medical degree at Georgetown University School of Medicine, Rotondo completed general surgical training at Thomas Jefferson University Hospital and completed a Traumatology and Surgical Critical Care fellowship at the University of Pennsylvania.

He was vice chief of Traumatology and Surgical Critical Care, and director of the Level One Trauma Center at the University of Pennsylvania Medical Center, and held various leadership posts while maintaining a clinical practice at The Brody School of Medicine at East Carolina University.

In his current role, Rotondo is leading URMFG through an intensive restructuring aimed at making it more integrated, efficient, and patient-centric. Additionally, he is trauma medical director for the American College of Surgeons, and chairs the communications and publications committee for the American Association of Surgery of Trauma.

Extreme Preemies Have a Better Chance of Survival Today

Extremely premature babies considered to be on the cusp of viability are much more likely to survive and evade illness today than they were 20 years ago, according to a study published in *JAMA*. This increase in positive outcomes is likely due to improvements in medical treatments for these babies and their mothers, said the study's principal investigator Carl D'Angio, MD, and professor of Pediatrics and Medical Humanities and Bioethics at the University of Rochester School of Medicine and Dentistry.

This study of nearly 1,100 infants found increases in survival rates of infants born 23 or 24 weeks into a pregnancy. While babies born at this early stage still have many health problems, babies born between 25 and 28 weeks experienced a decrease in several illnesses that typically occur in extremely premature infants.

The continuing improvement in survival among the least mature infants may be due in part to the significant increase in the use of corticosteroids to speed up lung development in the fetuses of mothers at risk of pre-term delivery. In 1993, less than a quarter of mothers who delivered extremely premature infants received steroids. In 2012, the number jumped to 87 percent.

Mothers at risk of delivering at 22 to 24 weeks of pregnancy were also much more likely to have a cesarean delivery and to be treated with antibiotics during pregnancy in recent years than they were at the beginning of the study. Cesarean deliveries may minimize the trauma of birth, which may boost a baby's chance of



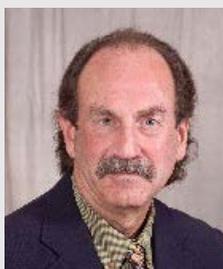
survival. Prenatal antibiotics are meant to prevent transmission of infections between mom and baby; however, there were no changes in rates of infection over the course of the study.

The decline of health problems in slightly more mature preemies may also be attributed to improved medical care after birth. Enhanced hygiene practices and reduced invasive treatments may contribute to the drop in late-onset sepsis. The study also found a shift toward less-aggressive ventilation, and fewer infants receiving corticosteroid treatments.

Neurodevelopmental abnormalities are still common among the smallest infants, but rates are improving among larger—but still very small—infants. Investigators will monitor the effect of these improvements on the long-term outcomes for children in this study.

"We have come a long way, but still have a journey ahead of us," D'Angio said. The numbers are improving, but infants born before 27 weeks of pregnancy who survive without major illness are still the minority."

URMC Supporting Global Health with Technology, Big Data



Eric Caine, MD

Two University of Rochester Medical Center projects aim to improve maternal and mental health in low- and middle-income countries by harnessing information technology and social media.

The first, led by Eric Caine, MD, chair of Psychiatry, will train researchers from Vietnam, Cambodia, Laos, Myanmar, the Philippines, and Mongolia to use mobile technology and social media to discern when populations are under mental stress.

The second, led by Timothy Dye, PhD, professor of Obstetrics and Gynecology and director of Biomedical Informatics at the Clinical and Translational Science Institute, and Deborah Ossip, PhD, professor of Public Health Sciences and Oncology, will train teams from Costa Rica, the Dominican Republic, Bolivia, and Honduras to use information and communication technologies to address in-country maternal health problems.

Each is supported by three-year \$300,000 grants from the Global Health Research and Research Training eCapacity Initiative from the NIH's Fogarty International Center. The grants were limited to physicians and scientists who had previously received grants from the Fogarty International Center, and URMC is one of only two institutions in the country to receive multiple grants.



Timothy Dye, PhD



Deborah Ossip, PhD

"As we move into the era of big data, we are very well positioned to be a leader in biomedical informatics and data science," said Stephen Dewhurst, PhD, vice dean for Research. "These two projects really build on the research strengths we already have in place."

Both projects leverage partnerships that researchers previously made in Asia and Latin America. Caine's project builds on the Asia-Pacific International Research and Education Network, while Dye and Ossip's project closely involves former trainees from Costa Rica and the Dominican Republic.

Wilmot Cancer Institute Joins OmniSeq Genomic Network



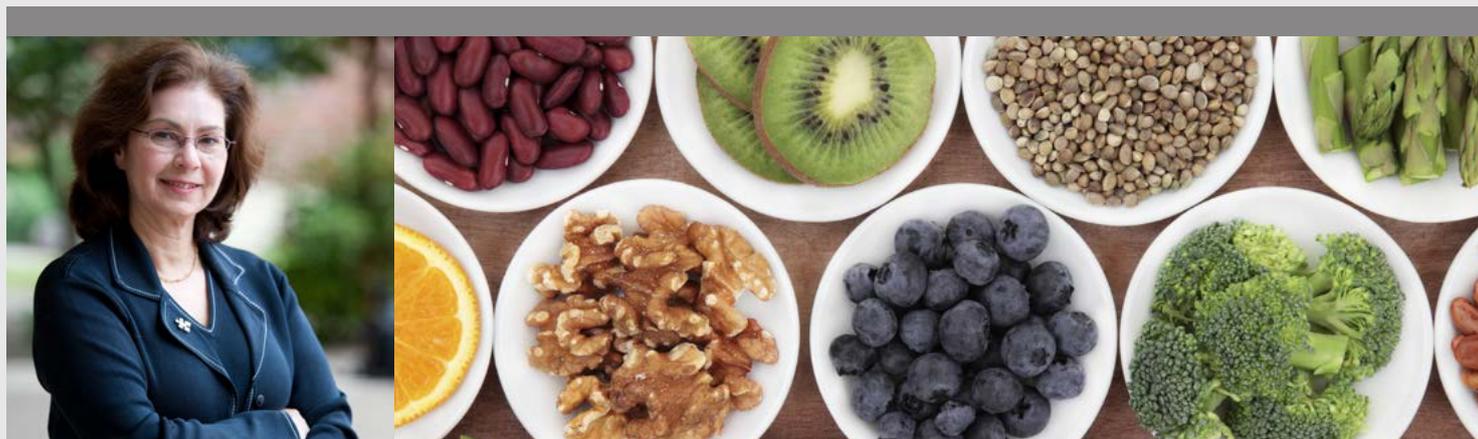
UR Medicine's Wilmot Cancer Institute is joining the OmniSeq Genomic Network, an organization of institutions being formed to help define the future of advanced genomic diagnostics for cancer. Through this network, Wilmot and Roswell Park Cancer Institute in Buffalo will collaborate and expand genomic testing for cancer across the Finger Lakes and western New York region. The network, which will create a database of genomic profiles of tumors, will also provide opportunities for research.

Using genomic diagnostics, physicians can examine the genetic makeup of cancer cells and identify mutations or other unique characteristics that can be matched with therapies known to be

effective in treating such tumors. This ability to sequence a tumor's genome will allow physicians to more accurately distinguish types of cancers and potentially identify new subtypes of cancer based on their genetic profiles. This means that cancers can be treated more effectively and with less toxicity to patients.

"Wilmot and Roswell Park have a history of collaborating on cancer research, and through this network, we now will work together with other institutions to improve cancer care and pioneer this precision medicine technology for patients in our region," said Jonathan W. Friedberg, MD, MMSc, director of Wilmot Cancer Institute and the Samuel E. Durand Chair in Medicine. "Genomics is fundamentally changing our understanding of cancer, and this collaborative network will not only allow us to make advances in the clinic but also to gain new insights into the biology of cancer."

Members of the OmniSeq Genomic Network will use OmniSeq Target, a diagnostic test developed by the Roswell Park Center for Personalized Medicine, to analyze cancer-associated genes found in a patient's tumor. Through the network, they will be able to develop a database of tumors' genomic profiles, which therapies were used, and the outcomes of treatment, in some cases. With this information, network members will help advance genomics in cancer care. In addition, researchers will be able to analyze the data to learn more about cancer genomes and the influence of gene mutations.



GFCF Diets Found to be Ineffective for Children with Autism

Gluten-free, casein-free diets have become popular complementary treatments for children with autism spectrum disorder, but a rigorous study by UR researchers found that eliminating these foods had no effect on a child's behavior, sleep, or bowel patterns.

Results of the study—the most tightly-controlled research on dietary intervention and autism to date—were published in the *Journal of Autism and Developmental Disorders*.

The study followed a group of children between the ages of 2 1/2 and 5 1/2 on a strict gluten-free, casein-free (GFCF) diet over the course of 30 weeks. The foods were then reintroduced as double-blind placebo-controlled challenges, while the children's attention, activity, sleep patterns, and bowel movements were meticulously recorded. No significant changes were found when the children were given snack foods with gluten, casein, a combination of both, or a placebo.

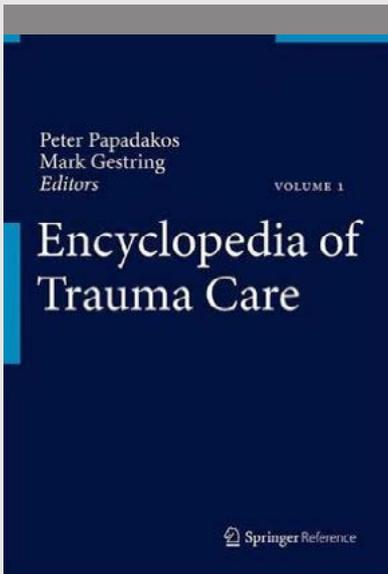
Researchers also ensured that the children were receiving the same level of other behavioral interventions and other treatments, so that any observed changes could be safely attributed to diet. Such controls were not in place in previous diet studies.

"These diets have been very popular for many years as potential treatments for Autism Spectrum Disorder, but we have found no evidence that they are effective," said Susan Hyman, MD, chief of Neurodevelopmental and Behavioral Pediatrics and the study's lead author. "We also have concerns that families who try these diets may do so without the support of a dietitian. A GFCF diet can meet a child's nutritional needs, but families may benefit from professional advice regarding provision of adequate calcium and vitamin D, for example."

Hyman and her colleagues, including Tristram Smith, PhD, professor of Neurodevelopmental and Behavioral Pediatrics, initiated the study to provide evidence for families who wanted to know more about the potential effect of dietary intervention.

The researchers noted this study was not designed to look at more restrictive diets, and believe that further study on nutrition and autism is vital.

Professors Papadakos and Gestring 'Write the Book' on Trauma Care



Two of URMCM's leading experts on trauma care can now say they wrote the book on it too.

Peter Papadakos, MD, professor of Anesthesiology and Surgery, Neurosurgery and Neurology, and Mark Gestring, MD, associate professor of Surgery, Emergency Medicine, and Pediatrics, are co-editors of the *Encyclopedia of Trauma Care*, released by Springer Publishing this fall. The two-volume, 1,801-page manual includes contributions from 48

URMCM physicians and doctors around the world. The forward is written by vice dean for Clinical Affairs Michael Rotondo, MD, a critical care surgeon and CEO of the UR Medical Faculty Group.

In encyclopedic format, readers can rapidly thumb through practical, up-to-date information on major topics in trauma management. In addition to providing information on a range of organ-specific injuries, the manual's topics include critical care of the trauma patient, trauma system organization, mass injury

scenarios, the impact of new technologies, complications in trauma care, and ethical issues.

"It culls the knowledge and experience of doctors who have spent decades treating patients and mastering their fields of study, and puts it at the fingertips of clinicians and trainees in a very useful and organized way," said Papadakos. "It's organized in an organ-based manner for ease of use when a practitioner is confronted with a particular injury."

Papadakos said the encyclopedia—which took five years to complete—is a key resource for practicing surgeons, intensive care doctors, emergency medicine physicians and critical care team members and trainees across any discipline.

Gestring, who directs the Kessler Trauma Center within Strong, credits the level of collaboration among experts across many departments—in addition to many contributors from the Trauma Center team—for the book's successful completion. The Kessler Trauma Center is one of only four of New York's 40 trauma centers to be verified as a Level One trauma center by the American College of Surgeons.

"We have proven our ability to handle difficult cases, and this encyclopedia captures and relates much of that experience and expertise," said Gestring. "We have a fantastic team, a fantastic facility, and the ability to provide optimal care to our patients, round-the-clock. We have a tremendous commitment to providing the best possible care to the sickest patients."

Alumni Awards Call for Nominations

The University of Rochester School of Medicine and Dentistry Alumni Council recognizes the achievements of School of Medicine and Dentistry alumni through the alumni awards program. All are encouraged to nominate alumni for these prestigious awards.

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

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

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

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The **Alumni Achievement Award** recognizes an outstanding alumnus who has excelled in teaching, community service, research, clinical and/or health policy in furtherance of the ideals of the University of Rochester School of Medicine and Dentistry. Alumni who completed their training at SMD within the last 25 years are eligible for this award.

For a complete description of award criteria and nomination instructions, please visit:

www.urmc.rochester.edu/smd/alumni/alumniawards

Alumni are defined as M.D., Ph.D. and masters degree recipients who graduated from the School of Medicine and Dentistry. Physicians who completed their residency training at the University of Rochester Medical Center are also considered alumni.



2014 School of Medicine and Dentistry Award Recipients



Senior pediatric resident Sarah Hodges, MD

A blurred photograph of a hospital room. In the foreground, a person's arm in a white lab coat is visible on the left. The background shows a bed with white linens and a red pillow, and a wooden door with a sign on the right. The overall lighting is warm and the image is out of focus.

Embracing a New Stage:

New Golisano Children's Hospital Provides
Ideal Platform for Teaching and Learning

Just a few days after the new Golisano Children's Hospital's Neonatal Intensive Care Unit opened in July, a new mother and father endured the most painful goodbye of their lives.

"Despite everyone's best efforts, we had a baby who passed," says professor of Pediatrics (Neonatology) Patricia Chess, MD, who directs the Neonatal-Perinatal Medicine fellowship program. "It was very sad, but it was also beautiful, because everything happened right there in that room. Our team of physicians and nurses and subspecialists communicated with the parents every step of the way. The family was there the whole time and never needed to leave their baby's side. We had the opportunity to give the family a crucial amount of privacy and support in those final moments with their child, and it was very peaceful."

Although the success stories of infants in the NICU are far more frequent, this experience perfectly illustrates the intimate, family-centered atmosphere the unit has fostered, she says.

"Everything we do here—whether it's providing the very best patient care, teaching, learning, or conducting research—depends on us working as a team with families," says Chess, who completed her residency and fellowship at UR. "The new setting reinforces those close, personal relationships, and what we accomplish as a result is amazing."

This marks the third NICU Chess has worked in during her 28-year career in the Medical Center, the most recent being the former 60-bed unit on 3-3400, which was divided into pods, each containing six babies.

