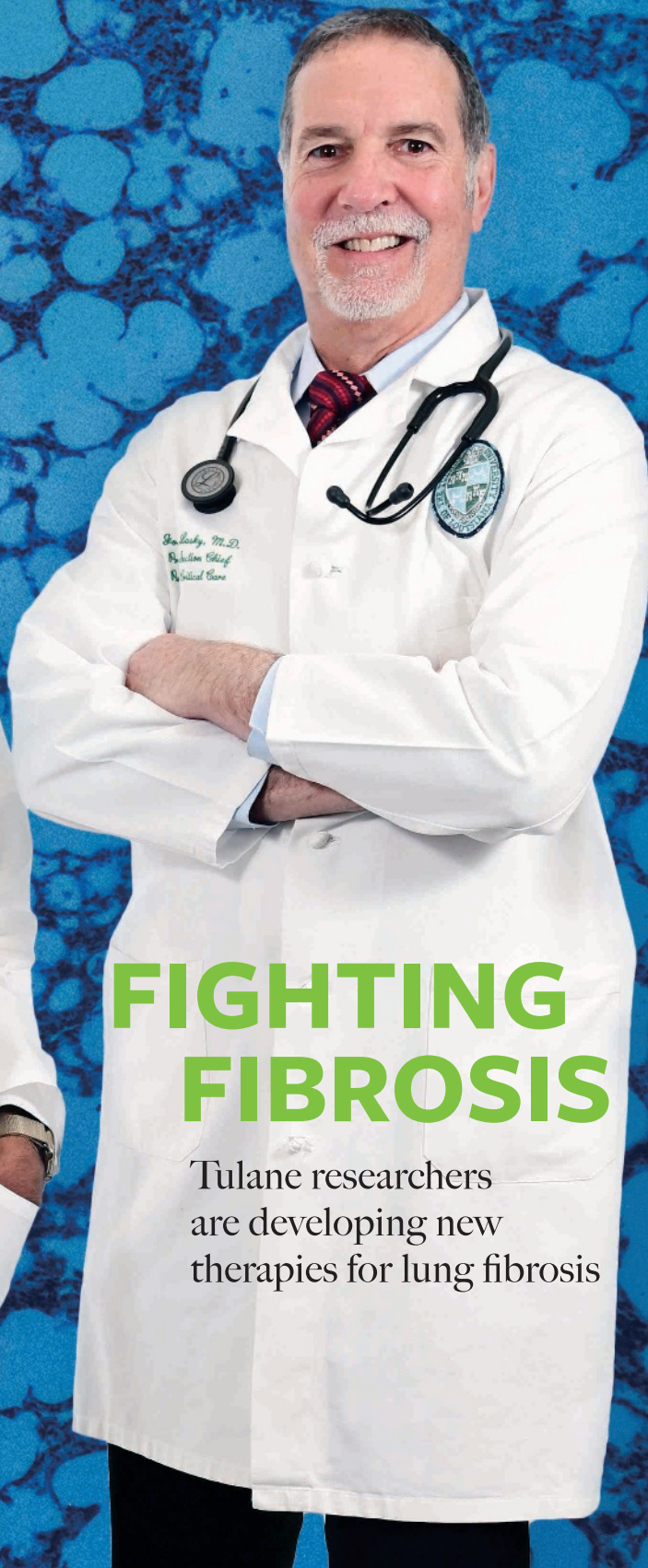
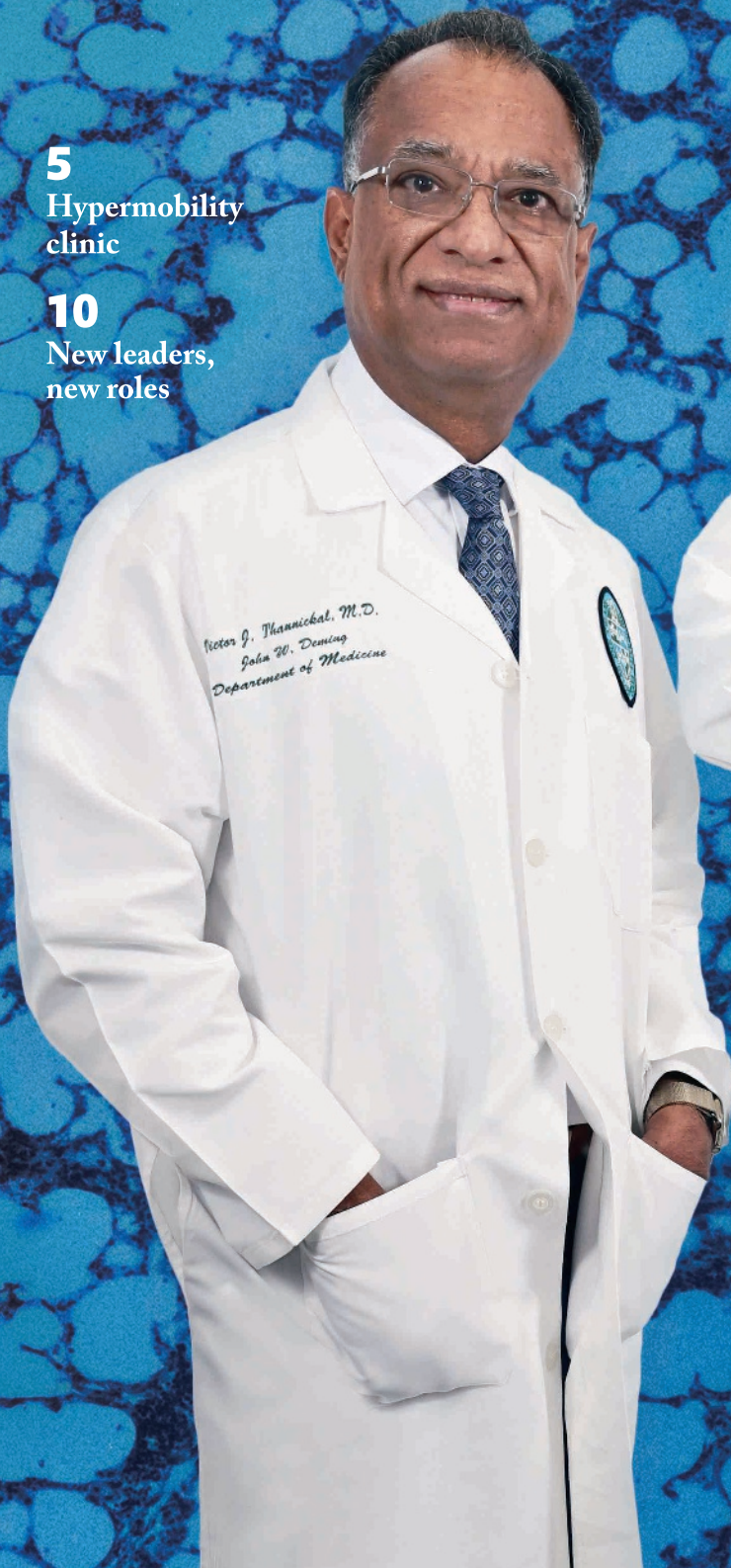


