TULANE UNIVERSITY SCHOOL OF MEDICINE | SPRING 2010



NEW WAYS TO SHAPE NEW DOCTORS

THE SURGICAL EDGE

MAJOR LEAGUE MD



ulane Medical Students: Pioneers in New Initiatives. Earlier this spring, Tulane University School of Medicine hosted a lunch for the medical students who will comprise our first cohort at Baton Rouge General Hospital. I am impressed with these students and their commitment to representing the best of Tulane in this new venture.

The School of Medicine has also welcomed three undergraduate students from Tulane University into the Tulane Accelerated Physician

Training Program. These students, who are highlighted in the article on page 8, are the first to participate in this unique, seven-year program that includes both an undergraduate and medical education in addition to a mandatory year of public service with AmeriCorps. Look for these students at the White Coat Ceremony in August.

Exciting Plans for the JBJ. The National Institutes of Health has awarded the school a \$13.5 million grant to redesign laboratory spaces in the J. Bennett Johnston Health and Environmental Research Building. Funding for this grant was made possible by the American Recovery and Reinvestment Act that Congress passed last year.

Modeled after the Bio-X project at Stanford University, the JBJ will be renovated to include innovative, open architectural features that will dissolve the traditional boundaries of research by eliminating walls and closed labs. Fluid, open spaces will support integrative research for all disciplines. The renovations will encourage and train scientists to cultivate interdisciplinary efforts and build bridges between the biological, physical, behavioral and social sciences.

Ultimately, improvements to the JBJ will mean that the interdisciplinary approach will be the normal mode of conducting research. The future of biomedical research requires close collaboration with scientists from all fields, including bioinformatics, physics, chemistry and math. We hope the School of Science and Engineering, School of Public Health and Tropical Medicine and Tulane National Primate Research Center will join us to form collaborative teams.

Achievements in Research. Our faculty are hard at work, managing innovative research projects that transform discoveries into answers for other researchers and, most importantly, patients. As of March 15, the School of Medicine has received \$23,367,950 in awards and submitted 227 proposals requesting \$49,429,125. The primate center is one of the many centers and institutes contributing to our growth in research.

Located in Covington, La., the primate center is experiencing great success in the research of infectious diseases and development of vaccines, diagnostics and therapeutics. Researchers at the center are involved with numerous projects, including those that focus on HIV, malaria, Lyme disease and tuberculosis. The regional economic impact of the center is \$70.1 million per year.

Congratulations to the Class of 2010. On behalf of the faculty and staff, it is my privilege to congratulate members of the class of 2010 upon their graduation from the School of Medicine. Alongside your family and friends, we are proud to watch you begin your career as a capable, compassionate physician who will provide high quality specialty or primary care on a local, national and global basis. Best wishes for future success.

Ben

Benjamin P. Sachs, MB, BS, DPH, FACOG Senior Vice President of Tulane University Dean of the School of Medicine James R. Doty Distinguished Professor and Chair

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TULANE | MEDICINE

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THE SURGICAL EDGE Tulane surgeons share knowledge and advanced techniques with their colleagues all over the world.



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No one imagined that a Tulane medical student could also be a starter for the world champion New York Yankees. No one but Dr. Bobby Brown.

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ON THE COVER

The illustration is inspired by the new ideas and innovative models in medical education and service that originate at Tulane University School of Medicine and reach throughout the state and the nation.





THANK YOU FOR COMING. THANK YOU FOR MAKING A DIFFERENCE. I HOPE THAT, FOR EACH OF YOU, THE LEGACY OF TURNING ADVERSITY INTO OPPORTUNITY WILL STAY WITH YOU FOR THE REST OF YOUR LIVES.

66

-Dr. Benjamin Sachs

MAKING A MEDICAL MATCH

t was the class who came to Tulane University School of Medicine in the fall of 2006, in a city that was struggling to get back to normal after the catastrophe of Hurricane Katrina.

On March 18, national Match Day, the 164 seniors in that class ripped open white envelopes to discover their immediate futures. They will be going to 26 different states. Of these, 51—or 31 percent of the class—are staying for their residency training in Louisiana. Thirteen are going to institutions in New York, nine will go to California and the rest with go to a host of other states.