"Our previous units were wonderful in terms of care, but they evolved based on need, without a lot of foresight," says Chess. "Space was very limited, so if a baby was not doing well, the only way to give the family some seclusion was to pull curtains around the isolette so the parents could squeeze inside them. We've come such a long way in creating a more nurturing, healing space that embraces the personal needs of the families and supports them as partners."

In terms of patient volume, the new 68-

bed Gosnell Family NICU is the largest unit in the Medical Center, often functioning at peak capacity, and caring for more than 1,200 babies annually from across upstate New York needing highly specialized care.

Although preemies born as early as 23 weeks remain on the unit the longest, about half of the patients at any time are full-term babies being treated for congenital anomalies, infection, pneumonia, or recovering from respiratory distress during delivery.

The large, airy, private rooms are comfortably designed and furnished so parents can stay with their babies and create a "home away from home" with knick-knacks, photos, blankets, and stuffed animals.

"These are all of the things that you could never do in a six-pod nursery," says Chess. "From the check-in area, to the family meeting and relaxation rooms, to the beautiful colors, everything says 'welcome.' Many of our babies are here for months, and for some this is the only nursery they may ever know. From day one, this gives the families such a different experience than we could ever give them before."

An Incubator for Learning

But it's not only families who are benefitting from the transformed NICU.

"From a learning and teaching perspective, you could not ask for a better platform," says Chess, who currently oversees eight neonatology fellows, three of whom are 'first-years' selected from a pool of 47. "This year we hit an all-time high in applicants. We're getting more complex referrals from Buffalo and Syracuse and Pennsylvania, and that in turn makes for a stronger training program because people recognize they're going to see a greater breadth and depth of clinical issues."

Limiting the number of fellows to eight ensures that each receives ample personal attention, she says.

"There's a fine line between having enough fellows so that each pediatrician isn't overburdened with clinical responsibilities, and not having so many that you can't help them with career growth, especially mentoring those interested in research," she says. "We strive for that balance."



Senior pediatric resident Sarah Hodges, MD, rounds on the seventh floor of GCH with other residents, interns, and students. About half of all UR pediatric residents go into primary care, many right here in Rochester, and half pursue fellowships.

“From a learning and teaching perspective, you could not ask for a better platform.”



“Being able to discuss complicated care with an attending and have a quiet place at the bedside without distractions, allows you to listen and learn in an easier, more focused way,” says neonatology fellow Laura Price, MD, center, with her preceptor Patricia Chess, MD, professor of Pediatrics (Neonatology). In the NICU, there are 15 full-time neonatologists and eight PhD faculty.

The present NICU is divided into three teams—blue, gold, and green—each overseen by an attending neonatologist. The blue team is run by fellows, who round and function under the guidance of the attending.

“Early on in a fellow’s career, the attending is ever-present, giving a lot of feedback, but then as they get more experienced and wiser in their decision-making, the attending gives them more independence, yet is always aware and ultimately responsible,” says Chess.

Toward the end of their three years, each fellow does a pre-attending rotation where they act as the attending, running rounds independently with a junior fellow, and seeking the attending only for questions.

“While we’re always in the background, and always checking on the babies, the pre-attending rotation gives the fellows a real sense of responsibility and confidence before starting their first position,” says Chess, adding that over half of the faculty on the unit (including NICU medical director and Neonatology associate professor Timothy Stevens, MD, MPH), completed their fellowships at the UR.

“We trust who we train,” she says. “Our fellows never

have trouble finding a position because they’re well-trained academically and clinically, and many move on to academic and research positions. It’s a great source of pride to be able to say that.”

Chess says that the high level of clinical research being conducted in the NICU is of particular interest to scientifically-oriented fellows and residents, as well as medical students who often gain hands-on experience writing grant applications during their clinical rotations.

As one of 20 Neonatal Research Centers in the country, the unit is funded by the National Institute of Child Health and Development to take part in clinical research trials of medications and treatments to optimize patient care in NICUs. Every clinical trial first must be deemed safe and appropriate by all attending neonatologists, and before a family is approached about participating, their specific attending must agree it is appropriate for that particular child, says Chess.

“Our first focus is making sure every single baby gets the best possible care today,” says Chess. “But we also want to make sure the care we give tomorrow is even better, and that can’t happen without research.”

“Being able to discuss complicated care with an attending and have a quiet place at the bedside without distractions, allows you to listen and learn in an easier, more focused way.”

Because of this, NICU families at GCH have access to interventions unavailable elsewhere. For example, premature babies in respiratory distress had access to life-saving synthetic surfactants in Rochester long before their FDA approval, due to the pioneering clinical trials conducted here.

“A Pure Addiction”

Recently, one of the many longtime NICU nurses showed first-year neonatology fellow Laura Price, MD, a photo of a grinning 5-year-old girl.

“She was a baby who, when I was working as a hospitalist, we had resuscitated in the delivery room,” says Price. “She was teeny, weighing just over a pound, very high-risk, and we really didn’t know if she would make it. But now, here she is out running around in the world, and you can say you were there at the beginning. That’s what it’s all about for me.”

At age 40, Price is beginning her own new chapter as a neonatology fellow after completing both her general pediatric and chief residencies at UR, and working several years as a private pediatrician and a URM hospitalist in the newborn nursery, birth center and NICU. She’s now on a three-year journey to become a board-certified neonatologist who will share clinical research and educational roles.

“I am loving fellowship,” says Price, who fittingly possesses a youthful energy and enthusiasm for her work. “To care for patients at such a high volume with great preceptors, and also have a lot of time for just learning and teaching is such a luxury. Having worked as a pediatrician—and now to learn the research and understand the ‘why’ behind everything—is so gratifying. It’s such a wonderful mix of clinical exposure to very complex, high acuity patients, all backed by huge academic resources, great teachers, and research inventories. And it’s all right here.”

Price sees NICU patients six days-a-week for two weeks in a row, then rotates to nights for five days. Eighty-hour weeks are common. Research work and conferences, plus rotations at a community hospital, a pediatric developmental unit, and NICU follow-up clinic mean her home

remodeling projects have been put on hold for awhile.

“I really think of this as my home,” says Price, while stopping to check on, and snuggle with one of the babies in her care who will soon be going home.

“Just look at her sweet face...How could there be a better place than this to be?”

Besides stealing occasional “mommy moments,” she says one of the best parts of her work is providing cooperative care.

“The daily clinical decisions you need to make in the NICU are infinitesimal, but the decisions are based on expertise from all of the practice groups,” she says. “Teamwork happens really well here. There is this little human being that parents entrusted you with, and we are all focused on the same goal. One of the biggest differences we are making is with very sick full-term and near-term babies who not long ago would have had shortened lives. Being able to intervene in those first few seconds, and weeks, and change their whole life trajectory, is a great feeling. The care of an infant is such a pure addiction.”

Price, whose current research interest is in the neurodevelopmental effects of maternal diabetes, says that the new NICU offers the perfect setting to learn from Chess and other preceptors, as well as from care providers across the unit.

“When we round, we round with the baby and the parents, med students, interns, residents, fellows and attendings, nurse practitioners...” she says. “In a room with the family, we have full privacy and can have full conversations without having to taper anything based on the worry of others hearing. You can have true family-centered rounds. It’s a more relaxed place to be a parent, and a more relaxed place to be a learner.”

Setting the Bar



Nina Schor, MD



William Varade, MD

Nina Schor, MD, PhD, the William H. Ellinger chair of Pediatrics, says the new GCH sets the bar for how a children's hospital can integrate and elevate its patient care, education and research missions.

"For medical students, residents and fellows, this shows them what the 'state-of-the-art' is," says Schor. "It was wonderful to see the wide-eyed expressions on the faces of the first groups of residents and medical students learning their way around the new building. With the on-call rooms, conference rooms, break rooms, separate elevators for trainees, and tons of administrative space—in addition to improved space for rounding and bedside learning—it's truly organized for the way we teach today."

Associate professor of Pediatric Nephrology William Varade, MD, who directs the pediatric residency program, says last year's graduating class of third-year residents were "more than a little jealous" they didn't have an opportunity to work in the new building.

"But we made sure they got tours, because they had input in its design and it's something they were very proud of," he says. "Many of them are working across the country now and there's no doubt they'll be talking about what's going on here."

Varade says the way the new hospital was constructed with the involvement of people across departments and disciplines speaks to the foresight of the University.

"One of my applicants asked me once, 'Why are you still here?'" says Varade, whose career with URMC has spanned 25 years. "I tell them it's the institution and the way they do things. It's not all top down. For this project, they involved people in the trenches, including residents, and that makes sense because they are the ones who can identify the obstacles and know what's going to work best."

For pediatric residents, the new GCH also offers another advantage that separately-located children's hospitals don't, Varade says.

"Even though the hospital is freestanding and devoted exclusively to children, it is still connected to the larger Medical Center and River Campus so that students can readily partake of conferences, or consult with other physicians and professors, without going across town, which is especially important to those interested in research. Students are part of a big, prestigious educational community, even though they now have their own 'world' here for pediatrics."



“With the on-call rooms, conference rooms, break rooms, separate elevators for trainees, and tons of administrative space... it’s truly organized for the way we teach today.”



Senior pediatric resident Sarah Hodges, MD, examines Jaired Burnett, 2.

Morning Rounds

It's 7:30 a.m. and senior pediatric resident Sarah Hodges, MD, is well into a busy morning, leading a flock of medical students, interns, and second-year residents through patient rounds on the 7th floor of the new Golisano Children's Hospital—this particular morning under the guidance of pediatric hospitalist and assistant professor of Pediatrics Sherry Philip, MD.

Having been briefed earlier by the floor's night team of residents and nurses, Hodges briskly shepherds the bright-eyed, coffee-clutching group through the wide hallways of the sunny, mint-green unit to talk with parents about their child's care plans.

Before meeting with families, pediatric residents and their attending physicians are able to privately discuss a patient's status and treatment options in spacious "offstage" areas, providing greater freedom to exchange information and ideas. Today in hushed tones, the group of young doctors discuss whether a 14 day-old, post-surgical baby who vomited the night before may be developing a small ileus, or whether an eight-year-old boy recovering from knee repair surgery might be ready for discharge soon.

The oversight and care of patients like these is made easier by large windows gracing both sides of every private room, an abundance of nearby computers for easy eRecord navigation, and the availability of sophisticated smart phone applications to interface quickly with attendings, nurses, and other care providers. Additionally, all rooms are outfitted with advanced monitoring and telemetry technology, diagnostic equipment like otoscopes and ophthalmoscopes, and every room has its own sink for hand-washing. As well, the spacious rooms are optimal settings for bedside student teaching and parent education.

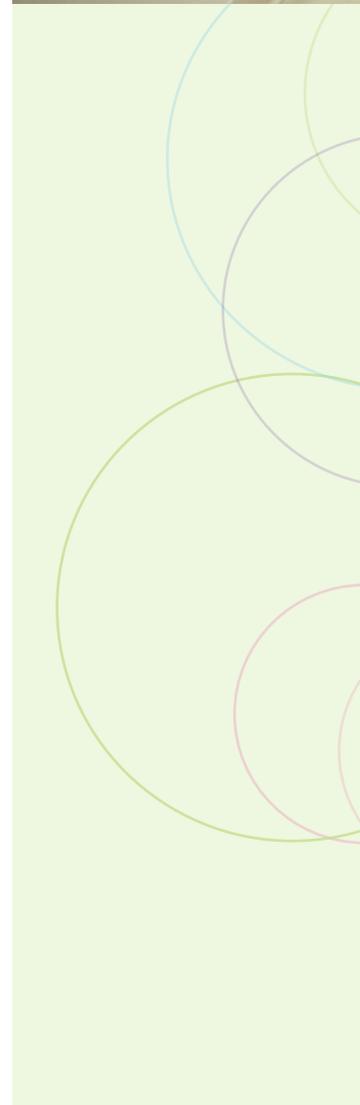
But for pediatricians-in-training like Hodges, who will be a chief pediatric resident next year, the new children's hospital provides a learning experience that transcends the facility's breathtaking architecture, technology, and efficiency.

"What this setting does is support interaction and team-based care among patients, families, care providers across disciplines, and pediatric

students at all stages of learning," says Hodges, who earned her medical degree at SUNY Upstate and completed her first two years of residency in the former children's hospital. "The more relaxed, child-centered atmosphere helps us more readily build those trusting connections with patients and families which are so crucial to identifying and treating a child's issues and helping that child recover faster. It's a wonderful starting place to learn what family-centered care is all about. And we'll take this philosophy with us wherever we go from here."

Hodges, who lives in Mendon with her husband and infant daughter Katelyn, was nudged along her career path by none other than clinical professor of Pediatrics Lawrence Nazarian, MD, a board-certified URM pediatrician for more than 35 years.

"He was my pediatrician growing up," says Hodges. "I always loved kids and interacting with people and it was in the back of my mind when I was in high school. But he played a large role in my decision. He encouraged me all along the way, and now is one of my preceptors. It makes an unbelievable difference having someone like that in your corner. I think about how much his role modeling and support means to me, and want to do the same when I instruct and work with younger students. The environment here inspires you to do that. Together, we all become stronger and it just benefits patients all that much more."





“What this setting does is support interaction and team-based care among patients, families, care providers across disciplines, and pediatric students at all stages of learning.”



Walter Pegoli, MD, chief of Pediatric Surgery, Golisano Children's Hospital



The Next

Milestone:

Pediatric Operating Suite and PICU Will Complete Vision of a Standalone Children's Hospital

When pediatric surgeon Walter Pegoli, MD, left Johns Hopkins University for the University of Rochester Medical Center in 1997, he saw a region rife with opportunities.

"I knew it could take years to happen, but I saw incredible potential," says Pegoli, now chief of Pediatric Surgery at Golisano Children's Hospital. "We had the ability to develop a children's hospital in Western New York that was second to none. What we're seeing today is absolutely mind-blowing. But we're not yet finished."

The Little Idea That Could

While assessing the Rochester region's potential to support a standalone children's hospital 20 years ago, Pegoli considered his own caseload. As a young surgeon in Baltimore in the mid-1990s, he operated on dozens of children whose parents brought them to Maryland from cities like Rochester and from across upstate New York for life-saving surgical care.

"Pediatrics in general was very strong here, but pediatric surgery was almost non-existent," says Pegoli, professor of Surgery and Pediatrics. "Patients who needed complex newborn surgery, cancer surgery, gastrointestinal surgery, or non-cardiac thoracic surgery were referred to specialists in larger cities....Boy, has that ever changed."

Upon coming to Rochester, Pegoli sought to plant seeds of ideas and build collaborations with physicians and administrators across the Medical Center who also believed in Rochester's potential to be a center of excellence in the care of children.

Conversations gained momentum from hallways to cafeteria lunch tables to board rooms. A picture of the future began to materialize: a single location where people who only focused on children's health care would collaborate easily as a high-functioning, cohesive team.

Buoyed by an outpouring of philanthropic and community support, "the little idea that could" became reality this summer when the \$145 million freestanding Golisano Children's Hospital opened. Complete with 52 private patient rooms, a brand new Neonatal Intensive Care Unit, spacious meeting places and visiting areas, the hospital is a work of art in itself.