TulaneMed

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Hypermobility
clinic

10
New leaders,
new roles



FIGHTING FIBROSIS

Tulane researchers
are developing new
therapies for lung fibrosis



ON THE COVER: Victor Thannickal, MD, professor of medicine and the Harry B. Greenberg Chair in the John W. Deming Department of Medicine, and Joseph Lasky, MD, professor of medicine, pulmonary/critical care section chief, and John W. Deming, MD, Endowed Chair in Internal Medicine, work together to fight pulmonary fibrosis at Tulane. Photograph by Cheryl Gerber.



A technician removes a deer tick for examination at the Tulane National Primate Research Center in Covington, La. In the Vector-Borne Disease Research program, ticks are used in the development of potential Lyme disease diagnostics, vaccines and treatments.

PHOTOGRAPH BY **PAULA BURCH-CELENTANO**

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TulaneMed

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Advances: Innovation and outreach



Michele Longo, MD, assistant professor of neurology at Tulane University School of Medicine.

Nationally recognized experts gathered for Tulane symposium on Long COVID

More than three years since the virus began spreading around the world, the lingering symptoms caused by COVID-19 are now the third leading neurological disorder affecting Americans.

In April, Tulane hosted a symposium for healthcare providers, that brought together nationally recognized experts in Long COVID to discuss treatments for the condition, the impact on health systems, and what the future holds for the millions of people with lasting fatigue, brain fog, difficulty breathing and other chronic health issues.

The event was designed to help physicians and other providers learn the latest treatments and research advances to provide better specialized care for patients who are among the estimated 1 in 5 American adults still suffering from symptoms of Long Covid.

“The public health emergency officially ends in May, but there are many who continue to

struggle with the health effects of COVID,” said Dr. Michele Longo, assistant professor of neurology at Tulane University School of Medicine, in the spring. “By bringing together experts from multiple specialties, we will further our understanding and provide much-needed support to those suffering from this complex condition.”

The symposium was organized by the Louisiana Community Engagement Alliance Against COVID-19 Disparities, Tulane School of Medicine, Tulane’s Center for Clinical Neurosciences, and the Center for Continuing Education.

There are still many unknowns about why some people deal with symptoms for weeks, months and even years after getting COVID-19, but the symposium aimed to educate healthcare professionals on the current understanding of the cause, prevalence, evaluation and management of the condition.

Letter From Dean Lee Hamm



THE END OF THE BEGINNING

A new year brings new beginnings, and 2023 ushered in a tremendous evolution for the Tulane School of Medicine: It signaled the start of our official partnership with LCMC Health, as we formally joined together to deliver leading-edge healthcare for our region.

It took years of work and collaboration to get to this point, and the outpouring of positive comments we have received since the formal announcement has been simply incredible. But it is important to note that while Jan. 1 was a monumental day, it truly just marked the end of the beginning of the work ahead.

The next few years will be an intensive process as we continue to move forward in integrating our medical centers with LCMC Health. By doing so, our organizations will be better positioned to develop the next generation of medical treatments, enhance patient care and cement our position as a pre-eminent destination academic medical center.

In this process, there will be change. And change can be uncomfortable, even when it is moving towards an admirable end goal. However, by keeping our line of sight focused on four key missions — education, research, clinical care and connection to our communities — we are sure to reach that destination in a way that positions the School of Medicine to be better, stronger and more impactful than ever before.

Lee Hamm MD



Tulane University School of Medicine researchers Jay Kolls, MD, and Elizabeth Norton, PhD, invented CladeVax, a nasal spray vaccine to thwart antibiotic-resistant bacteria.

Tulane University awarded up to \$16 million to bring pneumonia nasal vaccine to clinical trials

The National Institute of Allergy and Infectious Diseases awarded an up to \$16 million contract to Tulane to bring to phase one clinical trial a nasal spray vaccine university researchers invented to thwart antibiotic-resistant *Klebsiella pneumoniae*, a leading cause of pneumonia.

Antibiotic-resistant bacteria are on the rise and are a significant cause of infections requiring hospitalization among children and the elderly. As doctors try to find new types of antibiotics to fight these so-called superbugs, Tulane University School of Medicine researchers Elizabeth Norton, PhD, and Jay Kolls, MD, inventors of the vaccine, are working to protect people before they are exposed to the pathogens in the first place.

Norton said that while the vaccine targets the *Klebsiella* bacteria, its unique design gives it the potential to be cross-reactive to other members of the Enterobacteriaceae family, the antibiotic resistant bacterial species behind many hospital-acquired infections, including *E. coli*.

The vaccine, called CladeVax, is designed

to efficiently target mucosa in the nose, throat and lungs to protect the area most at risk for infection.

The nasal spray vaccine uses an adjuvant — a compound that stimulates the immune system — named LTA1 that Norton developed at Tulane. That adjuvant, which is made using a protein derived from the *E. coli* bacteria, will be combined with a series of proprietary antigens identified by the Kolls lab that include outer membrane proteins from the target bacteria.

“This is an entirely novel vaccine platform, from the use of the adjuvant to the needle-less route of administration,” said Kolls, co-principal investigator, and the John W. Deming Endowed Chair in Internal Medicine. “This represents an entirely new class of vaccines for bacteria that elicits protection in two ways — both antibody and T-cell immunity. All current pneumonia vaccines only elicit antibodies against surface carbohydrates. Our platform has the potential advantage of providing a much broader protection against pneumonia.”

Innovation

BIO ON THE BAYOU

The regional academic bioscience showcase BIO on the BAYOU returned to New Orleans in November 2022 after a hiatus due to COVID-19. The event reinvented itself with a twist, evolving beyond the original university partners of Tulane University and LSU Health New Orleans to include academic science from universities located across the entire Gulf South region.

This iteration of BIO on the BAYOU focused on a key mission: presenting “University Research the way you want it” to corporate, investor, foundation, government and other potential collaborators. Scientists presented their innovative research projects and inventions business-pitch style in 10-minute slots, with 7 minutes dedicated to the presentation and 3 minutes for Q&A.