The Louisiana number is an eight percent increase from last year's figure, according to Dr. Marc Kahn, senior associate dean of admissions and student affairs. The number of students staying in Louisiana in general, and at Tulane in particular, is "a huge vote of confidence," said Dr. Benjamin Sachs, dean of the School of Medicine.

Before the white envelopes were distributed, Sachs addressed the assemblage, describing the students' medical studies as "four years of transformation" for New Orleans, Tulane and the students themselves.

"Thank you for coming. Thank you for making a difference," he said. "I hope that, for each of you, the legacy of turning adversity into opportunity will stay with you for the rest of your lives."

Then Kahn got things going by playing, as he always does, "Reveille" and "The Call to the Post" on his trusty bugle.

John Moscona, who will be doing an internal medicine residency at Tulane, echoed the spirit of the event. "I'm proud to be here," he said. "We went through a lot, ... and we got through it," said Samantha Zeringue, who will do a surgery residency at Tulane.



Left: A happy Trang Nguyen celebrates the news that she will stay at Tulane in an internal medicine residency, as part of the 2010 Match Day ceremony held by the School of Medicine. Center: Applause and cheers go up when medical students find out where they will train as residents following graduation. The class of 164 students will go to 26 different states. Right: Flanked by her family, Amy Ashley Authement sheds happy tears as she learns she will pursue a residency in physical medicine and rehabilitation at LSU Health Sciences Center.

MEDICINE **NEWS**



William Kethman (SSE '08, M '12) and Tulane law student Stephanie Roberts display SafeSnip, a disposable, inexpensive plastic clamp that cuts, seals and disinfects an umbilical cord in one step.

INVENTORS FIGHT NEWBORN INFECTIONS, WIN FUNDS

Tulane team has developed an inexpensive device that could prevent millions of infectionrelated neonatal deaths in developing countries, while winning accolades and funding from NYSE Euronext and mtvU for its innovation.

Medical student William Kethman and law student Stephanie Roberts worked with Tulane science and engineering graduates Bryan Molter and Mark Young and biomedical engineering professor David Rice to invent SafeSnip, a small, disposable plastic clamp that cuts, seals and disinfects an umbilical cord in one step.

SafeSnip could be particularly useful in Southeast Asia and Africa, where home births are common and infants are susceptible to infections caused by unsanitary birth conditions. It is projected to retail for under \$1.

"You take the umbilical cord in one hand and just clamp down on it," said Kethman. After the cord is severed, SafeSnip breaks in two, leaving one half of the device firmly clamped onto the baby's umbilical cord to seal the wound while the other half is discarded. The project was one of three finalists in "Movers & Changers," a nationwide social entrepreneurship challenge sponsored by mtvU and NYSE Euronext. The competition, judged by four entrepreneurs including Snoop Dogg, asked participants "to develop and produce a compelling business proposal to revolutionize the future of the world's social market." Ideas had to be creative, original, profitable and sustainable, in addition to illustrating determination and persistent optimism.

A team of Tulane business and public health students won the top award for WETTea, a project to support wetlands restoration.

The finalist teams from Tulane and UC Berkeley were to receive \$5,000 in start up money. The judges were so impressed with both teams, however, that they provided an additional \$15,000 for each from their own pockets. All competing teams also had a chance to ring the opening bell at the New York Stock Exchange.

For more about SafeSnip and to view a video about the project, visit www.moversandchangers.com.

STUDENT-SCHOLARS BOUND FOR NIH

🕇 ulane University School of Medicine students Philip Schmalz of New Orleans and Andrew (Cain) McClary of Franklin, Tenn., have been accepted to the Howard Hughes Medical Institute-National Institutes of Health Research Scholars Program, a highly selective training fellowship with leading NIH researchers in Bethesda, Md.



"This program is the most prestigious of its kind in the country and has trained some of the nation's finest researchers," said Dr. Marc Kahn, senior associate dean for admissions and student affairs at the School of Medicine. Tulane has had only one other Hughes Scholar, in 2002, Kahn said.

Choosing from about 200 applicants, the program accepts 35 medical students a year, allowing them to explore complex questions in cell biology, genetics, immunology, neuroscience, structural biology, and epidemiology and biostatistics.