Completion of the eight-story, 245,000 square-foot building—meticulously engineered and colorfully appointed to promote the most nurturing, healing environment for children—has catapulted the Medical Center to the forefront of pediatric care. Yet, longtime URMCM leaders, staff, and faculty like Pegoli—who were involved in its embryonic planning stages—can't wait to reach the next milestone.

"The dream will have truly come to fruition when the second phase is complete," says Pegoli. "When we are able to enfold pediatric surgery and pediatric intensive care under the same roof, and co-locate all pediatric talent in one physical plant, we will give patients and families the utmost in seamless care completely separated from adult services. It's something we've envisioned for a long time, and it will be the pinnacle for pediatric surgery."

A Truly Standalone Hospital

Each year, 74,000 children from the 17-county Finger Lakes region and beyond come to GCH seeking complex care they can only receive here. Of these, more than 21,000 undergo surgery, a volume that increases between two and five percent annually.

The last phase of the construction will not only position the hospital to meet these demands, but will give pediatric surgeons the space and resources to advance their field. The pediatric surgical suite will be composed of six adjoining operating rooms, including a dedicated cardiac OR.

"Having ORs right next to each other that are solely devoted to pediatric surgery, with a cardiac catheterization lab nearby, and the PICU just two floors up, will make it so much easier to accomplish what we need to for children and families," says George Alfieri, MD, director of Pediatric Cardiac Surgery and professor of Surgery and Pediatrics. "We're very grateful for the philanthropic support for the project that will allow us to grow in our work. It's just invaluable."

Expected to open in 2017, the surgical suite will be located on the fourth floor, strategically sandwiched between the neonatal intensive care unit just below, and a new pediatric intensive care unit on the sixth floor. The PICU will be expanded from 12 intensive care beds to 18, and include 10 general pediatric beds. Proximity to pediatric radiology in the basement of GCH will also be a plus for surgical teams.



George Alfieris, MD, director of Pediatric Cardiac Surgery

“We’re very grateful for the philanthropic support for the project that will allow us to grow in our work. It’s just invaluable.”

In addition to the dedicated cardiac OR, the hospital plans to develop a pediatric heart transplant program, capitalizing on the skills of Alfieris, an internationally recognized pediatric cardiothoracic surgeon.

Congenital heart defects are found in eight out of every 1,000 newborns, and Alfieris works closely with pediatric cardiologists in Rochester, Buffalo, and Syracuse to meet the needs of these children. Of the 3,500 practicing thoracic surgeons nationwide who are certified by the American Board of Thoracic Surgery, Alfieris is one of only 123 to hold subspecialty certification in congenital heart surgery.

“The University of Rochester has done a masterful job of developing a beautifully designed, full-service children’s hospital,” says James Sanders, MD, director of Pediatric Surgical Services at

Golisano Children’s Hospital, and professor of Orthopaedics and Pediatrics. “This is going to be the light of upstate New York, and when the surgical suite is complete we will truly have a stand-alone children’s hospital that fully supports the expertise of our faculty and provides the highest continuity of care to children and families.”

As an orthopaedic physician, Sanders works with thousands of children who have spinal deformities and other bone and joint issues. Families travel to receive his team’s care from across the state, as well as from neighboring Ohio and Pennsylvania. The pediatric operating suite will be a more welcoming space for families like these, with an exclusive focus on the unique surgical and recovery needs of children.

"It will support our efforts to provide team-based care and attention in an environment centered completely on the needs of children, as well as on the special questions, concerns, and fears that parents have when their child is entering an OR," says Sanders. "A child going into surgery is one of the most difficult experiences for a parent, but this customized atmosphere will help diminish that. Being able to team with parents to provide education and support in an atmosphere that is all about children, truly supports their recovery."

Closer collaboration among pediatric anesthesiologists and surgical specialists will also be a natural outgrowth. For example, if a patient needs tonsils removed, but also has an undescended testicle, performing both surgeries on the same day could be accomplished more easily with additional operating rooms at the ready. For the family and the hospital, this is a much more efficient alternative than performing surgeries on different days.

"If all pediatric providers are situated in one place, it might just be a matter of moving from operating room three to operating room four," says pediatric otolaryngologist Margo Benoit, MD, an assistant professor of Otolaryngology. "It opens up all kinds of opportunities for collaboration."

In just a few short months since its opening, she has seen the benefits of the dedicated hospital.

"Now I'm able to tell patients and families, 'When you come in for a CT scan or an X-ray, all of the people you meet are trained to work with children, and you will be in a setting designed just for you,'" she says. "Every test and procedure a child goes through can be frightening. The welcoming space and experienced staff can transform that into something positive."

When developing the blueprint for the new children's hospital, the input of pediatric doctors like Benoit, as well as nurses, pharmacists, psychologists, social workers, and others across disciplines was collected and synthesized. The process gave them a once-in-a-career opportunity to discuss and improve many of the internal systems and methods they depend on every day to care for patients successfully.

"Our daily interactions and procedures are as important as the infrastructure of the building itself, so this gave us a tremendous opportunity to enhance the ways we work together and improve patient care even more," says Sanders, who spends an average of 20 hours each week

in the operating room. "For example, as we talk about the flow of children through the operating rooms, we're asking questions like, 'What's the patient's temperature? Are they being kept warm enough? Are the antibiotics being delivered at the right time?' We are taking advantage of every opportunity to improve what we do."

A Bigger, Better Classroom

The new operating space will not only offer pediatric surgeons an optimal stage to practice, but it will give them a bigger and better classroom to teach in. A typical pediatric operating room may hold as many as 20 people at a time, including a lead surgeon, surgical interns and residents of varied levels of experience, medical students, anesthesiologists and anesthesiology residents, scrub technicians, scrub technicians in training, nurses, and nursing students.

Walking quickly through the OR early on a busy Friday morning, Pegoli is flanked by eager-eyed students in rapt attention. The sight resembles a flock of geese flying in V formation. In the OR, he is a patient yet perfectionistic conductor, guiding yet testing and pushing, not settling for less than the absolute best each student on the team can contribute.

"Pediatric surgery is an epicenter for education," he says. "Not just surgical residents, but so many different disciplines are rotating through and learning in here."

Pegoli looks at surgical education as an apprenticeship, and "our job is to tailor every educational event to the readiness of the student. After many years of teaching you know innately what they can do and what they can't, but it is always about raising the bar a little higher each time."

Specializing in neonatal surgery, non-cardiac thoracic surgery, complex gastrointestinal surgery, and surgical oncology, Pegoli routinely spends more than 50 hours a week in the operating room. Recently, he operated on a two-day-old baby from Syracuse, N.Y., born with an omphalocle, an uncommon abdominal wall defect.

"During surgery, you might hear me asking the young doctors in the room, 'How would you do this? Why? Where do you want to cut? Are you sure you want to cut there? Why? What tools are you going to use? Why?'" he says.

In addition to UR medical students, students come to Rochester from surgical training programs across the state, particularly to observe complex cases.



“Pediatric surgery is an epicenter for education... Not just surgical residents, but so many different disciplines are rotating through and learning in here.”



Margot Benoit, MD



James Sanders, MD

The new surgical suite will support their learning with high-definition video monitors, enabling everyone in the room to see as much as possible.

“Most of the laparoscopic work we do requires the senior resident to be up close to the table, learning next to me, and that limits the number of people who can see what I’m doing and why,” Pegoli says. “There are permutations to how we do things that need to be understood. The updated technology will give everyone an opportunity to participate, and offer a superior learning experience.”



“Our facility puts us among the best in pediatric care, and makes Rochester a superb place to build a career.”

If You Build it They Will Come... and Stay

Hospital leaders can recall many instances in which an outstanding surgeon completed their initial training in Rochester only to pursue a pediatric surgery career at a freestanding children's hospital elsewhere. But that's all about to change.

"We're transforming into a full-scale, full-service children's hospital that will attract top faculty and retain our promising young physicians—which is exactly what Upstate New York needs," says Sanders.

During a typical year, for example, there may be as few as two-dozen physicians completing their pediatric surgery fellowships across the entire country, which makes for fierce competition among hospitals looking to recruit pediatric surgeons. By the time many of these doctors complete their fellowships in pediatric surgery at freestanding children's hospitals such as Children's Hospital of Boston or Johns Hopkins Children's Center, they are accustomed to working in those facilities.

"So it was difficult in the past to attract someone to the floor of a general hospital," Pegoli says. "They would come here and say, 'Wow, I'm taking a step back.' But now we lack for nothing in comparison. Our facility truly puts us among the best in pediatric care, and makes Rochester a superb place to build a career."

Even before the paint was dry, three pediatric surgery fellows from around the country scheduled tours of the new children's hospital.

"This has important implications for the future," says Benoit. "We are looking at serving generations of children for years to come, and that makes it easier to appreciate why it is critical for us to train and keep the best specialists in Rochester."

She says the Department of Otolaryngology is also in the process of recruiting more specialists.

"We have been looking for another pediatric otolaryngologist for some time and recently hired someone who will be joining us in the summer of 2016," she says. "As the new hospital was going up, we started to see more interest, and it helped us attract the most qualified candidates."

The new recruit, John Faria, MD, says the

children's hospital was the main reason he chose to come here.

"I was looking for a pediatric otolaryngology position at an academic teaching hospital," he says. "It's great to be part of a hospital from its inception, to establish a career here, and to hopefully help grow its reputation throughout the region."

Future Plans

When the surgical suite opens in 2017, doors also open to a realm of other possibilities—a pediatric surgery fellowship program among them.

"Right now, there are only about 30 places in the country that train pediatric surgeons by offering two years of additional training after general surgery training," says Pegoli. "Before I retire, I would like to see us develop our own fellowship training program. This will be the next rightful step, to nurture a supply of talent who will become the next generation of faculty."

Whether a fellowship program is established or not, Benoit, who joined the URM C three years ago, has already witnessed the difference the hospital has made for children and families.

"Everyone associated with the University should be very proud," says Benoit. "It's exciting to see the direction we are moving in. As a parent, I feel hopeful that my community is investing in the health care of children, and as a medical provider and faculty member, I feel grateful that people understand and support the important work we do here every day."

\$45 Million Pediatric Surgical Services Project:

4th Floor Surgical Suite

- Six new, larger operating rooms, including a dedicated cardiac OR
- 24 private preoperative and postoperative recovery rooms
- Gastroenterology surgical procedure suite
- Pediatric catheterization/electrophysiology laboratory
- Pediatric-friendly waiting space

6th Floor Pediatric Intensive Care Unit

Expanded unit will include 18 intensive care beds and 10 general care beds

REFLECTIONS ON A VISION REALIZED

"I started my pediatric career as a resident in 1964, and even then the idea of a children's hospital was occasionally discussed. When the idea began to crystallize, certain advantages were added, such as the ability to be a member of a children's hospital network, which had fundraising implications. The creation of the freestanding institution brings the concept into reality, and reinforces the idea of how special children are. I have been thrilled to see the realization of so many years of dreaming and planning. I have also been heartened by the broad array of people and institutions in the Rochester area who have underwritten the creation of the hospital, which is truly a testament to the caring attitude of this community."

- Lawrence Nazarian (MD '64, Res '66), clinical professor of Pediatrics, board-certified pediatrician in practice since 1967, mentor in the pediatric resident continuity clinic.



"Medical students need to learn about the uniqueness of pediatrics and the four Ds: children are dependent, are developing, have different demographics, and different diseases and conditions. By having a separate children's hospital, these specific differences are addressed institutionally and students—and subsequently residents—learn about the ideal approach to pediatric care."

- Anne B. Francis, MD, board-certified pediatrician with Elmwood Pediatrics, who serves on the URM Board and the Quality of Care Committee.

"Every chair of the department of pediatrics ultimately wanted a children's hospital for our region. Starting with Dr. Samuel Clausen in 1926, and Dr. William Bradford in 1952, who were followed by Dr. Robert Haggerty, who created the first board for children in 1964; Dr. David Smith, who hired the first fundraising director for children in 1976; and Dr. Robert Hoekelman, who worked diligently to create a children's hospital within a hospital in 1983. I became chair in 1993, and was followed by Dr. Nina Schor in 2006. Each of these leaders had a vision for what children's health care here in Rochester should look like. And, of course, we had the tremendous support of Tom Golisano. The groundbreaking ceremony for the new children's hospital brought tears of joy to my eyes. I stood there and said, 'I wish the previous chairs could see this, because of what it means to children, the parents, the community, and future high quality health care professionals who will come here to care for children and do research.' It was absolutely overwhelming."

- Elizabeth McAnarney, MD (Flw '70), professor and chair emerita of Pediatrics



Her Rightful Place:

Barbara Iglewski Inducted to the National Women's Hall of Fame

As an undergraduate Biology major at Allegheny College in the 1950s, professor emerita Barbara Iglewski, PhD, was one of only two women in her organic chemistry class.

"We were told flat-out the first day, and almost every day, that we had no business being there," she recalls.

Hopefully that professor saved her autograph. Staying in that class—and acing it—is just one of a long line of "firsts" that have defined Iglewski's world-renowned career.

Born in 1938, Iglewski earned her doctorate from Penn State, and then spent 40 years—most at the University of Rochester—studying how a common kind of infectious bacteria spreads and how to stop it.

Her laboratory was the first to discover that *pseudomonas* actually "talk" to one another, using a chemical language to coordinate attacks on human cells and initiate disease. Her work launched an entire field of study into how bacteria communicate, and spurred the development of drugs to thwart the communication process.

In 1986, she became the School of Medicine and Dentistry's first female department chair when she was tapped to lead the Department of Microbiology and Immunology. As chair, she doubled the department's tenure-track faculty members to 21, and grew its NIH funding from \$1 million to \$12.3 million. From 1987 to 1988, she presided over the American Society for Microbiology, and chaired its publications board in the 1990s, at a time when very few women served on editorial boards. A highly cited scientist by the Institute of Scientific Information, she has authored or co-authored more than 150 articles, and holds seven patents. Later, she became the

first female to serve as UR vice provost for research and graduate education.

But Iglewski was honored by the Hall of Fame for breakthroughs well beyond her work as a scientist and administrator. In a male-dominated field, she made it her life's purpose to mentor, advocate, and open doors for women who shared her curiosity for the sciences.

"I have a passion for doing what I could to help other women," says Iglewski, who helped women advance to faculty positions, connected them with editorial opportunities and resolved salary discrepancies.

She recalls that when she was offered her first teaching position, the department chair "thought I would have children and quit," but over the years, things began to change.

She often looked to icons like Susan B. Anthony for inspiration.

"The suffragettes were amazing women, when you look at what they did not have and what they fought for," she says. "They couldn't keep their wages. They didn't have the right to vote. If a man divorced them, they had no right to their children or the property. They had none of the rights that we take for granted."

On Oct. 3, Iglewski took her place among these and other women who led the way in many fields they were once told they did not belong: the arts, athletics, business, government.

"It's not only an honor but it's a very humbling experience," says Iglewski. "I really believe, man or woman, that as you achieve and move forward, you have to reach back and help. And, if you don't, shame on you."