“In addition to presentations and panels, individual meetings — or ‘partnering meetings’ — are key to establishing and driving relationships forward,” said James Zanewicz, chief business officer for Tulane School of Medicine. “By securing the ability to use industry-standard partneringOne® software as part of BIO on the BAYOU, we are proving the Gulf South is a key player in the biotech industry conversation.”

“We’re excited to show our current and potential external partners research from universities across Louisiana, Mississippi and Kentucky,” Patrick Reed, assistant vice chancellor, Innovation and Partnerships, at LSU Health said in the fall. “We’re confident lasting collaborations will be built this year and beyond, as we grow BIO on the BAYOU to be the biosciences research showcase of the Gulf South.”

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Number of students in the Class of 2023 who matched with residency programs nationwide, as well as 8 military officers who matched into their first- or second-choice categorical residency programs.



Tulane immunologists James McLachlan, PhD, and Lisa Morici, PhD, are on a research team that recently received \$1.3 million from the National Institutes of Health to find out if the same technology behind a successful Lyme disease vaccine for dogs can be formulated for people. The study will combine the vaccine with an OMV adjuvant that McLachlan and Morici developed.

Research

Tulane researchers to develop new Lyme vaccine with lasting protection

Researchers at Tulane University recently received \$1.3 million from the National Institutes of Health to find out if the same technology behind a successful Lyme disease vaccine for dogs can be formulated with immune-boosting nanoparticles to offer safe and lasting protection for people.

The team will use a vaccine that combines multiple protein regions to elicit a long-lasting immune response to the bacteria responsible for Lyme disease. This vaccine, invented by Richard Marconi, PhD at Virginia Commonwealth University, will be combined with different adjuvants, or ingredients added to boost immune responses, to determine which provides the best protection.

The study will include an adjuvant developed at Tulane comprised of nanoparticles from bacteria called outer membrane vesicles (OMVs). Our bodies recognize OMVs secreted by live bacteria during natural infection. When used in vaccines, they can fool the body into mounting a similar immune response.

The OMV adjuvant, called T-vant, was

developed by Tulane immunologists Lisa Morici, PhD, and James McLachlan, PhD, who recently received a five-year \$3.3 million NIH grant to study how OMV-adjuvanted vaccines can improve immunity at mucosal surfaces like the gut, lungs and reproductive tract.

Morici and McLachlan, already familiar with the cutting-edge Lyme research that Monica Embers, PhD, associate professor of microbiology and immunology, has done at the Tulane National Primate Research Center, jumped at the idea of a collaboration.

The nonhuman primate model of Lyme disease is only available at the Tulane National Primate Research Center, and Embers has long been at the forefront of new Lyme diagnostics, preventatives and treatments.

“We’re truly excited about the potential of this vaccine to stimulate a robust and lasting immune response,” Embers said. “Using the OMV-adjuvanted vaccine developed here at Tulane and then being able to do the trials with the resources and expertise we have at the Primate Center is truly unique. This work really can’t be done anywhere else.”

Student Clinic Council

HEALTH CARE PROVIDED TO OVER 3,000 PATIENTS

Tulane School of Medicine’s Student Clinic Council (SCC) has embraced the important mission of providing access to health care for underserved populations in New Orleans.

SCC is a collection of medical student volunteers who operate free clinics throughout the city. Under the leadership of Helen Pope, MD, an SCC faculty adviser and instructor of medicine at the medical school, and Mallory Loe, SCC president and medical student, SCC expanded its offerings to 30 clinics across the Greater New Orleans area last year.

Expanding their services is a priority for SCC, which served over 3,000 patients last year. SCC clinics offer a vaccine krewé, patient education, preceptor clinics, a specialty referral clinic, and screening and testing services at 15 locations. The preceptor clinics, located at local shelters and treatment centers, serve as a bridge to primary care for patients. “During my first clinic leader shift at Ozanam Inn, a patient thanked us for holding the clinic and said, ‘If you all weren’t here, a lot of us would not receive any health care.’ This statement is the epitome of why I wanted to become a clinic leader — to provide free medical services for our community members who do not have the means to access it on their own. I am grateful and honored to play a small part in caring for the people of New Orleans,” said Neha Arora, a medical student and preceptor leader at Ozanam Inn.



Jacques Courseault, MD, medical director of the Tulane Fascia Institute and Treatment Center, with patient.

Vitamin deficiency may cause ‘double-jointedness,’ connective-tissue disorder

Tulane researchers have discovered a possible genetic cause for hypermobility (commonly known as double-jointedness) and a range of associated connective tissue disorders such as Ehlers-Danlos syndrome, according to preliminary findings published in the journal *Heliyon*.

For those with hypermobile Ehlers-Danlos syndrome (EDS), the same conditions that create fragile connective tissue can cause a range of symptoms that, on the surface, can seem unrelated: physical conditions such as joint pain, chronic fatigue, thin tooth enamel, dizziness, digestive trouble and migraines, and psychiatric disorders such as anxiety and depression. Women with hypermobile EDS may also be at increased risk for endometriosis or uterine fibroids.

For years, researchers have struggled to find the cause of hypermobility and hypermobile EDS. Of the 13 subtypes of EDS, hypermobile EDS comprises more than 90% of the cases. But until this study, hypermobile EDS was the only subtype without a known genetic correlate.

Researchers at the Tulane School of Medicine have linked hypermobility to a deficiency of folate — the natural form of vitamin B9 — caused by a variation of the MTHFR gene. Those with this genetic variant can't metabolize folate, which causes unmetabolized folate to accumulate in the bloodstream. The folate deficiency may prevent key proteins from binding collagen to the extracellular matrix. This results in more elastic connective tissue, hypermobility, and a potential cascade of associated conditions.

The discovery could help doctors more accurately diagnose hypermobility and

hypermobility EDS by looking for elevated folate levels in blood tests and the MTHFR genetic variant.

“Hypermobility is widespread and unfortunately under-recognized,” said Jacques Courseault, MD, medical director of the Tulane Fascia Institute and Treatment Center. “I’m excited about being able to treat the masses where people aren’t going their whole lives being frustrated and not getting the treatment they need.”

Doctors discovered the connection between folate deficiency and the MTHFR gene by working with patients at Tulane’s Hypermobility and Ehlers-Danlos Clinic, the only such clinic in the U.S. that focuses on fascia disorders. Blood tests of hypermobile patients who showed signs of associated medical conditions revealed elevated levels of unmetabolized folate. Subsequent tests showed that most of those with elevated folate serum levels had the genetic polymorphism.

The good news is a treatment already exists. Methylated folate — folate that is already processed — is FDA-approved and widely available.

“It’s an innocuous treatment,” said Gregory Bix, MD, PhD, director of the Tulane University Clinical Neuroscience Research Center. “It’s not dangerous, and it’s a vitamin that can improve people’s lives. That’s the biggest thing: We know what’s going on here, and we can treat it.”