Andrew (Cain) McClary

MEDICINE | NEWS

DRUG MAY EXTEND LIFE FOR PROSTATE CANCER PATIENTS

promising new drug has been shown to extend life for men fighting tough-to-treat advanced prostate cancer, according to the results of a major international trial co-led by Dr. Oliver Sartor of the Tulane Cancer Center.

An international Phase III randomized clinical trial for an investigational drug, cabazitaxel, showed that it reduces the risk of death by 30 percent in men with hormone-resistant prostate cancer, compared with standard chemotherapy based on the leading treatment, docetaxel.

The results are significant because this is one of only three treatments to have shown a substantial statistical benefit in the fight against prostate cancer that no longer responds to hormone therapy, according to Sartor, the Piltz Professor of Cancer Research.

"There are no effective treatments available to help men with metastatic hormone-refractory prostate cancer whose disease continues to grow despite standard chemotherapy," he said. "This large study shows an unequivocal survival benefit for patients who received cabazitaxel."

Sartor announced the results March 5 at the 2010 Genitourinary Cancers Symposium in San Francisco. The trial



Dr. Oliver Sartor, the Piltz Professor of Cancer Research, is lead author of a paper about a clinical trial that showed promise for a new prostate cancer drug.

was conducted at 132 centers, including Tulane, in 26 countries and involved 755 men.

Patients were randomly assigned to receive cabazitaxel plus prednisone, or mitoxantrone with prednisone. The difference in the two groups was highly statistically significant, said Sartor. After a median follow-up of 12.8 months, men in the cabazitaxel group lived a median of 15.1 months, while those in the mitoxantrone group lived 12.7 months

Findings from the study will form the basis of a submission to the U.S. Food

and Drug Administration for marketing approval of cabazitaxel by drug company Sanofi Aventis. Other studies are being planned to assess the effectiveness of cabazitaxel earlier in the course of prostate cancer treatment, before patients stop responding to docetaxel, Sartor said

Prostate cancer is the most prevalent cancer among American men, according to the American Cancer Society, which estimates that 192,280 men in the United States contracted the disease last year and 27,360 died from it.

COVER ART

he November issue of *The Journal of the American Society* of *Nephrology* featured a cover photo by Dr. Zubaida Saifudeen, a research assistant professor in pediatric nephrology, and an article outlining her findings. Her work, done in conjunction with Dr. Samir El-Dahr, professor and chair of pediatrics at Tulane, explores the role of the tumor suppressor protein p53 in the embryonic development and organogenesis of the kidney.



AWARD FURTHERS HYPERTENSION RESEARCH

s the first recipient of a Tulane Oliver Fund Scholar Award, Dr. Hiroyuki Kobori, associate professor of physiology, has received \$44,000 to support his research into high blood pressure. His work may lead to guidelines for selecting treatments for hypertensive patients and a monitoring system to follow patients during treatment.

Kobori's research focuses on understanding better the role of the renin-angiotensin system in the kidney, especially of angiotensinogen (the sole substrate of the system) in the development of hypertension and kidney diseases. He also hopes to demonstrate that the level of angiotensinogen in urine is a marker of activity of the renin-angiotensin system in the kidney.

Kobori's research supports the mission of the Tulane Hypertension and Renal Center of Excellence. Hypertension, a primary healthcare issue in Louisiana and the Southeast, is a major cardiovascular risk factor closely linked to kidney disease.

The Oliver Fund stimulates outstanding faculty research initiatives, sustains those projects and increases their competitiveness for national research support. Oliver Fund awards are presented twice yearly, and honor areas of research strength.



Work by Dr. Hiroyuki Kobori could lead to new treatment guidelines and monitoring systems for patients with high blood pressure. He received the first Tulane Oliver Fund Scholar Award, an initiative designed to stimulate outstanding faculty research.

FUNDING SUPPORTS CANCER GENETICS RESEARCHERS

program that helps Tulane University attract and retain promising research scientists in cancer genetics is getting an \$11.1 million boost in federal funding.