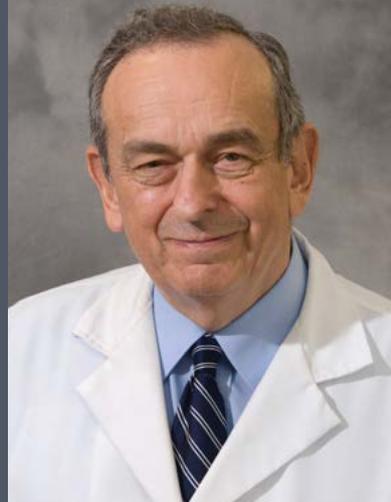




ROCHESTER MEDICINE | 2016 - V1

It was a chance meeting between women's rights activists Susan B. Anthony and Elizabeth Cady-Stanton (introduced by dress reformer Amelia Bloomer in 1851) that ultimately led to the passage of the 19th amendment in 1920, giving women the right to vote. Professor emerita Barbara Iglewski, PhD, now stands alongside these suffragettes as a 2015 inductee in the National Women's Hall of Fame. "We stand on the shoulders of all the courageous women who came before us," Iglewski says, in the foreground of their statues in Seneca Falls, N.Y. "They helped us in all of our careers."

Transforming the Care of Patients With Long QT Syndrome: Paper Chronicles Arthur Moss' 45 Years of Scientific Contributions



Helen Ruth Pontera had no idea she'd play a role in medical history when, in 1970, her fainting spells brought her to the office of a young, well-regarded cardiologist at the University of Rochester Medical Center. The good health she enjoys today, at age 85, is a credit to the curiosity and creative ingenuity of her physician and friend, Arthur J. Moss, MD (Res '62, Flw '65).

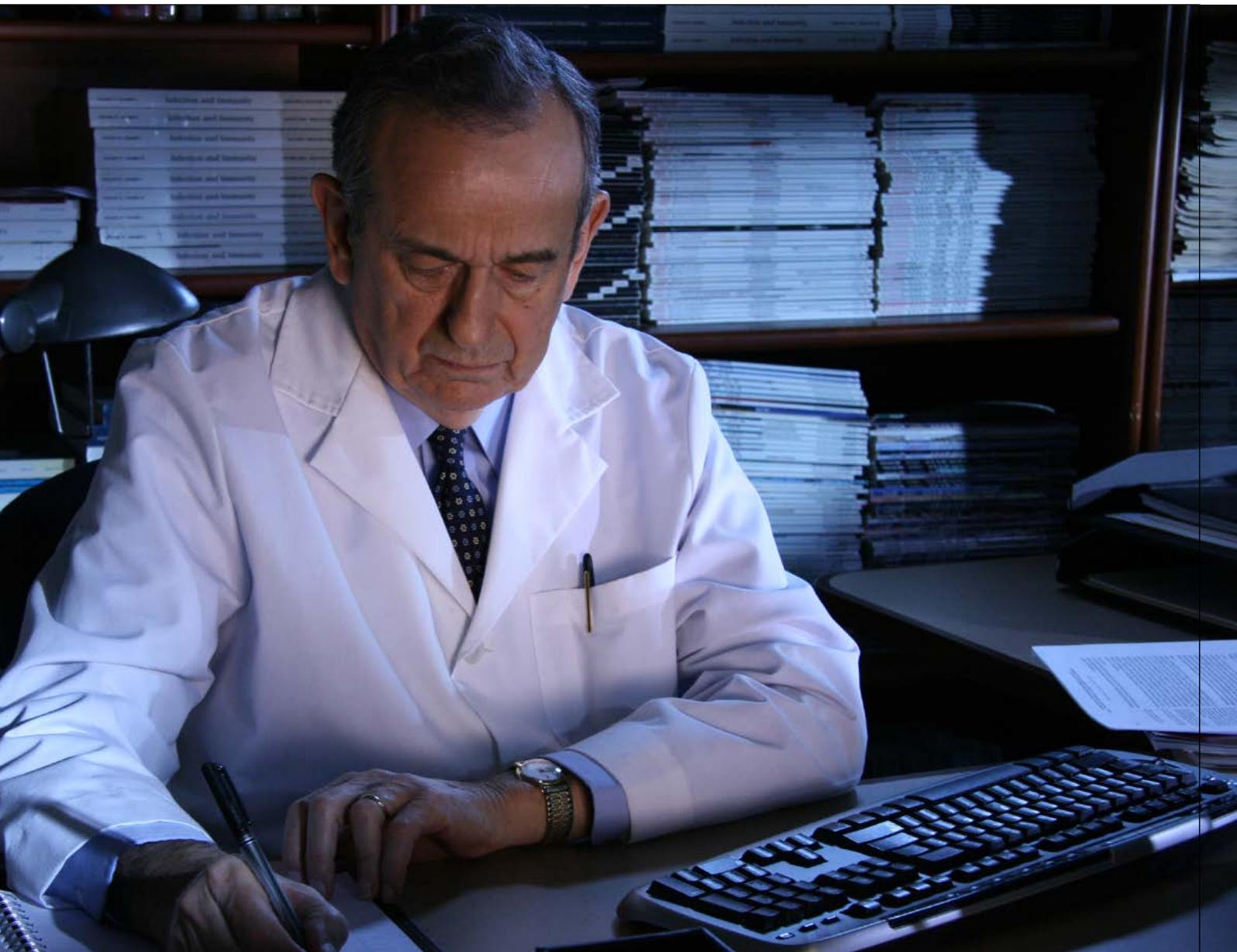
Neither could have imagined how that meeting would change history. It launched a decades-long journey that would transform the diagnosis, treatment and quality of life of patients with a rare and potentially fatal heart rhythm disorder called long QT syndrome (LQTS), and propel Moss into the spotlight as the world's foremost expert in the condition. LQTS, which affects approximately 50,000 people in the U.S., makes the heart particularly susceptible to arrhythmias—irregular heart rhythms that can trigger fainting spells and sudden cardiac death.

It's a story told by Moss, who is now the Bradford C. Berk, MD, PhD distinguished professor in the Department of Medicine, and his three adult children in the September/October issue of *Progress in Cardiovascular Diseases*. It captures in detail his four decades of LQTS work in identifying risk factors for early diagnosis, discovering treatment options, creating an international registry, and pinpointing 16 genes (and counting) associated with the disorder.

"Dr. Moss is a pioneer in long QT syndrome and one of the most influential scholars in the fields of electrophysiology and cardiology," says Carl "Chip" Lavie, MD, professor of Medicine at Ochsner Clinical School-University of Queensland School of Medicine in New Orleans, and editor-in-chief of *Progress in Cardiovascular Diseases*. "I am honored to publish such a special paper showing the history of long QT syndrome and how the management of the disease has evolved through a coordinated effort that Dr. Moss has been intimately involved with over the past 45 years."

When Moss met Pontera, it was the first he'd seen a patient with such an abnormal electrocardiogram (ECG) pattern. But it called to mind a chance encounter in 1957, when a leading cardiologist in Boston showed him a series of ECGs revealing a similar issue in a young deaf boy whose recurrent fainting spells culminated in sudden death.

With no drugs or devices available to treat this abnormality, Moss consulted with Joseph McDonald, MD, then URMCC professor and chief of Neurosurgery, and devised a surgical procedure (called a left-sided cervicothoracic sympathetic ganglionectomy) that turned out to be remarkably effective in limiting the dangerous arrhythmias his patient experienced. Moss and McDonald published the details of this therapy in 1971.



A few years later, beta blockers came on the market. Moss and other physicians used these medications in patients with LQTS and found they were also beneficial.

In the years that followed, Moss received an increasing number of consultation requests involving patients with LQTS. When the number of referred patients became more than he could manage, he established the Long QT Syndrome Registry in 1974, as a way to maintain contact with them.

There are now more than 1,000 LQTS families from around the world enrolled in the registry, and more than 2,500 affected family members. Moss' team contacts families once a year to discuss their overall health, medications, and fainting or arrhythmic episodes. This information is added to the registry and is a resource for hundreds of scientists and physicians seeking to improve their understanding of the disorder.

The National Institutes of Health has supported the registry since its creation, and in 2014 awarded another grant to fund the registry and associated research projects through 2019. Though Moss' focus is on research, LQTS patients from all over the world continue to travel to Rochester for evaluation and treatment by Spencer Z. Rosero, MD, associate professor of Medicine and director of the Hereditary Arrhythmias Clinic at Strong Memorial Hospital.

"Helping patients with long QT syndrome has been a highlight of my career, and our work is not done yet," Moss says. "It is remarkable what can result from the effective treatment of a single patient. The research and practice of medicine is unpredictable, but always extremely rewarding."

Moss has stayed in touch with Pontera, of Canandaigua, N.Y., since her life-changing surgery in 1970. She thinks the world of him and considers him both a doctor and friend.

Moss' children—Katherine M. Lowengrub, MD, instructor in Psychiatry at the Sackler School of Medicine in Tel Aviv, Israel; Deborah R. Moss, MD, MPH, associate professor of Pediatrics at the University of Pittsburgh Medical Center; and David A. Moss, PhD, professor at Harvard Business School—interviewed their father over the past year to gather information for the commentary.

"My dad asks great questions and he doesn't stop until he figures a problem out. His perseverance, creativity and collaborative nature have yielded incredible results in LQTS," says his daughter Deborah. "But, most inspiring, is the unique relationship he developed with his patients: he understood the importance of really listening and building trust. Together, a doctor and a patient can be a powerful force for change."



Vehicle of Hope:

Retrofitted Van Gives Street Outreach Program a Lift

Since 2011, the School of Medicine and Dentistry's Street Outreach program has worked to bridge the gap between Rochester's homeless and medical communities by directly engaging homeless people where they live, tending to acute medical needs, building trusting relationships, and offering companionship and respect. The program also gives medical students—under the tutelage of supervising physicians—valuable experience working with marginalized individuals to problem-solve, address physical, social and psychological issues, and link them to primary care and other resources.

Yet until recently, Street Outreach students and doctors traveled solely by foot, toting medical supplies in overstuffed backpacks and duffel bags to reach people camped under bridges or in ramp garages—a slow and arduous task, especially in snowy Rochester.

Realizing the need, student Steve Morgan, Jr. (MD '16) conceived of the idea to mobilize the program during his second year of medical school, but realized it would depend heavily on outside funding. So, Morgan—who is also pursuing a master's degree in the Simon School of Business' Health Care Management Program—teamed with some of his classmates and knocked on the doors of Mourey Consulting and Perotta Consulting for advice. Collaboratively, they created a business plan to reach their goal.

"There are more than 8,000 homeless people in Rochester without access to health care," says Morgan, who worked with classmate Allan Augillard (MD '16) last winter to gut the new vehicle and install the medical equipment. "Having a van like this vastly improves our ability to get to where people are, to transport more supplies, and to more safely and easily diagnose and treat people right on the spot. Once we began approaching potential donors about the idea, it was

amazing how many of them shared our passion for it. It's one of those causes everyone feels good about."

The Max and Marian Farash Charitable Foundation gave the project its largest boost by donating \$11,000 toward the van purchase. Grants were also provided by the Genesee Valley Medical Foundation, Perrotta Consulting, and the Mt. Olivet Baptist Church, among others. The local nonprofit agency, Intervol, donated a vast amount of medical equipment and supplies, and Foodlink now fuels the program with cases of bottled water, granola bars and other surplus foods.

"We applaud the entrepreneurial approach and great energy of the student volunteers, and are very glad to contribute, literally, to the 'vehicle' that will bring care to so many people in need," says Holli Budd, executive director of the Max and Marian Farash Charitable Foundation.

The Street Outreach van makes its "rounds" in the city three nights-a-week, with at least two students and a physician staffing every shift. Together they treat a gamut of issues such as diabetes and high blood pressure, infected cuts and wounds, colds and flu, and frostbite.

"Many are frequent visitors to emergency rooms, and are coping with substance abuse issues or mental health concerns," says Morgan. "But each has a unique story to tell, and they are all individuals deserving of care and respect. Through this program we learn to think diagnostically and solve problems with patients who are more challenging and complex, so the lessons they teach us are priceless. Helping to make their lives a little bit better is very rewarding. But without a doubt, we get back much more than we give."

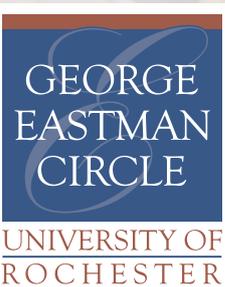
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AND PATRICIA G. WHORF
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All gifts count toward *The Meliora Challenge*, a University-wide fundraising Campaign that was launched in October 2011 and runs through June 30, 2016. Visit campaign.rochester.edu.

Aab Names Golisano Atrium to Honor Ganatra Family



The atrium in the new Golisano Children's Hospital has been named for the Ganatra Family, thanks to a \$3 million commitment by University Trustee Richard (Rick) T. Aab.

A serial entrepreneur, Aab, pictured far left, chose to name the space in honor of his closeness with Sarla, Tansukh and Rajesh Ganatra, pictured with him, from left. Aab and Tansukh Ganatra, in particular, are longtime friends and co-founded several successful telecommunications companies over the past 30 years, including US LEC Corp., a telecommunications company based in Charlotte, N.C.

Aab's recent gift brings his total support for *The Meliora Challenge*, the University's \$1.2 billion comprehensive campaign, to \$7 million. In 2007, Aab made a \$4 million commitment to support the Medical Center's Cardiology Research

Institute. The University recognized his generosity by naming the institute the Aab Cardiovascular Research Institute.

"Ensuring that children have access to the best possible health care is a cause that's very important to me," said Aab, vice chair for the University's Campaign Cabinet and co-chair of the URMCC campaign. "Construction of an all-new children's hospital has long been a vision for the Medical Center. I'm proud to have been part of the years of planning, advocacy, and the community funding campaign that made this significant achievement possible. It has been very gratifying to work alongside the leadership of the University and the Medical Center as they established the leading children's hospital not only in my hometown of Rochester, but in the entire region."

Myers' Gift Extends Cancer Care



Thanks to a \$2 million commitment from Ann and Carl Myers, nearly 4,000 patients a year from Allegany, Livingston, and Steuben counties will no longer need to travel to Rochester to receive outpatient care at the James P. Wilmot Cancer Institute.

To give patients more convenient access to comprehensive cancer care, Wilmot is partnering with Noyes Health and Jones Memorial Hospital to develop a regional cancer center in Dansville, Livingston County. The Myers gift will be used to help construct the new facility and establish care programs. In recognition of the family's gift, the center will be named the Ann and Carl Myers Cancer Center, and will be part of the Wilmot Cancer Institute. Located on the Noyes Hospital campus, it will be able to provide advanced cancer services to more than 175,000 people in the Southern Tier.

"As cancer care has become more complex, access to comprehensive and coordinated treatment is essential for patients and their families," said Jonathan W. Friedberg, MD, MMSc, director of the Wilmot Cancer Institute and Samuel E. Durand Chair in Medicine. "This project is unique to the area and comes at a time when health systems across the country are forging relationships to ensure access to specialty services, and improve the quality of care."

The center will offer access to diagnostic testing, clinical trials, outpatient palliative care, and the Institute's Judy DiMarzo Cancer Survivorship Program. Physicians at the Myers Cancer Center and the medical oncology clinic at Jones Memorial Hospital will have access to UR Medicine's region-wide electronic medical record system and regular consultations with multidisciplinary teams focused on cancer.