Though Courseault said more lab research and clinical testing needs to be done, patients who have been treated with folate have shown improvement: less pain, less brain fog, fewer allergies and improved gastrointestinal function.

Neuroscience

LINK BETWEEN COLDS, DEMENTIA

Getting sick often may impact how quickly the brain ages and increase the risk of dementia or other forms of cognitive decline.

These are the findings of a Tulane study conducted in partnership with West Virginia University and the National Institutes of Occupational Safety and Health, and published in the journal *Brain, Behavior and Immunity*. The study examined aging male mice and found that repeated, intermittent experiences with moderate inflammation, such as that caused by the flu or a seasonal head cold, caused impaired cognition and disrupted communication between neurons in those mice.


“We were interested in asking whether differences in infection experience could account, at least in part, for the differences in rates of dementia we see in the population,” said lead author Elizabeth Engler-Chiurazzi, PhD, a behavioral neuroscientist in the Department of Neurosurgery. “The mice we were studying were adults approaching middle age that had intact faculties, and yet, when exposed to intermittent inflammation, they remembered less and their neurons functioned more poorly.”

Humans often experience infections and inflammation at substantially higher rates than laboratory mice. But given that impairments were observed in mice after only five intermittent inflammatory treatments, the cognitive change in humans may be more robust.

In a human, cognitive impairments from a similar number of inflammatory experiences might not be noticeable in their daily lives but could have cumulative effects that negatively impact the aging brain.



> **INVESTIGATORS STUDY** the response of specific drugs, including senolytic agents, on cultured senescent lung fibroblasts (pictured). Candidate drugs are then tested in preclinical animal models before advancing through the drug development pipeline.



FIGHTING FIBROSIS

Pulmonary fibrosis (PF) is a disease that gets little press, yet it dramatically impacts the lives of as many as a quarter million Americans.

by **FAITH DAWSON**
PHOTOGRAPHS BY
CHERYL GERBER

PF HAS NONSPECIFIC symptoms that are easily dismissed — a dry, lingering cough, fatigue, and shortness of breath on exertion. Marked by progressive damage that leads to permanent scarring of lung tissue, disability and eventually death, PF is often underdiagnosed or misdiagnosed, in part because patients overlook symptoms as mere signs of “getting older.”

It is true that some forms of PF are associated with aging. Idiopathic pulmonary fibrosis (IPF) in particular occurs most frequently in people over age 50, who might overlook symptoms until the lung damage is advanced. PF often comes with a poor prognosis — many patients may live only three to five years after diagnosis.

Tulane has been a leader in fighting PF for decades. Research conducted at the university’s School of Medicine leads to more effective new therapies and aligns patients with the clinical trials that test them, under the careful coordination of Joseph Lasky, MD, professor of medicine, pulmonary/critical care section chief and John W. Deming, MD, Endowed Chair in Internal Medicine; Sandy Ditta, senior research administrator; Jennifer Fitzgibbons, nurse practitioner; and Chris Glynn, research nurse. On the patient level, the Interstitial Lung Disease Center allows patients to receive the most recent advances in care and undergo pulmonary rehabilitation that improves their quality of life.

And now the PF program may position Tulane for recognition nationwide.

In 2021 pulmonologist and investigator Victor Thannickal, MD, joined the faculty of the School of Medicine from the University of Alabama — Birmingham, bringing with him an NIH grant to study the cellular and molecular mechanisms of lung repair and regeneration. Thannickal, professor of medicine and the Harry B. Greenberg Chair in the John W. Deming Department of Medicine, leads a multi-investigator translational program project that applies bench discoveries to patient treatment and is supported by the National Heart, Lung, and Blood Institute.

PINPOINTING THE CAUSE AND CORRECTION

Thannickal's lab identified a molecule that is a primary driver of fibrosis. Now the researchers are partnering with a pharmaceutical firm to develop a drug that targets the fibrosis. The drug is in phase two clinical trials.

“Our group was one of the first to show that in this disease there is an accumulation of senescent cells in the lung. And those senescent cells drive this phenomenon of fibrosis. Now, there's a similar theme in other diseases of aging, like Alzheimer's, cardiovascular disease, and even in liver and kidney fibrosis, in that there's an accumulation of senescent cells. There is growing interest in therapeutic development of so-called 'senolytics' to remove these senescent cells, similar to how you get rid of cancer cells.”

“One paradigm that we have championed over the last few years is to induce apoptosis (meaning programmed cell death) of these scar-forming myofibroblasts that acquire senescent features in fibrotic tissues and organs. We are exploring a number of different strategies to directly kill these cells with targeted therapies.”

This robust background in research and clinical practice signals an exciting time for the PF program at Tulane. And with Tulane's growing emphasis on innovation and biotechnology including both the School of Medicine's own Business



Thannickal's lab identified a molecule that is a primary driver of fibrosis, which led to a drug therapy that's in phase two clinical trials.

With the biotech focus of the School of Medicine Business Development team and the new Innovation Institute, it may take less time to get new therapies to market.

For the last 30 years, Lasky has been researching PF at Tulane, with support from the National Heart Lung and Blood Institute, and treating patients from around the region.

While Lasky sees approximately 400 patients a year and attempts to align them with clinical trials, he said, "That's only the tip of the iceberg regarding people afflicted with pulmonary fibrosis in the region." Recent publications suggest that PF may occur in up to 1 in 200 patients over age 65.

Development team and the opening of the Tulane Innovation Institute, it may take less time to get these therapies to market. Thannickal and his collaborators at Tulane are working with both groups to reach the goal of getting more effective therapies to patients, faster.

“That's something that would be good for the biotech industry in this region,” he said. “PF may be an initial indication for eventual translation to a number of other more common age-related diseases.”

This work is particularly important because for years PF patients have been treated with anti-inflammatory drugs, which don't work consistently across patient populations. In some patients, anti-inflammatory drugs may be more harmful than helpful to combat PF; *New England Journal of Medicine* published a study co-authored by Lasky, which showed that anti-inflammatory treatment may hasten death in patients with IPF.

LEADING PF RESEARCH AND CARE

For the last 30 years, Lasky has been researching PF at Tulane, with support from the National Heart Lung and Blood Institute, and treating patients from around the region. A longtime member of the Pulmonary Fibrosis Foundation, he was appointed as its chief medical officer in 2021.

The two roles inform each other. According to the foundation, more than 250,000 people in the United States live with PF, with more than 50,000 new diagnoses every year.

Over the years, Lasky's lab has investigated mechanisms of PF, along with more effective diagnostic tools and ways to halt disease progression.