Chessins Establish Professorship in Infectious Diseases



Lawrence Chessin (MD '58) began his undergraduate career at the University in 1954, and with it, a lifelong connection to his alma mater.

Chessin, a retired infectious disease specialist and clinical professor of Medicine at the School of Medicine and Dentistry, met his wife, Rita, at the University. After more than 50 years, the couple remain grateful to Rochester for the life they have today, and have expressed their gratitude by making a \$1.5 million commitment to establish the Lawrence N. Chessin, MD '58 and Rita R. Chessin Professorship in Infectious Diseases.

"The time I spent at the University was a treasured period in my life. I met my wife, received an education that was crème de la crème, and worked with wonderful faculty," said Chessin. "The University helped make me the man I am today and continues to be an

important part of my life. I want to give back to the place that launched me and where so many of my passions intersect."

The Chessin Professorship will be held by the division chief of Infectious Diseases, an area of UR Medicine that combats the deadly microbes behind viral infections such as HIV, HPV, influenza, and dengue. There is a long legacy of successful infectious disease research at the University, contributing to the development of vaccines for cancer, bird flu and meningitis, testing new vaccine strategies for HIV, and creating programs to prevent health care-associated infections like *Clostridium difficile*.

Chessin is a member of the SMD National Council, where he provides insights on the medical curriculum and plans for the school's future.

Bucci Family Supports Breast Cancer Research at Wilmot Cancer Institute



A \$1 million commitment from Joseph G. and Elaine Bucci, pictured far right, will support breast cancer research within UR Medicine's Wilmot Cancer Institute.

The Bucci Family Breast Cancer Research Fund was created in honor of their many friends and family who have faced cancer. "Because of research, breast cancer care has improved so much and the effects of chemotherapy and radiation have become less debilitating," said Elaine Bucci. "In order for treatments to continue improving, we need to support research. My hope is that a cure is found through continued research before my granddaughter Olivia grows up."

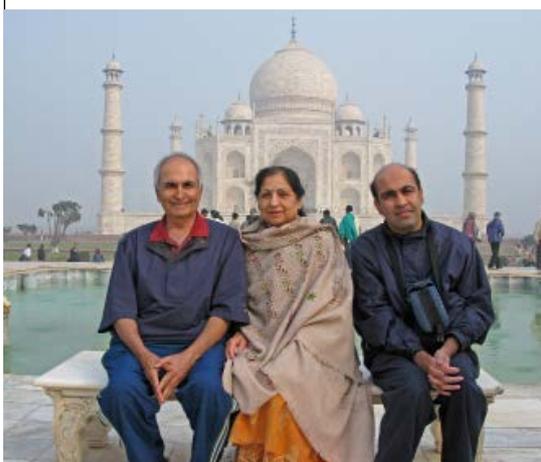
At one point, four members of the Bucci family were being treated for breast cancer at the same time, including daughter-in-law Meghan Bucci, pictured far left. A

mother of two young children, Meghan was diagnosed in 2014 at age 37.

"By giving locally, we can have a greater impact on breast cancer care and research," said Meghan, who is now doing well.

"Philanthropic support for breast cancer research is critical at a time when federal funding for cancer research has diminished," said David C. Linehan, MD, director of Clinical Operations at Wilmot Cancer Institute. "This generous commitment from the Bucci family will guarantee that women in our region will benefit from access to state-of-the-art clinical and scientific research we are conducting here. Gifts like this can provide the spark to generate significant advances that directly improve outcomes and the lives of our patients."

Ganatra Family Supports Future of Pediatric Cardiac Surgery



A \$1.5 million commitment from the Ganatra family will create the Tansukh, Sarla and Rajesh Ganatra Professorship in Pediatric Cardiac Surgery.

The commitment is part of the family's longtime support of Pediatric Cardiology at the URM. Tansukh, Sarla, and Rajesh Ganatra, pictured from left, made the commitment to fund an endowed professorship in Pediatric Cardiac Surgery out of gratitude to the doctors who have assisted numerous family members and their dear friends. "The pediatric cardiologists within Strong Memorial Hospital (now Golisano Children's Hospital) were there as our friends, our allies and our advisors," Tansukh Ganatra said. "Whenever we needed help, they were there."

The entire Ganatra family has also pledged a significant portion of their

family estate to the Aab Cardiovascular Research Institute (CVRI) at the medical center. "The Ganatra family has been great supporters of the ongoing groundbreaking research at the URM's Aab CVRI," said Richard Aab, a University trustee and close friend of the Ganatra family. "Their future generosity will have an important impact on cardiovascular research conducted here at Rochester—that will benefit people everywhere."

"We may not be around to benefit from the research and work done today, but if it helps future generations, why not support it?" said Tansukh Ganatra, who believes the best kind of happiness comes from helping others. "When you leave this world, you don't take anything with you. While we are alive, we want to share with others and continue to help."

\$1 Million Gift from Levine Foundation Names New Pediatric Autism Clinic



The new William and Mildred Levine Autism Clinic will house the region's first standalone, comprehensive clinic to integrate pediatric autism, neurology, and child and adolescent psychiatry services.

The clinic—supported by a \$1 million gift from the William and Mildred Levine Foundation—will address the increasing needs for the integrated diagnosis and treatment of autism spectrum disorder, in an environment that will meet the unique physical, sensory, and environmental needs of children. Within the past year, more than 500 new diagnoses of autism spectrum disorder were made through UR Medicine's Golisano Children's Hospital.

The Levine Autism Clinic will be located on the third floor of a new 90,000 square-foot building along East River Road (the first two floors of the building will be dedicated to outpatient imaging) and is

scheduled to open in early 2017.

Some of the clinic's unique sensory aspects will include a playroom, a specific area designed to promote sensory regulation, several calming private alcoves, and a welcoming stairwell for children fearful of elevators. Even the vibration of a fluorescent light bulb or a high ceiling can overstimulate a child with autism, so designers are paying close attention to the lighting and acoustics, and working to minimize visual distractions.

The William and Mildred Levine Foundation, founded in 1987, has been a generous donor to Golisano Children's Hospital for more than 15 years, naming the present pediatric surgical suite, which opened in June 2006, and sponsoring its Gala for many years.

THE GEORGE HOYT WHIPPLE SOCIETY

The George Hoyt Whipple Society recognizes donors who support the School of Medicine and Dentistry with an annual gift of \$1,500 or more. Gifts like these ensure the School of Medicine and Dentistry can continue to rigorously prepare physicians and scientists in the traditions that are the hallmark of a Rochester education. The University of Rochester School of Medicine and Dentistry is deeply grateful to its leadership donors for their generosity and dedication to educating future medical professionals in the Rochester tradition.

Members of the Whipple Society are recognized annually at the School of Medicine and Dentistry's signature event, the Whipple Society Dinner, which will be held next year on Thursday, October 6, 2016.



For information on joining the Whipple Society, contact the School of Medicine and Dentistry Office of Alumni Relations and Advancement at 1-800-333-4428.



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Endowed professorships are among the greatest honors bestowed upon distinguished faculty. Since *The Meliora Challenge*, the University's \$1.2 billion comprehensive campaign, began in 2006, 54 new professorships have been created by generous donors, raising the total number of School of Medicine and Dentistry professorships to 93, as of November 1, 2015. Here are the most recent endowed professorship installations.



James V. Aquavella Professor and Catherine E. Aquavella Distinguished Professor

James V. Aquavella, MD, and Krystel R. Huxlin, PhD, were installed as the Catherine E. Aquavella Distinguished Professor in Ophthalmology and the James V. Aquavella, MD Professor in Ophthalmology respectively. They have more than six decades of combined experience as internationally renowned ophthalmologists. A \$4 million commitment from Aquavella, which enabled the creation of both professorships, was made to honor the memory of his late wife, Kay, a nurse and administrator, who was committed to the establishment of URM's David and Ilene Flaum Eye Institute. Huxlin is the director of research at Flaum, holds four patents, and is focused on understanding how the adult visual system repairs itself. Aquavella is a specialist in cornea and external eye disease, and was the first fellowship-trained corneal surgeon in the United States.



Marjorie B. Morris Endowed Professorship in Cardiac Surgery

A grateful patient of cardiac surgeon Peter A. Knight, MD, has made a \$1.5 million commitment to honor him and establish an endowed professorship to advance cardiac surgery techniques and programs. Marjorie B. Morris was inspired by the excellent care, reassurance, and compassion Knight provided. Morris met Knight when she began experiencing weakness and difficulty breathing caused by a faulty mitral valve. Knight replaced the valve, resolving the life-threatening situation, and restoring her energy, which allowed her to continue enjoying time with her family, gardening, and the arts. She created the Marjorie B. Morris Endowed Professorship in Cardiac Surgery to demonstrate her gratitude and support the advancement of cardiac care. In addition to caring for patients, Knight supervises cardiothoracic fellows and residents, and mentors pre-med students interested in cardiothoracic surgical research.



David M. Levy Professor in Neurology

Pictured from left, Medical Center CEO and SMD dean Mark Taubman, MD, University president and CEO Joel Seligman, Ray Dorsey, MD (Flw '07), and University chairman emeritus G. Robert Witmer ('59). Dorsey, director of the Center for Human Experimental Therapeutics and the Center for Health and Technology. Dorsey is leading the application of telemedicine models to treat patients who have Parkinson's disease. He is the inaugural David M. Levy Professor in Neurology. Created in David's name, the professorship was funded by a gift from his estate to support the department of Neurology and research related to Parkinson's disease. Dorsey and his colleagues are using web-based video conferencing to make virtual house calls, an approach that could enable more patients to live independently while receiving the specialized care they need. Dorsey's research has been published in leading medical, neurology, and economic journals.



Northumberland Trust Professor in Pediatrics

Ruth A. Lawrence (MD '49, Res '58), was recognized for excellence as a researcher, educator, mentor, and clinician during her installation as the inaugural Northumberland Trust Professor in Pediatrics. Lawrence has led a distinguished career as a pediatrician, clinical toxicologist, and neonatologist. In addition to helping pioneer neonatology as a specialty, she is an international authority on breastfeeding, and a poison control expert. Her specialties include the toxicology of plants and herbs, as well as medications during pregnancy and lactation. She also directs the Breastfeeding and Human Lactation Study Center, which she founded in 1985, and is the author of "Breastfeeding: A Guide for the Medical Profession," now in its 8th edition. Pictured with Lawrence are University president and CEO Joel Seligman, and Medical Center CEO and SMD dean Mark Taubman, MD.



Wright Family Research Professor

Richard Paige Phipps, PhD, is a biomedical investigator, and one of the reasons UR Medicine is known across the country and around the world for its chronic obstructive pulmonary disease (COPD) research. Phipps, center, is also contributing to knowledge about B-cell lymphoma, lung diseases, and several diseases with immunity and inflammatory components. He is the recipient of the Wright Family Research Professorship, thanks to the generosity of the late couple, Chauncey and Simone Wright, whose legacy will forever be linked with outstanding research at the SMD. The holder of four patents, Phipps studies abnormal inflammatory and wound healing responses in the eye orbit and the lung that involve fibroblast biology. Pictured with Phipps are University president and CEO Joel Seligman, and Medical Center CEO and SMD dean Mark Taubman, MD.

A Student With Vision: David Paul (MD '16) Wins National Cadbury Award for Academic and Volunteer Achievements



David Paul (MD '16)

Five years ago, University of Rochester School of Medicine and Dentistry student David Paul (MD '16) was taking part in a UR summer research program, and was looking for a neurosurgery project to sink his teeth into.

"David came to talk with me about ideas, and I posed a simple question," says associate professor of Surgery G. Edward Vates, MD, PhD, who performs about 120 surgeries a year to remove pituitary tumors, which are often associated with vision loss. "I asked him, 'When I take the tumors out, why does vision improve in some patients more than in others?'"

Vates, who co-directs URM's pituitary program, says that predicting the degree of sight restoration in patients following tumor removal has always been a clinical challenge.

"But I never anticipated how far he would go to solve that challenge," says Vates, who later became Paul's medical school mentor. "It is common for students to come into a lab, be handed a project, and then run with it. It is uncommon for students to come into a lab, create their own project, and run it all the way to completion. In all of my time here, David is the only student who has made that kind of leap."

At its most basic level, Paul's pilot research has verified an effective way to view and measure changes in myelin (white matter) within the brain's visual system, in order to better predict a patient's visual recovery following pituitary tumor removal. More broadly, however, his work offers another clue to the mystery of neuroplasticity—the brain's native ability to fix itself over time—and may one day give doctors a "crystal ball" to explore the effectiveness of treatments for a wide range of diseases and injuries affecting the white matter of the brain.

Paul's scientific achievements, in combination with his ongoing mentorship to Rochester city school students, have made him the first-ever UR medical student to receive The William and Charlotte Cadbury Award from the National Medical Fellowships and Association of American Medical Colleges (AAMC). Every medical school across the country nominates a student for this national honor, but only one student is chosen. Paul received the award, and was welcomed into the AAMC's Future Leaders of Academic Medicine, at an awards ceremony in Baltimore, Md., Nov 9.

"It's an incredible honor for me," says Paul, a native of Grand Rapids, Mich., who completed his undergraduate work at Hope College in Holland, Mich. "I'm very grateful to Dr. Vates and all of my mentors here for their constant support through every endeavor, and for giving me the guidance and direction, as well as the space and independence, to take ownership of the project and see it to fruition. That just doesn't happen in every lab. It has been such a good fit for me here."

While it has long been understood that pituitary tumors cause vision loss by compressing the optic nerve, there is significant variability from patient to patient in both the initial level of visual impairment, and the degree of post-surgical visual recovery they will experience, that cannot be linked to tumor size, a patient's age, or preoperative exam.

"The data indicate a connection between the integrity of myelin surrounding the optic nerve track and the return of visual function after tumor removal," says Paul. "Simply put, the pressure from the tumor causes the 'hose' of white matter along the optic nerve to leak, or demyelinate. But finding a way to measure this in actual patients was the challenge."

So, Paul knocked on the lab door of assistant professor Bradford Mahon, PhD, who conducts research into cognitive and

His research offers new insights into how the brain fixes itself

neural processes at the Rochester Center for Brain Imaging. Together, they discussed the option of using Diffusion Tensor Imaging (DTI), to proportionally measure the radial and axial diffusivity of the curved white matter tracks.

"We had been thinking for a while 'Wouldn't it be great if we could use DTI on these patients?'" says Mahon, whose background is in experimental psychology and using functional MRI to study brain function. "While there are some scientists looking at the back-end of DTI with animal models, very few individuals are doing this kind of research with patients anywhere in the country, because it depends so heavily on basic and clinical scientists working in lockstep with one another. That's something special we have here, and are the first group to present the findings in such a solid way."

Mahon says that what began as a short-term project "to keep a smart medical student busy for the summer," quickly gained momentum thanks to Paul's relentless curiosity, and perseverance. Paul took a year off medical school to focus exclusively on his research, capitalizing on the guidance and mentorship of DTI experts at the UR, and teaching himself computer programming along the way. One year turned into two years, and matriculation into the Neurobiology and Anatomy master's program.