Part of Lasky's mission is to raise awareness of PF and increase participation in clinical trials. Nationally, less than 5% of PF patients are in clinical trials, and only 25% of patients are prescribed the latest therapies, whereas at Tulane, the vast majority are taking recommended and newer treatments.

“We want people afflicted with pulmonary fibrosis to get diagnosed earlier in their disease and get involved in



Victor Thannickal, MD, (left) and Joseph Lasky, MD, are united in their fight against pulmonary fibrosis, with a combination of research efforts that seek to create more effective diagnostic tools and find ways to treat and halt disease progression.

clinical trials to receive the next generation of medications that are going to be more effective and have fewer side effects than the current ones that we have — that’s something that we’ve been offering for over a decade at Tulane,” Lasky said.

The university “is a regional referral resource for patients who want second opinions or improvements in their care for their fibrotic lung disease. What we’re able to offer is a comprehensive center that aids in a more accurate diagnosis and all-inclusive management of interstitial lung disease through methods that are less hazardous for the patient,” Lasky continued.

What causes the PF can be critical. The disease can be brought on by multiple factors including certain drugs or environmental exposures, as a consequence of autoimmune diseases, or by aging. On an X-ray, only subtle abnormalities may appear or may even be overlooked, whereas a high-resolution CAT scan of the chest is much more revealing and definitive.

Lasky said he sees approximately 400 patients a year and attempts to align them with clinical trials. “But that’s only the tip of the iceberg regarding people afflicted with pulmonary fibrosis in the region,” he

added. Recent publications suggest that PF may occur in up to 1 in 200 patients over age 65.

TAKING A COMPREHENSIVE APPROACH

Other organs may also develop fibrosis independent of pulmonary fibrosis. “We’re looking to repurpose current FDA-approved drugs for IPF — we have a program on that,” Thannickal said. “And if we develop a novel agent, that could in the future be repurposed for other age-related diseases.”

Tulane’s extensive research capacity lends itself well to collaboration. Lasky, for example, received a two-year, \$500,000 grant to explore biomarker predictors of worsening pulmonary fibrosis, with input from Tony Hu, PhD, Weatherhead Presidential Chair in Biotechnology Innovation and director of the Center for Cellular and Molecular Diagnostics laboratory at the School of Medicine, and chemistry Professor Janarthanan Jayawickramarajah, associate dean for research, faculty affairs and PhD programs at the School of Science and Engineering. Lasky has also worked with S. Michal Jazwinski, PhD, the John W. Deming, MD, Regents Chair in Aging and director of the Tulane Center for

Aging, an interdisciplinary center that fosters and supports the development of research programs that address the problems of aging populations on all levels.

Other physician-scientists are advancing research as well, including Shigeki Saito, MD, and Qinyan Yin, PhD, assistant professors who are investigating novel molecular therapies to treat PF. In addition, Ramsy Abdelghani, MD, and David Becnel, MD, are interventional pulmonologists who employ the latest minimally invasive diagnostic techniques to help identify the specific cause of pulmonary fibrosis.

Thannickal said PF research has made significant progress over the last quarter-century, and Tulane’s contributions and growth are reasons for hope as well. Drawing on the breadth of experience in the Department of Medicine and the Pulmonary Diseases, Critical Care and Environmental Medicine section, he hopes the PF program can eventually come together as a Center of Excellence dedicated to fibrotic and other advanced lung diseases.

“We have the opportunity to be the leaders in comprehensive care of patients with lung disease,” Thannickal said. “The future for advancing pulmonary research and patient care is extremely bright for Tulane.” *



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NEW LEADERS, new roles

New roles at the School of Medicine create new opportunities for the next generation.

by **CAROLYN SCOFIELD**
PHOTOGRAPHY BY **CHERYL GERBER**

DIANE BLAKE, PHD, AND KEVIN KRANE, MD, dedicated decades of service to Tulane University School of Medicine. Krane, the AOA Robert J. Glaser Distinguished Teacher, served as vice dean for Academic Affairs for 28 years. During her 30 years at Tulane, Blake rose through the ranks to become a full professor and run an active research program. She spent the last seven years as co-director of the graduate program in Biomedical Sciences.

Both Blake and Krane announced their retirements in 2022, launching searches to find replacements who could continue what the two longtime leaders had built. The searches ended with the same conclusion, the best candidates for the jobs were already here at Tulane.

EXPANDING THE BMS PROGRAM

Blake played a critical role in expanding the Biomedical Sciences program from a few degree offerings with 10 to 15 students per class to more than 250 students and a dozen master's programs. She served as co-director with Robert Garry, PhD, associate dean for BMS. Garry was promoted to associate dean for BMS and will continue to help lead the program.

As BMS expanded, it became clear the leadership team needed to grow as well, so the School of Medicine appointed two people to fill Blake's role on the leadership team. Heather Machado, PhD, was named assistant dean for BMS, and Derek Pociask, PhD, was named director of graduate education for BMS.

Machado earned her PhD at Tulane in 2005 and returned to open her laboratory in 2013.

Training the next generation of scientists is one of Machado's passions.

"There was never really a question of whether I would apply for the job," said Machado. "The only question was if now was the right time to apply."

Machado says time management is the key to balancing her research, the BMS program and family life. The appointment of a larger leadership team, Garry, Machado and Pociask, made her decision easy.

"We work in collaboration in all aspects of the program," said Machado. "Our vision is to expand our current programs while creating new opportunities for our current students. One of our major goals is to build new National Institutes of Health-funded programs to compete with other top research universities around the country."

Pociask came to Tulane School of Medicine in 2000 for postdoctoral training. He returned in 2016 and has been actively involved in the BMS PhD program. Pociask wants to expand the training PhD students receive to go beyond what they're learning at the bench.

"I want to develop business training, either programs or certificates, in topics such as technology transfer and program management," Pociask said. "I want students to come out of here knowing they have all this training to build upon whether they want to stay in academia or pursue a different career." In addition, Pociask will work with medical students to help identify research opportunities.

FROM MEDICAL STUDENT TO LEADER

Kevin Krane, MD, the AOA Robert J. Glaser Distinguished Teacher, served as vice dean for Academic Affairs for 28 years. Krane dedicated his career to improving teaching and learning in medical education and is a nationally recognized leader in medical education. One of Krane's former students is now stepping into the role.

Chayan Chakraborti, MD, earned his medical degree from Tulane in 2002 and joined the faculty in 2008. His resume includes roles as vice-chair of education for the Department of Medicine, and that work earned him multiple awards in teaching, humanism and student



ROBERT GARRY, PhD
Associate Dean for BMS

EVOLVING EDUCATION AND PATIENT CARE

There's a new position at the School of Medicine, which is part of Tulane's commitment to prioritize equity, diversity and inclusion in all aspects of university life, including clinical training and patient care. The School of Medicine named Tina Simpson, MD, as its first chief clinical diversity officer. Simpson is also the new director of the Adolescent Medicine Section of the Pediatrics Department.