"It wasn't until my second year of dedicated research time, that the paper started coming together and we began to understand the broader significance of the findings," Paul says.

But there were a few hurdles to overcome first.

"Usually, graduate students in the lab are given projects where the challenges have been somewhat foreseen and you can kind of guide them over the obstacles that they're going to encounter," says Mahon. "But this is a project where we as his mentors couldn't really anticipate them

because it was uncharted territory."

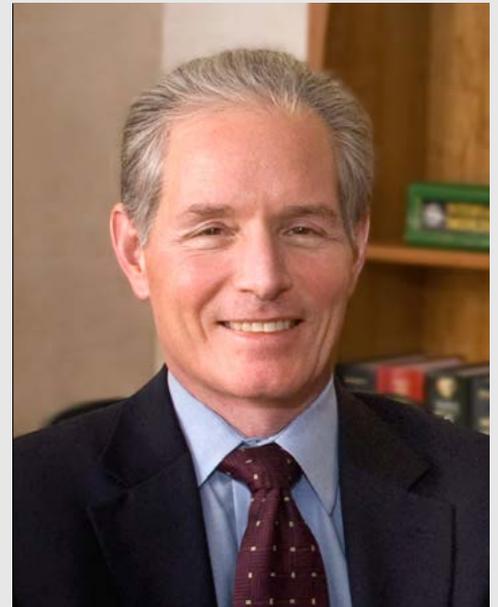
An elegant example of that, he says, is that white matter tracks are curved like rivers in flowing through a mountain, making them hard to measure.

"So he actually explored the algorithms that are used in the geospatial mapping of river channels," says Mahon. "It was ultimately one of those algorithms that he was able to re-work and apply in the context of white matter tracks. That was a big breakthrough. We could measure these white matter pathways at a high resolution all along their curved trajectory as opposed to just measuring the whole thing. We could measure the myelin track as you move from the tumor, and march through the brain, and get measurements at every point. I had never worked in this method of studying the white matter tracks, and I think I would still be saying that, had David not joined our lab."

Data was collected and analyzed from 23 patients using DTI. The patients were separated into three groups: some with large tumors and severe damage along their optic tracks, some with small tumors and minor damage, and healthy subjects. They were followed before surgery, and at two- and four-week intervals post-surgery. By the end of the study, all of the patients had either regained their original vision or had significantly improved vision after surgery, and all demonstrated a correlation between the re-growth of their white matter fibers and their amount of visual recovery.

Based on Paul's pilot study, a National Institutes of Health R01 grant application has been submitted to fund a larger, longitudinal study. The hope is that the results will further support the technique as "a way doctors can see whether or not what's happening in the brain is what they think should be happening, and whether it correlates clinically" in patients, says Paul.

It's a predictor that may have uses well beyond pituitary tumor patients, says



Bradford C. Berk, MD, PhD

Vates. "It may have profound applications in more common diseases that affect the white matter of the central nervous system, like multiple sclerosis and other types of brain tumors, as well as spinal cord injury, traumatic brain injury, stroke," says Vates. "Many of the drugs used to treat brain issues are aimed at trying to re-myelinate fibers, and this is a potential way to see if they are effective."

Director of the University of Rochester's Neurorestoration Institute and distinguished professor of Medicine Bradford C. Berk, MD, PhD, says the project perfectly illustrates translational research, and what can be accomplished with close collaboration between experts and scholars of science and medicine, and a community of willing patients.

"Being able to treat patients while exploring opportunities to learn is very critical to reaching conclusions like this," Berk says. "This can provide fundamental insights into other forms of recovery from brain or neuron damage, and is very relevant to answering the basic questions of how the brain can recover from injury."



“Very few individuals are doing this kind of research with patients anywhere in the country, because it depends so heavily on basic and clinical scientists working in lockstep with one another...”

David Paul (MD '16) with his mentors Bradford Mahon, PhD, and G. Edward Vates, MD.

When he was in third grade, Paul's parents gave him a copy of the book “Gifted Hands” (the story of current presidential candidate Ben Carson, MD, who grew up in inner-city Detroit and became one of the most celebrated neurosurgeons in the world), and asked him to write a summary every day of what he read. “I didn't realize it right then, but when I was a little older, and could process it, I found it fascinating,” says Paul, whose goal is to become an academic neurosurgeon—to use the operating room as an extension of the laboratory and apply research to the care of patients. “I loved the sciences, and worked hard, and from there doors and opportunities to shadow opened up. After meeting Dr. Vates six years ago, I knew I was in the right place.”

What further sets Paul apart is his desire to give back to the city he lives in, too. Paul was one of the co-founders of Rochester's Minority Male Leadership Association (MMLA)—along with neurosurgery resident Clifford Pierre, MD, in 2013—which supports young men of color through mentorship, networking and support. The association has formed partnerships with several city schools and organizations, and works to bring high school students and UR undergrads, faculty, and staff together, with the ultimate goal of improving the city's nine percent graduation rate for black male students.

“Our goal is to connect with these young men and share our stories,” says Paul. “And if we are able to grab one young man, and

influence him, and he reaches out and grab another, we're going to see success, and slowly move the needle on that graduation rate. They know academics are important, but they don't have the confidence to make that positive change. That's where we come in to teach them, and help them carry that torch with their classmates.”

In addition to his work with MMLA, Paul has been involved with the Student National Medical Association (SNMA) for the past five years. He helps coordinate the annual SNMA pre-medical conference, during which 200 local high school and undergraduate students interested in health care attend educational sessions and workshops, hear inspiring speakers, discuss medical cases, and take part in hands-on learning.

Paul says that over the past five years, conference participants have been accepted to the University of Rochester School of Medicine and Dentistry, Duke University Medical School, and Drexel School of Medicine. The relationships that high school and undergraduate students form with medical students and faculty members through the SNMA conference are pivotal to their success.

“Working with Drs. Vates and Mahon opened my eyes to the importance of mentorship,” he says, “and I want to pay it forward to the next generation of doctors and research scientists as they pursue their career goals.”

Mink Honored For Excellence in Tourette Syndrome



Jonathan W. Mink, MD, PhD, the Frederick A. Horner, MD, endowed professor in Pediatric Neurology, and chief of the division of Child Neurology at Golisano Children's Hospital, has received the first Dr. Oliver Sacks Award for Excellence in Tourette Syndrome.

Presented by the Tourette Association of America, the award was announced at the First World Congress on Tourette Syndrome and Tic Disorders in London.

"Dr. Sacks is a personal hero of mine and was an inspiration for me to become a neurologist," says Mink, who has researched and treated Tourette Syndrome for several decades. "It is especially gratifying to be recognized by an organization that I hold in the highest regard for their outstanding work in advocacy, education, and research programs that benefit the Tourette Syndrome and Tic Disorders community."

Mink is a national leader in the field of pediatric movement disorders. He led the development of the first guidelines for use of Deep Brain Stimulation in treating adults whose Tourette Syndrome is resistant to other treatment. He also developed a model for how brain circuits malfunction in patients with the disease. He has been involved with the Tourette Association of America since 1996, and has mentored many young scientists and clinicians.

While many of the 3,500 patients cared for by Mink's team come from the western New York region, some travel to Rochester from outside the state or country. In addition to

Tourette Syndrome, Mink treats patients with dystonia, chorea, tics, myoclonus, Parkinsonism, and other movement disorders.

"Dr. Mink's leadership is one of the main reasons the University of Rochester Medical Center is a destination for children and families searching for the best possible neurological care, and he's been a tireless advocate for people with Tourette Syndrome," says Robert G. Holloway, MD, chair of Neurology. "I can't think of anyone more deserving of this award."

"Dr. Mink has long been a voice not only for patients and families, but also for the Tourette Association," says Nina Schor, MD, PhD, chair of Pediatrics.

Sacks, for whom the award is named, is a neurologist who has published several best-selling books on people with neurological disorders. In February 2015, he announced in a *New York Times* op-ed that he had terminal cancer. The Tourette Association created the award in his honor.

"Oliver Sacks always had empathy, passion, and was committed to understanding his patients," said Reid Ashinoff, past chair and current member of the board of directors for the Tourette Association of America. "Those are the qualities we hear about Jon all the time."



Residents Strengthen Rochester

In October, University of Rochester vice provost for Faculty Development and Diversity and professor of Obstetrics/Gynecology Vivian Lewis, MD, presented a certificate of commendation to neurosurgery resident Clifford Pierre (MD '14), to recognize his outstanding humanitarian contributions to the Rochester community.

Pierre was one of two School of Medicine and Dentistry residents nominated by the University for national community service awards from the American Association of Medical Colleges' Organization of Resident Representatives.

"It's very significant for the School of Medicine and Dentistry to have two of its students endorsed by the University for this prestigious honor," says Lewis. "It really speaks to the Medical Center's commitment to advancing the health of the local community, while providing the very best educational preparation students need to become top clinicians, researchers and instructors."

Pierre was nominated for his several years of community outreach and mentorship to local minority youth. As a leader of the University of Rochester chapter of the Student National Medical Association (SNMA), he has worked to support current and future underrepresented minority medical students, address the needs of underserved communities, and increase the number of culturally competent and socially conscious physicians. Six years ago, Pierre co-founded an annual pre-medical student conference, which exposes hundreds of minority high school and college students to careers in health care.

The event, which features a national speaker, hands-on learning and networking opportunities, has grown in attendance every year.

In 2013, Pierre also co-founded the Minority Male Leadership Association (MMLA), a group focused on improving the Rochester city school district's nine percent graduation rate for young men of color. The group aims to build a community of young, driven, successful, minority men by providing them with role models and mentorship, and promoting excellence. The group sponsors workshops and presentations, dinners and study breaks, and holds an annual symposium and award ceremony.

"Dr. Pierre has brought faculty, staff and students together in a common vision," says Lewis. "His leadership and personal mentorship has built sustainable programs and is helping to build broader collaborations between the University and the Rochester community. Despite the rigors of his residency, he still takes time to pay it forward so that other young people can reach their potential."

Pediatric resident Erin Theresa Kelly (MD '11) was also nominated for her development and coordination of a book distribution program in partnership with a team from the Warner School of Education and the Rochester city school district. In 2013, Kelly conducted an experiment with 18 students in grades K-2 at School 36. The children were allowed to pick 13 books to take home to read over the summer, while their classmates had reading material chosen by their teachers.

The students' reading level was tested before they left for the summer, and again when they returned. Students who chose their own books performed significantly better on the test than those who did not.

Kelly then expanded and tweaked the experiment in 2014, to further prove that even a small amount of reading choice makes students more eager to learn, and more apt to benefit from reading.

Based on her work, the district changed its summer book distribution program to offer students more choice. All K-2 students receive five pre-selected books, but are then able to pick five more of their own at a book fair. Those in grades 3-11 now choose two chapter books to take home.

"It really validates a lot of research that's been out there for many years, but it's cool that it's localized in this study," says Katie Yarlett, the district's executive director of reading by third grade.

Studies show all students lose some literacy over the summer, but the effect is three times worse for poor students who are less likely to have books around the house, or be exposed to enrichment opportunities.



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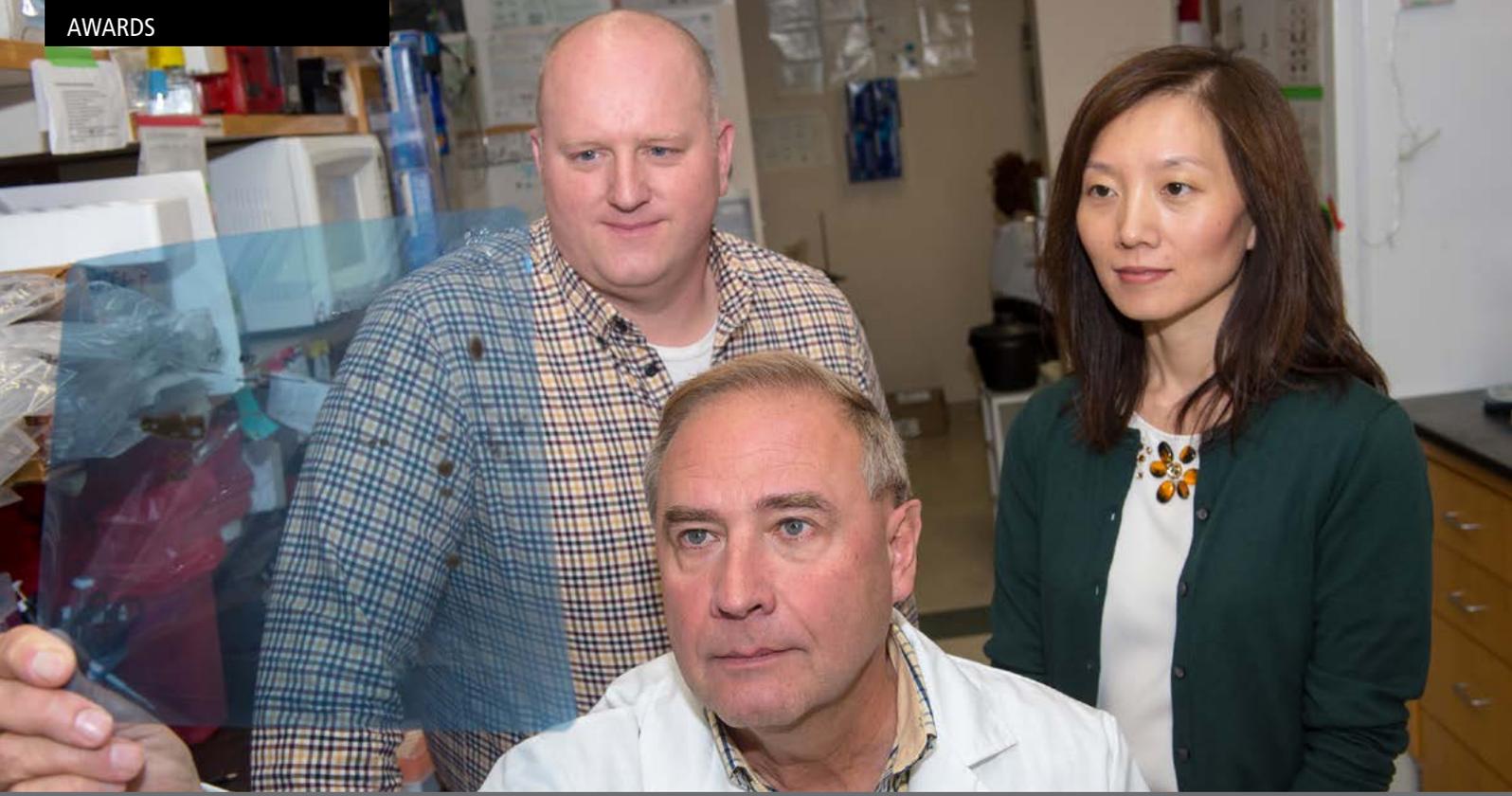
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Phipps Wins Award to Develop Obesity Drug

Richard P. Phipps, PhD, won a top scientific award from the pharmaceutical giant Novo Nordisk, to collaborate on a new obesity therapy based on his laboratory's discoveries.