Simpson came to Tulane from the University of Alabama — Birmingham School of Medicine, where she served as vice chair of faculty development in the Department of Pediatrics and director of the Adolescent Medicine Training Program. Simpson led EDI initiatives at the school and nationally.

Simpson is new to the university but earned her undergraduate degree from the University of New Orleans. Her first day was October 1, and the months since then have been a whirlwind of relearning the city, meeting colleagues, and developing strategies.

She's working directly with school leadership and with area healthcare partners to ensure that they are continuously striving to build and support an environment where patients, trainees and providers respect and value each other.

"We want to ensure that our clinical environments are inclusive and welcoming to our learners, faculty and staff, and also the patients and families we serve," said Simpson.

Simpson identified two primary goals, increasing diversity in the workforce at the student level, within graduate medical education and amongst faculty; and implementing learning opportunities that address potential areas of bias for those in clinical environments.

"Improving our ability to provide culturally responsive care can have a positive impact on health outcomes and help address some of the health disparities we see in the greater New Orleans area," she said.

A LOOK TO THE FUTURE

2023 will be a year of change and growth at Tulane School of Medicine. A new partnership with LCMC Health will expand the opportunities for medical students and trainees. Renovations are underway at Charity Hospital, which will create more space for state-of-the-art laboratories. And these new leaders are ready to help guide the future of education, research and clinical care for the next generation of medicine. *

advocacy. He's now serving as associate dean for medical education and academic affairs.

Chakraborti credits institutional memory from his years as a Tulane medical student to help inform what changes might be advantageous both now and in the future.

"I've coached myself well enough not to default to, 'Well, back in my day,'" Chakraborti said. "And it took some time to get used to the fact that I can make the decisions now."

The last two years brought new challenges to students beginning their medical careers, with the pandemic and Hurricane Ida forcing classes to shift online. Virtual technology kept the lessons going, but students studying at home missed out on the classroom connections that help future physicians build interpersonal skills and social bonds.

"There are advantages to the way things have evolved in the last couple of years, and we need to recognize those advantages, harness them, and make those new technologies and frontiers work to our benefit," said Chakraborti.

This new role comes at the right time for Chakraborti, who graduated from the Tulane University Leadership Institute Emerging Leaders Program in December. Only 30 Tulane employees each year are selected for the nine-month intensive program, whose teaching focuses on building skills that lead strategy and change at the university.

"The Emerging Leaders Program introduced me to new tools such as design thinking and provided space to critically examine my own leadership style," said Chakraborti. "The program also offers opportunities to network with other emerging leaders throughout the Tulane community and exchange ideas to challenge preconceptions on the nature of leadership."

PHOTO BY BETHANY BARNOSKI



Department of Surgery Chair Mary Killackey, MD, presents Ernest W. Kinchen Jr., MD, with an award to honor his legacy as the first African American graduate of the department's residency program in 1971. The department also named its new visiting student clerkship award after Kinchen.

CLASS NOTES

TULANE DESIGNATIONS

A&S: College of Arts & Sciences

B: A. B. Freeman School of Business

E: School of Engineering

F: Fellowship

G: Graduate School

I: Internship

M: School of Medicine

NC: Newcomb College

PHTM: School of Public Health and Tropical Medicine

R: Residency

SLA: School of Liberal Arts

SSE: School of Science and Engineering

TC: Tulane College

1960s

Michael A. Sullivan, MD (A&S '61, M '64), who started at Ochsner in 1969, received the Alton Ochsner Lifetime Achievement Award, the most prestigious award Ochsner bestows. Sullivan, a radiology specialist, spent the last five decades dutifully caring for his patients while also molding and leading teams of top-notch physicians. He was chosen for his dedication, talent, and pioneering spirit, which has made him an embodiment of Ochsner's commitment to patient care, education and research.

1970s

Bernard H. Eichold, MD, DrPH (A&S '75, PHTM '78, M '79, PHTM '80) recently received The Samuel Buford Word Award — the highest honor given by the Alabama Medical Association — and which is presented in recognition of service to humanity beyond the usual scope of medical practice with such services having been rendered at some personal sacrifice. Eichold served his country in the U.S. Navy. He is the longest-serving health officer in Alabama's history, having served as the Mobile County health officer for 31 years until his recent retirement.

Eichold was at the helm of guiding south Alabama through the pandemic and provided strong leadership. He was also presented with a Commendation for Professional Achievement by the Mobile County Commission. Eichold has also been named Alumnus of the Year by Tulane's School of Public Health and Tropical Medicine and 2012 Mobilian of the Year, and was presented with the 2018 Laureate Award by the American College of Physicians' Alabama Chapter, the 2002 William Henry Sanders Award from the Medical Association, and NASA and U.S. Navy medals.

Larry R. Kaiser, MD (A&S '73, M '77), retired after nine years as dean of the Temple University School of Medicine and president and CEO of the Temple University Health System. He joined the international consulting firm of Alvarez and Marsal, as managing director in the Healthcare Industry Group.

P. Michael McFadden, MD (M '74, R '79), retired recently from clinical cardiothoracic surgery practice at the University of Southern California (USC), Los Angeles, where he spent the last 17 years. Vaughn Starnes, the surgery chairman at USC, promoted McFadden to professor emeritus,

clinical cardiothoracic surgery.

Deirdre Melessa Phillips, MD (M '73), was honored as the recipient of the Mississippi Academy of Family Physicians (MAFP) Humanitarian Award at its annual meeting. Currently, Phillips teaches and serves as the academic and faculty development advisor for the Mississippi Delta Family Medicine Residency in Greenville.

Gary M. Wiltz, MD (A&S '75, M '79, I '80, R '82), was recently awarded the National Association of Community Health Centers' Lifetime Achievement award. He was credited with the ability to learn from history and from others; to foster intentional and inclusive innovation; to be able to collaborate widely and build relationships; to engage those who are most impacted; to inspire and be inspired by others; to adapt as there is rarely a "one size fits all" solution; to measure progress by evaluating data, insights and stories; and to educate and disseminate for broad impact. Wiltz is the CEO of Teche Action Clinics, based in Franklin, Louisiana.

1980s

Alberto Joaquin Aran, MD (M '81, R '82, F '85, R '85), is the medical director at Aran Eye Associates and The Laser Center of Coral Gables, Florida. With a vast clinical experience

of over 80,000 surgical procedures and over 50,000 cataract surgeries, Aran was the first ophthalmic surgeon in Florida to use the FDA-approved excimer laser, and he has trained many South Florida physicians in the use of excimer laser technology over the years.

E. Wesley Ely Jr., MD (A&S '85, M '89, PHTM '89), was honored with a Christopher Award for his book *Every Deep-Drawn Breath: A Critical Care Doctor on Healing, Recovery, and Transforming Medicine in the ICU*. Ely is donating 100% of net proceeds of the book to help COVID-19 survivors and family members rebuild their lives. The book shares his quest to return "humanity to doctoring" by tending to patients' emotional and spiritual needs, as well as his effort to end a practice in hospital ICUs that leaves patients suffering from long-term brain problems.

Madelaine T. Feldman, MD (M '82, F '88), is president of the Coalition of State Rheumatology Organizations Board of Directors and lectures nationally on pharmacy benefit managers and drug pricing. She won the first Innovation in Clinical Care Award from the American College of Rheumatology for her advocacy efforts, including testimony before the U.S. House of Representatives' Health Subcommittee of Energy and Commerce, and most recently at a House

Oversight and Reform forum on pharmacy benefit managers.

Paul T. Finger, MD (A&S '78, M '82), was inducted into the Retina Hall of Fame (RHOF) based on his truly outstanding contributions to the field and because he has distinguished himself among the "giants" in the history of retina care.

Clifford M. Gevitz, MD (M '81, PHTM '81), holds board certifications in anesthesiology and pain medicine and has been practicing for more than 30 years. In his role as clinical director of office-based ambulatory anesthesia services at Somnia (in New York and California), he has oversight of the clinical and logistical operations as well as recruiting for all of the surgical offices Somnia serves. Somnia recently named him "Anesthesiologist of the Year." Gevitz is the vice chair and development committee chair of the Tulane School of Medicine Board of Governors.

Penelope Kupsinel Manasco, MD (M '84, R '86), was selected by PharmaVoice as one of the 100 most inspiring leaders in pharma. As CEO of MANA RBM, she has dedicated the past decade to advancing the way technology can make clinical trials more effective and efficient, and funding groundbreaking research. As a National Institutes of Health-trained physician-scientist, Manasco's

career has spanned roles at NIH, the Burroughs Wellcome fund, Glaxo Wellcome, GSK and two clinical research software companies. In these roles she learned that technology offered a better way to conduct clinical trials. MANA is able to prevent errors that would put patients at risk.

Stephen M. McCollam, MD (A & S '78, M '82), is a member of the American Society for Surgery of the Hand (ASSH) governing body and serves as the practice division director representing the interests of practicing hand surgeons in the United States and Canada. He serves on the Tulane School of Medicine Board of Governors and Tulane University School of Science and Engineering Board of Advisors. His humanitarian efforts include volunteering at the Hospital Albert Schweitzer in Haiti since 1989.

Alexis Anne Thompson, MD (M '83), has been appointed by Children's Hospital of Philadelphia as chief of the Division of Hematology in the Department of Pediatrics. Thompson joins a premier, comprehensive program staffed by a multidisciplinary team in a setting designed to provide state-of-the-art inpatient and outpatient services for children with hematologic disorders and to support groundbreaking research in hematology. Joseph

St. Geme, MD, physician-in-chief and chairman of the Department of Pediatrics called Thompson a "highly accomplished physician, educator and scholar in hematology. She has outstanding leadership abilities and will undoubtedly guide the Division of Hematology to an even higher level of excellence as we continue to make significant contributions in the field of gene therapy and beyond."

1990s

Arthur E. Apolinario, MD (M '96, PHTM '96), was recently named president of the North Carolina Medical Society. He practices rural family medicine in Clinton, North Carolina, and has been in the same practice for 23 years.

Susan Fitzgerald Ely, MD (M '91, PHTM '91), is the fellowship program director and senior medical examiner at the Office of the Chief Medical Examiner of the City of New York.

Ashley Smith Roman, MD (M '98, PHTM '98), who specializes in caring for women experiencing complications during pregnancy, has been named vice chair for clinical affairs—obstetrics in the Department of Obstetrics and Gynecology and service chief for obstetrics at NYU Langone Health Tisch Hospital.

John M. Saroyan, MD (M '99), was appointed as the executive director of

Vermont's Blueprint for Health Patient Centered Medical Home, a longstanding and widely recognized healthcare reform initiative. The Vermont Blueprint for Health was established to promote the integration of high-quality primary care with human services that impact health and well-being.

2000s

Benjamin F. Springgate, MD (M '01, PHTM '01, R '05), lives in New Orleans and serves as professor and vice chair of clinical affairs for the Department of Medicine; chief of the Section of Community and Population Medicine; director of the Center for Healthcare Value and Equity; and director of the MD/MPH dual-degree program at LSU Health Sciences Center–New Orleans. As a general internist, he provides care for patients with opioid-use disorder at the Integrated Health Clinic at University Medical Center–New Orleans. Since 2020, he has served as chief health officer for New Orleans Public Schools.

2010s

Benjamin R. Greene, MD (M '17), is the Orthopedic and Neurosurgery Specialists ONS Sport Concussion Center Director. ONS, a provider of sports medicine care

in Connecticut and Westchester, N.Y., has launched the Sport Concussion Center to evaluate and treat concussions in youth athletes. Greene states, "At ONS, concussion evaluations are highly personalized for each patient. The goal of the evaluation is to identify the particular symptoms from the history and physical exam, and when necessary, tailor treatment toward those symptoms."

Rosa Bene Horne Lipin, MD (SLA '07, SSE '08, M '13), has joined Northside Plastic Surgery in Atlanta. She is fellowship trained in advanced facial plastics and reconstructive surgery and is board certified in otolaryngology — head and neck surgery. Her practice encompasses the full breadth of plastic surgery of the face, head and neck.

Leigh A. Robinson, MD (B '04, M '15), has joined the Level 3 medical trauma center at Jefferson Regional Medical Center in Arkansas. She states, "What drove me to be a surgeon and a critical care physician is that you can provide definitive care and continue to provide perioperative care, both pre- and postop. Although you still rely on other people to help, you can do the definitive management yourself."