Phipps, the Wright Family Research professor of Environmental Medicine, is the first UR faculty to receive the competitive Novo Nordisk Diabetes and Obesity Biologics Science Forum Award. It pays \$767,500 for the next two years, and was designed to quickly move basic science in diabetes and obesity to an early stage of drug development known as proof of principle. Phipps discovered a new function for a protein known as Thy1 (formally called CD90), linking it to fat cell accumulation. Subsequently, the Phipps lab began developing a treatment using a Thy 1 peptide to potentially prevent or reverse obesity.

Novo Nordisk has 90 years of experience developing peptides such as insulin and other treatments for diabetes, which is often associated with obesity. Phipps applied for the Biologics Science Forum Award to leverage that expertise, and Novo Nordisk selected Phipps' lab for the award following extensive screening and a competitive process that included approximately 100 other applicants.

"This unique partnership between our academic lab and Novo Nordisk has the potential to move our product forward faster than anything we could have achieved on our own," said Phipps, who also has academic appointments in five other URMC departments. "Novo Nordisk is heavily invested in this issue and our research fits

into their portfolio. We're grateful to be selected and look forward to contributing to a solution for the obesity epidemic."

An estimated 60 million people are defined as clinically obese in the United States. Across the globe, Phipps said, obesity rates are growing fastest in well-developed regions such as Asia, Latin America, and even in parts of the Middle East and Africa.

It's also more difficult to lose weight today than it was 20 years ago, Phipps said. He speculates that in addition to people consuming more calories and not exercising, other factors may be to blame such as changes in the microorganisms that live in the gut, the overuse of artificial sweeteners, consumption of more processed foods, and greater exposure to endocrine disruptors such as air pollution, bisphenol A, and phthalates. His lab is currently studying whether Thy1 levels are different in people at birth, or whether they change with time and exposure to various environmental agents.

Published data by Phipps and a key investigator in his lab, Collynn Woeller, PhD, who is a research associate professor of Environmental Medicine, demonstrated in mice and in human cells that expression of Thy1 is lost during fat cell development—suggesting that obesity could be treated by restoring Thy1. The lab has also shown that Thy1 peptides have the potential to prevent or treat fat mice by directly targeting the tissue in stored fat pads (like visceral fat around the mid-section) that contain more inflammatory proteins, lipid vacuoles (cellular fat globs) and tend to be associated

with diabetes and fatty liver disease. Early experiments in mice showed that the new treatment can significantly reduce stored fat.

The UR Ventures Technology Development Fund (TDF) provided money to the Phipps lab to validate the earlier discovery and to generate critical proof-of-concept data requested by Novo Nordisk.

"This is not only a great scientific story, with an entirely new approach to obesity—but it also highlights the value of the UR Ventures' Technology Development Fund, said Stephen Dewhurst, PhD, vice dean for Research. "TDF gives us the resources and business insight to develop and refine new technologies that result from our research mission, to the point where they can be more readily picked up by industry partners. This new partnership with Novo Nordisk is therefore especially pleasing and represents a first step toward moving a truly exciting scientific discovery from the bench to the bedside."

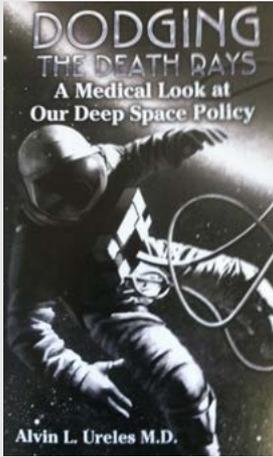
Weimin Kaufman, PhD, licensing manager at UR Ventures, worked closely with Phipps and Woeller to secure the TDF award, and later, the Novo Nordisk award.

If you see any alumni whom you would like to contact, use the Online Directory at alumniconnect.com/urmc to find address information. Submit class notes to your class agent or to RochesterMedicineMagazine@urmc.rochester.edu.

Note: MD alumni are listed alphabetically by class, resident and fellow alumni follow in alphabetical order, and graduate alumni are listed separately in alphabetical order.

MD Alumni

1945



Alvin L. Ureles, professor of Medicine emeritus for the School of Medicine and Dentistry, has published a book, "Dodging the Death Rays: A Medical Look at Our Deep Space Policy." The book alerts the public to

the little recognized dangers of ionizing radiation throughout deep space, and calls into question the timing, safety, and defenses needed to pursue the present plans for deep space exploration. Ureles is a pioneer in nuclear medicine, with a long-standing concern about astronaut health and welfare, and the biophysical problems of space medicine. An avid astronomer, he is a fellow of the Rochester Academy of Science, and the recipient of numerous local and national medical and community awards for his academic and social service. He is a former Avery Hopwood Literary Award winner at the University of Michigan.

1962



Ezra A. Amsterdam (Res '63) continues to work full time at UC Davis School of Medicine and Medical Center (formerly Sacramento Medical Center).

He earned a Distinguished Professor of Internal Medicine award in 2014. He chairs the American College of Cardiology/American Heart Association, is part of the program committee for the American College of Cardiology's annual national meeting, and surpassed 800 authored publications this year, with his two most recent, "Preventive Cardiology" and "Guideline on Management of Patients with NonST Elevation MI." On a personal note, he says his tennis backhand remains a work in progress!

1963

Warren Barton Campbell is professor of medicine in the Division of Cardiology at Vanderbilt University School of Medicine.

1968

After 17 years of experience in the Juvenile Hall Health Service, **Albert Chang** retired as a pediatric consultant specialist, having worked 47 years as an administrator, teacher, and researcher. The advisor who encouraged him toward his multi-faceted career was former SMD dean George H. Whipple, MD.

1970



Ronald G. Worland (Res '77) writes, "I had the opportunity to experience 35 rewarding years doing plastic and reconstructive surgery in Medford, Ore. In 1991, I completed my first surgical

humanitarian mission, and since then have taken part in 34 international missions doing cleft lip surgeries and other reconstructive procedures. I have visited China and India multiple times, as well as Venezuela, Peru, Guatemala, Vietnam, Mexico, Philippines and the Dominican Republic. I retired three years ago, so am able to travel every three months for two weeks of surgery. As long as my health permits, I plan to continue doing mission work, and am more than grateful for the opportunities afforded me. As a surgeon since my internship at UCLA, it seems impossible to not continue doing what I love, and hopefully, improve the welfare of many children who are in need. I am a very lucky man!"

1977

Mary Kay Ness (Res '80) is now mostly retired. Working two days a-week for Finger Lakes Migrant Health, she visits dairy farms and provides health care for the migrant workers. January through February, she works at a mission-based clinic in Oaxaca, Mexico.

Kathleen Gensheimer (Res '86) recently returned from Sierra Leone, where she served as a member of the Centers for Disease Control Ebola Response Team and assisted with the vaccine trial called STRIVE (Sierra Leone Trial to Introduce a Vaccine against Ebola).

1978

Jeffrey H. Charen (Res '80) writes, "My son, Daniel Charen, is entering his fourth year at the University of Rochester School of Medicine and Dentistry."

James R. Parkinson (Res '82) writes, "Despite the fact that I am five years older than most of my fellow 1978 classmates, I still have not discovered the formula for retirement. After 20 years of working in a private orthopaedic practice in a small Massachusetts college town, I decided to redirect my efforts to teaching full time in the orthopaedic residency program at Albany Medical College. I am happily serving as an associate professor of surgery here, for who knows how much longer. It was most gratifying to recently receive a Golden Apple award from the residents for excellence in teaching. This may be a somewhat ominous sign, however, as I remember a sage mentor once told me, 'If you stay around long enough, someone will give you an award and expect you to retire!'"

1979

Robert T. Brodell (Res '81) is entering his fourth year chairing the Department of Dermatology at the University of Mississippi Medical Center in Jackson, Miss. He and Linda P. Brodell (MD '81) welcomed their first grandchild on May 14, 2015 (Kara Prichard Dolohanty, anticipated MD '40).

Mark Alan Levine became a member of the Board of Regents of the American College of Physicians (ACP), the national organization of internists. His term began during the ACP annual scientific meeting, "Internal Medicine 2015" in Boston, Mass.

The Board of Regents is the main policy-making body of the College. Levine is a professor of medicine and vice chair for education in the Department of Medicine at the University Of Vermont Medical Center. He is also associate dean for graduate medical education at the University Of Vermont College Of Medicine.

1980

Sara M. Tabby writes, "Maintaining a solo practice in physical medicine and rehabilitation has given me the flexibility to raise four daughters with my husband, neurologist David Tabby. After my youngest twin daughters left for college, I have pursued other interests such as studying French, volunteering in Haiti after the 2010 earthquake, and returning to Port-au-Prince every six months to work in an NGO-based community clinic. I'm now developing a rehabilitation program for this clinic in collaboration with physical therapy and prosthetic/orthotic services in Port-au-Prince. Because I have continued to take ballet classes every day in the States, and am certified in teaching the Vagonova ballet method, I am teaching ballet in Port-au-Prince as well. Another interesting life event is that I had the good fortune of being the doctor for the Bard College and Conservatory Orchestra for a three-week tour in China in 2012, and a three-week tour in Central and Eastern Europe in 2014. I am very grateful for the medical training and support of my classmates that I received while in medical school."

1983

Chief executive officer of OptumLabs **Paul A. Bleicher** (MS '83, PhD '83) has been selected as the 2015 William F. Glaser '53 Rensselaer Entrepreneur of the Year. Established in 1990, the award brings the world of entrepreneurship and innovation into Rensselaer classrooms by recognizing successful entrepreneurs and role models who share their wisdom and experiences with students.

Heidi Schwarz (Res '89), writes, "Life continues to be interesting. After a brief stint at retirement, I returned to the Department of Neurology at URM, initially on a very part-time basis. However, due to circumstances, I am now working half time at the URM Headache Center as well as coordinating an interesting project to provide neurologic and mental health care to NFL retirees and veterans, that is integrated with mindfulness and yoga. I am also doing clinical research in teleneurology

in patients with Parkinson's disease. In addition, I am chairing the practice committee of the American Academy of Neurology (AAN) and on the AAN board of directors. In these roles, I have been involved in integrating advanced practice providers into the AAN, and studying burn-out in neurologists. On a personal note, our eldest daughter Liesel (with my husband Karl Schwarz, MD '83), will be married later this year. I'm looking forward to seeing as many of you as possible in 2018."

1985

Dennis H. Kraus (BA '81) was elected president of the American Head and Neck Society. His presidency will culminate at the Ninth International Conference for Head and Neck Cancer in Seattle, Wash., in July 2016.

1990

Gary M. Hollenberg writes, "I'm now in Rochester since 1986, almost 30 years! My colleagues and I recently published a textbook, "Differential Diagnosis in Musculoskeletal MRI." I was awarded fellowship in the American College of Radiology at their annual meeting in April 2014. I also direct the MRI fellowship program at University Medical Imaging, at the University of Rochester School of Medicine and Dentistry."

Since graduating from medical school, **Anne Marie Stilwell** (BS '86) completed a residency in anesthesiology at The New York Hospital/Cornell Medical Center followed by the tri-institutional pain fellowship. She now has a private interventional pain practice on Staten Island, where she grew up. She is married to her University of Rochester college sweetheart, Timothy Gilman, who is associate general counsel at Avon Products, Inc., in Manhattan. They are raising four children, and their eldest will be applying to the UR as an undergraduate, with an interest in medicine.

1998

One of the most respected head and neck plastic surgeons in Virginia, **Dr. Seung Choe**, has unveiled a non-invasive treatment for subtle lip enhancement called Restylane Silk in his plastic surgery office. According to Choe, Restylane Silk not only enhances lips, but treats lines and wrinkles that form around the mouth as a result of the aging process.

1999

Michael Harris recently received the Jacksonville Business Journal's Health Care Hero award. The award honors outstanding individuals who have made a significant impact on the quality of care in Jacksonville, Fla. Harris, of UF Health Jacksonville/University of Florida College of Medicine, is considered one of the top orthopaedic surgeons in the area, specializing in trauma.

2009

Zachary L. Reese, oncologist/hematologist, has joined Intermountain clinics in St. George, Utah. A native of Cottonwood Heights, Utah, he completed his internal medicine internship/residency at the University of Colorado-Denver, in Aurora, Colorado, and a hematology/oncology fellowship at the University of Utah. Reese is certified by the American Board of Internal Medicine and is a member of the American Society of Clinical Oncology. As an oncologist, he is dedicated to the diagnosis, care, and treatment of adults with cancer and blood-borne malignancies, and has a special interest in the treatment of lymphomas.

2010

Lindsey Brodell Dolohanty (Res '11) had a baby girl, Kara Prichard Dolohanty, on May 14, 2014 at Highland Hospital.

2012

Orthopaedic surgeon **Havalee Henry** was recently presented with a check for \$1.5 million after her project, a mobile clinic, was one of three selected to receive money from the Arthur Guinness fund. The projects all embody the spirit of Arthur Guinness, who after founding the Guinness brewery in Ireland more than 250 years ago, set up pharmacies and other community-based services in the communities around the brewery. Henry's project involves expanding the services of a mobile clinic to provide greater access to health care to underserved communities across Ireland. She explained, "There is a mobile clinic already established by the Shipping Association of Jamaica. They service the community close by the wharves and they do that twice monthly. It's a renovated 40-foot trailer. They get volunteer doctors who come to provide primary and preventive care. The role of my project is to expand on that and have more scheduled clinics throughout each month, going into other areas where access to health care is very limited. So we can take care to very rural areas and increase the number of people seen."

Resident & Fellow Alumni

Ezra A. Amsterdam (MD '62, Res '63) –
See *MD Class of 1962*

Robert T. Brodell (MD '78, Res '81) –
See *MD Class of 1979*

Jeffrey H. Charen (MD '78, Res '80) –
See *MD Class of 1978*

Lindsey Brodell Dolohanty (MD '10, Res '11) – See *MD Class of 2010*

Kathleen Gensheimer (MD '77, Res '86) –
See *MD Class of 1977*



Pediatric oncologist and palliative care physician at UR Medicine's Golisano Children's Hospital, **David Korones** (Res '86), has been presented with the 2015 Hastings Center Cunniff-Dixon

Senior Physician Award, a national honor for physicians who care for people at the end of life. Korones specializes in treating children with brain tumors and is the founding director of Golisano Children's Hospital's pediatric palliative care program. The selection committee cited the success of Korones in advancing palliative care for children with brain tumors, as well as his work to care for children with cancer in Russia and Ethiopia. In addition to directing the pediatric palliative care program, which serves about 200 children a year, Korones also directs the pediatric brain tumor program and is an attending physician on the adult palliative care service. He is also the lead physician consultant at CompassionNet, a community-based pediatric palliative care program. "David provides the highest level of biological, psychological, social, and spiritual care available," wrote the selection committee.

Joe Billy Putnam Jr. (Res '86) has been named the medical director of Baptist MD Anderson Cancer Center. The joint cancer center becomes the third partner of MD Anderson Cancer Network®, a program to elevate the quality of cancer care in communities around the world. Since 2004, Putnam has been professor of surgery and chairman of the Department of Thoracic Surgery at Vanderbilt University Medical Center in Nashville, Tenn., Ingram professor of cancer research, and program director for the residency program in thoracic surgery. He also served as professor of biomedical informatics.



Henry A. Nasrallah (Res '75) writes, "Forty years after completing my residency training in June 1975, I am currently the Sydney W. Souers endowed chair, and professor and chairman of the Department of Neurology & Psychiatry at Saint Louis University. My wife Amelia and I have two grown children. Ramzy George (who was born in Rochester during my residency), is the global marketing director for a Fortune 500 company, and Rima Alice (who was born in Washington D.C. during my post-residency NIH fellowship), is a pediatrician. Amelia and I cherish our five grandchildren, ages 6 through 11. In addition to my academic role, I am editor of two journals, "Schizophrenia Research" and "Current Psychiatry," and have published 12 books and more than 600 articles, mostly about the neurobiology and psychopharmacology of schizophrenia. This is my second chairmanship (the first was at Ohio State University for 12 years) but I enjoy leading a department that integrates neurology and psychiatry. I welcome hearing from my Rochester residency classmates (most of whom I have not seen in four decades) at my email HNasral@SLU.edu or via LinkedIn or Facebook."

Mary Kay Ness (MD '77, Res '80) –
See *MD Class of 1977*

James R. Parkinson (MD '78, Res '82) –
See *MD Class of 1978*

Stephen C. Scheiber (Res '70) writes, "Mickie and I will celebrate our 50th anniversary in September. We plan to have our three children and grandchildren join us in Disneyland to celebrate. We have plans for a cruise from Sydney, Australia to Hong Kong. I continue to serve on the medical education committee of the Group for the Advancement of Psychiatry, on the ethics committee of the American Psychiatric Association, and chair the awards committee of the Senior Psychiatrists organization. I continue to hold faculty appointments at Northwestern and at the Medical College of Wisconsin. I gave a grand rounds presentation at the University of Arizona last year, and John Racy (who was my attending psychiatrist in Rochester when I served as a first-year resident and as chief resident) and his wife Anne, hosted Mickie and me. The Department of Psychiatry at the University of Buffalo has named the annual faculty award for psychiatry residency teaching, the Stephen C. Scheiber, MD Award.

Heidi Schwarz (MD '83, Res '89) –
See *MD Class of 1983*

Ronald G. Worland (MD '70, Res '77) –
See *MD Class of 1970*

Graduate Alumni

John H. Baker (MS '59) writes, "There are two fine memories of my one year in Rochester: a superior education in radiation biology and the mentoring of Rufus Crain, MD. He introduced me to the vast field of occupational medicine in all of its aspects, from primary prevention to comprehensive rehabilitation. His counsel was with me through 41 years of medical practice. Rufus Crain is not usually mentioned with the great physicians in Rochester's heritage, but he is at the top of my list.

Paul A. Bleicher (MS '83, MD '83, PhD '83) –
See *MD Class of 1983*

Ed Plansky (MS '61, PhD '64) is married and has two children now 47 and 44. He lives in Crozet, Va., a suburb of Charlottesville.

Jules Cohen, MD



“A healthy institution, like a healthy organism, is one that can respond and adapt successfully to challenges, while preserving its traditional strengths.”

-Jules Cohen, MD (1931-2015)



Jules Cohen, MD ('53, MD '57, Res '59), professor emeritus of Medicine (Cardiology), whose career as a physician, researcher, educator, and administrator at the School of Medicine and Dentistry spanned more than 60 years, passed away Oct. 8 at the age of 84.

In addition to his numerous teaching and research contributions as a longtime member of the Cardiology faculty, Dr. Cohen served as senior associate dean for Medical Education from 1982 to 1997. He earned his bachelor's and medical degrees from the University of Rochester and completed his residency and postdoctoral training at Strong Memorial Hospital.

“He was a doctor's doctor, an attentive educator, and a true citizen of the School of Medicine and Dentistry,” said former University of Rochester Medical Center CEO C. McCollister “Mac” Evarts, MD, who struck up a lifelong friendship with Cohen when they were both first-year students in 1953. “He was an incredibly bright guy, with a great sense of humor, who interacted with everyone throughout his career with the utmost integrity and humility. He was the embodiment of the medical school's mission, a pillar of the school.”

As a student, Dr. Cohen studied under the SMD's founding professors and fathers of the biopsychosocial model of medicine—psychiatrists John Romano, MD (1908-1994) and George Engel, MD (1913-1999), as well as physiologist Wallace Fenn (1893-1971) and cardiologist Paul Yu, MD (1915-1991). Their influence had a profound impact on how he would chart his own course as a clinician, a teacher and scientist, and later, administrator of the school.

“What made them good teachers was their capacity for clarity, their capacity for making you think, and their making it quite clear that they were interested in you personally,” Dr. Cohen said in a 2012 interview. “And without exception, we know those traits of collegiality and personal attention are still the most important traits to students today.”

In an era of rapid technological and scientific advancements, Dr. Cohen's dedication to the “human” dimension of medicine was a constant thread through his clinical care of patients with heart problems, his patient-centered research into heart muscle abnormalities, and his NIH-funded collaborative studies. He worked closely with Marshall Lichtman, MD, professor of Medicine (Hematology/Oncology), studying oxygen transport in patients with congestive heart failure.

“He was very much a humanist, a very smart and gentle person, always relating everything back to how it would impact the care of the patient,” said Lichtman, a close friend for more than 50 years and a former dean of the medical school. “Above all, he was devoted to the medical school and to the core principles it was founded on. He loved teaching and interacting with students, residents, and fellows, and later, he embraced his administrative role, because it allowed him to develop curriculum and have an even larger impact.”

Dr. Cohen taught his first class of students at the School of Medicine and Dentistry in 1963, and over the next 10 years rose from an instructor to full professorship. As a faculty member, he played a key role in creating a robust research facility, securing NIH funding to expand his laboratory research program.

After 13 years on the Cardiology faculty, he was named physician-in-chief at Rochester General Hospital, returning in 1982 to take on the role of senior associate dean for medical education. During the next 15 years, he led a major revision of the medical school's curriculum. His most recent work focused on medical education and public policy, and included a four-year post as co-director of the Health Professions Public Service Program.

Dr. Cohen continued his consultant work well into his later years, and co-authored three historical books: “Paul Yu Remembered,” “John Romano and George Engel: Their Lives and Work,” and “75 Years of Achievement 1925-2000, The University of Rochester Medical Center.”

He earned his bachelor's degree from UR magna cum laude in 1953, and earned his medical degree with honors from the SMD four years later. After completing an internship at Beth Israel Hospital in Boston, he returned to Strong Memorial Hospital for residency and one year of post-doctoral training in Hematology. He spent two years as a research associate at the NIH before completing his cardiology training at the Royal Postgraduate Medical School in London.

A member of the School of Medicine and Dentistry's Alumni Council since 2011, he is the recipient of several awards including the Gold Medal Award from the UR Medical Alumni Association, the Marvin J. Hoffman Award for Faculty Mentoring, and the Albert David Kaiser Medal, which is the Rochester Academy of Medicine's highest honor.

John States, MD



John States, MD ('46), who helped persuade New York to enact the nation's first seatbelt law—based on his years of careful research—died in March at the age of 89. A graduate of the University of Rochester and Harvard Medical School, Dr. States joined the School of Medicine and Dentistry faculty in 1960, where he

supervised resident rotations and medical student clerkships. Legions of medical students and young orthopaedic residents rotating through Rochester benefitted from his teaching and encouragement. He became professor emeritus of Orthopaedics in 1990.

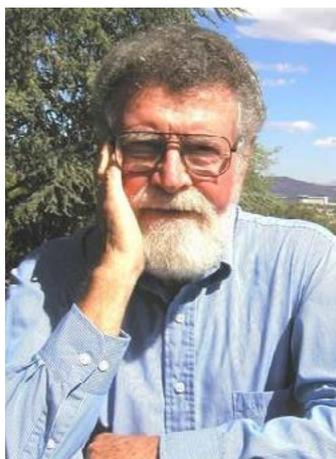
Dr. States devoted his career to studying automotive injuries and passenger safety after having a heart attack in his 40s and giving up surgery. His passion for automobiles was born when he built his first powered vehicle at the age of 10. He went on to reconstruct junked cars to pay for college and to become track physician at the Watkins Glen International race course. His interest in auto safety was piqued by the contrast between what he saw in hospital emergency rooms and at Watkins Glen. Race car drivers who often survived horrible crashes because they were protected by seatbelts, roll bars and helmets, while unprotected ordinary motorists suffered more serious injuries from less severe accidents.

Decades of research led Dr. States to develop a seatbelt buckle, dashboard and airbag designs, as well as protocols for accident investigation teams. He also developed the Abbreviated Injury Scale, which standardized the measurement of trauma from accidents. He was appointed to the National Motor Vehicle Safety Advisory Council in the 1960s, and was a founder and president of the Association for the Advancement of Automotive Medicine.

"He had the personality and political acumen to form a coalition of doctors, legal experts, public health officials, politicians, car manufacturers, and interested members of the public, to improve car safety," said Hong Kong orthopaedic surgeon Julian Chang, MD (Res '83M), who was an assistant professor of Orthopaedic Surgery at the School of Medicine and Dentistry from 1985 to 1987. "John was my teacher and gave me my first job. In fact, he provided everything, down to his father's examination couch, without ever asking anything in return."

When Gov. Mario M. Cuomo signed the seatbelt legislation in 1984, he said that Dr. States "was a prime mover in the development of New York's passenger restraint law—the first of its kind in the country." Similar laws were later adopted in 48 other states (The lone holdout is New Hampshire, whose state motto is "Live Free or Die.")

Cyril Worby, MD



Cyril M. Worby (MD '56, Res '60), who formerly served as an assistant professor for the School of Medicine and Dentistry, and clinical director of a psychiatric inpatient unit (R-4), passed away July 3, 2015 at age 87. Dr. Worby led an esteemed academic career at four medical schools—including the University of Rochester—and was most recently

professor and vice chairman of the department of Psychiatry and Behavioral Sciences at the University of Nevada School of Medicine.

After completing both his medical degree and residency at the University of Rochester in the early 60s, he spent three years in Frankfurt, Germany as a captain in the U.S. Army Medical Corps. Upon return to Rochester, he joined the faculty and led the R-4 psychiatry inpatient unit, where he developed a unique program for teaching family theory and therapy.

But Dr. Worby, who spent his childhood in New York City and Moscow, was not one to remain in one place for long. He later continued his academic career at Michigan State University (where he founded the Family Life Clinic), Case Western Reserve, and the University of Nevada, where he retired in 1995. Following his wife Marsha's death in 2009, he moved to Washington, D.C., and later settled in Arlington, Va.

His 35-year career included clinical, academic, and academic responsibilities, and even after retirement he continued to consult, and take part in workshops and conferences centered on such themes as humanizing doctors and their interactions, and strengthening clinician-patient relationships during chronic illness. He was particularly concerned with studying and addressing the impact of a chronic illness diagnosis on individuals and families. He was most proud of a set of award-winning teaching videos he created with colleague Ivan Harwood, MD, featuring interviews with cystic fibrosis patients, family members, and caregivers.

A gifted therapist and teacher, his work took him around the world, including Malaysia, Sweden, Norway, Spain, the Netherlands, Greece and Mexico. He demonstrated respect and curiosity for every person he met, and maintained deep friendships over decades across the country and around the world.

In Memoriam

Rebekah Anders (Yates) (MD '53)
 Angelo P. Andrese (MS '66)
 Yadon Arad ('78, MD '82)
 Robert J. Arceci (PhD '80, MD '81)
 William J. Bair (PhD '54)
 Phillips L. Bates (MD '46)
 Stanford Z. Burday ('57, MD '61, Res '66)
 Thomas E. Cardillo ('47, MD '51, Flw '55)
 Jules Cohen ('53, MD '57, Res '59)
 Russell W. Chesney (MD '68)
 David E. Davidson (MS '62)
 Victor J. DeSa (Res '76)
 Nicola DiFerrante (PhD '61)
 Deborah Ann Dilts (Palermo) (MS '85, PhD '88)
 Joel M. Dopp (MS '91, PhD '93)
 William M. Fiore (MD '78, Res '83, Flw '83)
 Hillel J. Gitelman (MD '58)
 Richard J. Glavin (MD '55)
 Harry Glenchur (MD '53)
 James T. Haggerty ('54, MD '58)
 Susan E. Hanson (Res '67)
 Patricia Hayden (Wills) (MD '53)
 Franklin T. Hoaglund (Res '63)
 Bob Hoke (MS '61)
 Milton M. Howell (MD '52)
 Robert W. Huntington (MD '64)
 Emlen H. Jones (MD '72)
 John Jay Kuiper (Res '65)
 Janet Lapey (Dundee) (MD '63, Res '64)
 Wolfgang Lederer (MD '51)
 Frederick Pei Li (MD '64, Res '66)
 Djon Indra Lim (MD '70)
 Hugh D. Maillie (MS '56, PhD '63)
 Victor J. Marder (Res '61, Flw '66)
 Teddy B. Martonen (MS '74, PhD '80)

John P. Meade (MPH '97)
 Robert G. Menninger (MD '52)
 Gerald R. Mores (MD '62)
 Jan S. Najdzionek (Res '90)
 Margaret Neuman (Wrightington) (MS '40, PhD '43)
 Peter T. Perkins (Flw '58, Res '58)
 Joseph L. Potter (PhD '57)
 William K. Rogers (MD '45)
 Lawrence T. Rollins (Res '59)
 Paul Ross (Res '56)
 Richard P. Ryskamp (MD '83)
 Charles R. Scott (MS '52)
 Terrence L. Scott (MS '76, PhD '80)
 Carol E. Shields (Predmore) (MD '64)
 James A. Sproul (PhD '62)
 Peter Stahl (Flw '74)
 Robert E. Steinkraus (MD '56)
 Donald Stuard (MD '60)
 Richard R. Temple (Res '64)
 Charles L. Weed ('56, MD '61)
 Robert S. Wedeen (MD '51)
 Eleanor Woodbury (Atkinson) (MD '46)
 Cyril M. Worby (MD '56, Res '60)
 Lawrence Zaroff (Res '93)



What I Learned on My 'Hard Hat' Tour of Golisano Children's Hospital

By Laura Halleran, benefits coordinator for the Halleran Financial Group in Pittsford

I learned that when I was complaining about my child not getting enough "ice time" in a game, other parents were hoping for five more minutes of life for their child.

I learned that when I was grumbling about the ugly tile in my master bath, another parent was walking down the hall to take a shower on the NICU floor.

I learned that when I was buying my child yet another electronic device, other parents were praying that their child's heart would someday beat without an electronic device.

I learned that when my breath is taken away by the sunrise or sunset, another parent may have just watched his child take one last breath.

I learned that when I cannot wait to get home after a long day, another parent may have spent their twelfth night in the hospital.

I learned that when I'm anxiously awaiting my teen to come home before curfew, another parent knows her child isn't coming home at all.

I learned that when I'm complaining that it's either too hot or too cold, another parent's child hasn't been outside in weeks.

But I also learned that other parents will soon have a place to lay their weary heads, to lock up their belongings, to shower in a private room, to observe their child in a play area where children will get to feel the sun on their faces.



MEDICINE *of* THE HIGHEST ORDER

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