In Memoriam

- '41 Robert M. Shepard, MD
- '44 Grant F. Begley, MD
Ray T. Parmley, MD
- '45 John A. Craig Sr., MD
Burton Katz, MD
Gerald N. Weiss, MD
- '46 Samuel O. Moseley, MD
- '47 Roy R. Ohtani, MD
- '49 Jeanne Marcoux Bolen, MD
Milton Eichler, MD
Leo G. Horan, MD
Reuben J. Plant Jr., MD
- '50 Robert V. Barnett, MD
- '51 Robert R. Boese Sr., MD
Frank R. Ervin, MD
Gregory S. Ferriss, MD
George Jacobson, MD
Henry Clifford Mullins Jr., MD
- '52 Henry S. Carter, MD
William Y. McDaniel Sr., MD
Frank Orland, MD
John P. Schneider, MD
- '53 Herbert S. Bell, MD
John A. Ferris Jr., MD
Francis E. LeJeune, MD
Rufus C. Smith Jr., MD
- '54 Ralph B. Bergeron, MD
Richard H. Clark, MD
Clifton T. Morris, MD
Clarence S. Sakai, MD
- '55 Eugene R. Celano, MD
Henry C. Pitot, MD, PhD
James H. Venable, MD
Marion M. Winkler Jr., MD
- '56 George W. Beddingfield, MD
Harry G. Causey, MD
Leland C. Edmonds II, MD
Jim M. Hercher, MD
Clifton L. Hester, MD
Samuel P. Reed, MD
- '57 Samuel F. Boushy, MD
Magruder S. Corban, MD
W. Henry Langhorne Jr., MD
Carolyn Clawson Prickett, MD
- '58 William E. Alison, MD
Frederick C. Atkinson Jr., MD
Ronald B. George, MD
James A. Gray, MD
K. Gerald Haydel Sr., MD
Richard R. Hayes, MD
James R. Shamblyn, MD
Robert A. Turkel, MD
Patrick J. Unkel, MD
Paul A. Williams, MD
- '59 Ronald W. Alexander, MD
William N. Jones, MD
Henri Parens, MD
Hiroaki Tottori, MD
- '60 Eugene J. Dabezies, MD
Frank M. Davis, MD
James R. Duke, MD
Martha Marshall Foster, MD
Warren L. Founds Jr., MD
Joseph K. Newsom Sr., MD
Robert T. Salzman, MD
- '61 Arthur G. Aneckstein, MD
Francisco J. Civantos Sr., MD
Vernon L. Goltry, MD
Thomas A. Graves, MD
Philip K. Hacker, MD
Janice Deas Stratton, MD
- '62 Robert L. Allday, MD
Ward C. Bourdeaux, MD
Peter M. Campbell, MD
Jon D. Cooksey, MD
James A. Pittman, MD
Morton Slutsky, MD
George H. Yama, MD
- '63 Charles H. Brown, MD
Earl C. Hutchins, MD
Howard H. Russell, MD
John C. Scharfenberg, MD
- '66 Robert O. Begtrup, MD
James M. Duncan, MD
- '67 Ronald G. Anderson, MD
Thomas W. Klein, MD
- '69 Thomas S. Padgett, MD
David R. Wagner, MD
- '70 John M. Snodsmith, MD
Michael A. Teague, MD
- '72 Daniel W. Doherty, MD
Karl H. Karlson Jr., MD
- '73 William P. Clarke, MD
William S. King, MD
- '74 Nicholas J. Campo Jr., MD
- '75 Michael J. Pentecost, MD
Garrett E. Snipes, MD
- '76 George A. Ball Sr., MD
Ricardo A. Manganaro, MD
Steven N. Rice, MD
Phil H. Synar, MD
Ronald Gary Tompkins, MD
- '78 Thomas C. Buchanan, MD
Michael L. Ruthrauff, MD
- '79 Rodney G. Higgins, MD
William A. Young, MD
- '81 Fred Dale, MD
Calvin G. Durel Jr., MD
J. W. Van Manen, MD
- '82 Peter B. Tillotson, MD
- '83 Robert M. Richey, MD
- '94 Timothy Y. Maines, MD
- '13 Christopher Davis, MD

Gifts matter

A family legacy of generosity at Tulane

Three generations of the family of Paul Finger, MD (A&S '78, M '82), have called Tulane University home. And the family's legacy of generosity is strong.

Most recently, Finger and his wife, Marci, created the Finger Art in Medicine Scholarship Endowed Fund to support Tulane medical students with financial need who have demonstrated accomplishment in a field that requires creativity and skill because he understands that medical excellence is achieved when doctors creatively apply their artistic skills.

In 1987, Finger established the Ocular Tumor Service at The New York Eye and Ear Infirmary and his private practice, The New York Eye Cancer Center, in New York City. He has established himself as an internationally renowned eye cancer specialist, and currently serves as clinical professor at New York University Grossman School of Medicine.

In addition, Finger was a lead donor to the School of Medicine Class of 1982 Scholarship Endowed Fund, which provides scholarship support for deserving medical students. That fund currently stands at \$748,600 in gifts and pledges and has a goal of \$1 million.

Finger's mother, Myrna Daniels, graduated from Newcomb College in 1952. His son Michael is a 2007 Tulane alumnus, and his son Matthew is in the Class of 2026.

Myrna Daniels established the Paul T. Finger, MD, Endowed Fund in Ophthalmology, which supports an ocular cancer lectureship. In addition, the Myrna and John H. Daniels Fund supports programs for Tulane undergraduate students that promote the music, culture and heritage of New Orleans.

Dr. Finger and his wife, Marci, created the Finger Art in Medicine Scholarship Endowed Fund to support Tulane medical students with financial need who have demonstrated accomplishment in a field that requires creativity and skill.

TRIAD Center support



Nassir Marrouche, MD, director of the Tulane Research Innovation for Arrhythmia Discovery Center.

Grateful patient credits cardiac center with life-saving work

An anonymous patient has become one of the Tulane Research Innovation for Arrhythmia Discovery (TRIAD) Center's biggest philanthropic supporters, donating almost \$4 million since 2019.

In 2019, the donor gave \$1.5 million for TRIAD's Cardiac Arrhythmias Fund. Most recently, the patient pledged a new gift of \$2.1 million in gratitude to TRIAD and its director, Dr. Nassir Marrouche.

"Dr. Marrouche is a brilliant electrophysiologist, and I'm alive and well today because of his innovative techniques and early intervention," the donor said. "I

wanted to ensure that he could do the same for other patients facing similar health conditions."

"Academic medical centers like Tulane are the best place for medical treatments because the research we conduct advances patient care more rapidly and enables us to save lives," said Dr. L. Lee Hamm, senior vice president and dean of the School of Medicine. "We're thankful for our anonymous donor's generous support of the TRIAD Center, as his gift will fund the important work that may be responsible for saving future cardiac arrhythmia patients."



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The Tulane Soundwave Pep Band entertains festival-goers at the seventh annual NOLA Bluedoo Fest, held on Tulane's uptown campus. The event raised about \$170,000 for Tulane Cancer Center's Prostate Cancer Research Program.