A five-year, \$10.5 million Center of Biomedical Research Excellence grant from the National Institutes of Health will continue a career development program at the Tulane Cancer Center and the Louisiana Cancer Research Consortium. The grant funds research projects for five junior faculty members and matches these investigators with a team of senior scientists in cancer genetics who act as mentors, guiding research progress as well as career development.

Tulane also has been awarded a two-year, \$600,000 supplemental grant from the 2009 American Recovery and Reinvestment Act to add a sixth junior faculty member and four mentors to the program. The program's goal is to grow the pool of research scientists in cancer genetics in New Orleans by helping junior faculty get to the point where they can obtain their own major funding, said Dr. Prescott Deininger, Tulane Cancer Center director.

The program emphasizes lab-based research that can translate to clinical applications in cancer treatment. The grant includes funds to support nine senior faculty mentors and pay salaries for up to 20 skilled investigators or fellows

Mentees from Tulane include Dr. Victoria Belancio, assistant professor of structural and cellular biology; Dr. Ilana Fortgang, assistant professor of clinical pediatrics and head of the section of pediatric gastroenterology; Dr. Nick Makridakis, assistant professor of epidemiology; Dr. Zongbing You, assistant professor of structural and cellular biology; and Dr. Bridgette THE PROGRAM EMPHASIZES LAB-BASED RESEARCH THAT CAN TRANSLATE TO CLINICAL APPLICATIONS IN CANCER TREATMENT.

Collins-Burow, assistant professor of medicine, section of hematology and medical oncology. Dr. Tomoo Iwakuma, assistant professor of genetics at LSU Health Sciences Center, also is a mentee.

MEDICINE | NEWS

HELP FOR HAITI

ulane University School of Medicine students, faculty and alumni are working to support critical healthcare needs in Haiti.

In late March, a group of 13 volunteers traveled to Jacsonville, a rural community with about 1,000 inhabitants, to run a week-long urgent care clinic and start plans for the town's first permanent clinic.

This is the second trip to Jacsonville by Tulane students and doctors, according to Alison Smith, a fourth-year MD/PhD student. On its first medical mission last year, the group treated about 500 individuals.

Jacsonville is about 200 miles northeast of Port-au-Prince on the island's central plateau. Although it didn't suffer the severe earthquake damage that affected the southern part of the country, the area took in many refugees. "It's a very poor community," said Smith. "They have no health care, no access to anything. We wanted to get something started by giving the local people the tools they need to move towards this permanent clinic."

The volunteer group consisted of nine third- and fourth-year Tulane medical students, an uptown staff member and three physicians: Tulane psychiatry intern Dr. Chris Rodgman; Dr. Peter Klara (M '79) of Nashville; and Dr. Sue Rodgman, a family physician in Kansas and mother of Dr. Chris Rodgman.

Many other Tulane physicians and alumni are involved in volunteer efforts. Dr. Elizabeth Bellino (NC '98, PH '99, R '09), a clinical instructor of pediatric infectious diseases, spent nine days in Haiti shortly after the quake tending to wounded children before traveling to Uganda for a Piper Fellowship in International Health and Medicine. Haitian-born Dr. Charles Rene, clinical



Tulane medical student Richard Brucker (M '11) examines a child from St. Rose de Lima school in Jacsonville, Haiti.



Dr. Elizabeth Bellino, a clinical instructor of pediatric infectious diseases, cares for a wounded child in Port-au-Prince, Haiti, shortly after the earthquake that devastated the city.

associate professor of obstetrics and gynecology, and Dr. Francesco Simeone, associate professor of clinical medicine, are part of a team that headed to Haiti with medical supplies. For 20 years, Rene has been leading medical teams to a southeastern Haiti hospital.

Among other Tulane medical personnel working on Haitian relief efforts are Dr. Lorena Dumas-Guntner, instructor in anesthesiology; Dr. MarkAlain Dery, instructor in clinical medicine and director of the Antimicrobial Stewardship Program at Tulane Medical Center; Dr. Susan McLellan, associate professor of medicine and director of Tulane University Travel Clinic; and Dr. Laura Cooley, a fellow in infectious diseases.

Bellino adds, "Haiti is a 10- to 20-year project. We can't forget about their needs."

The university has long supported health care in Haiti. Dr. William Larimer Mellon (M '53) left his ranch to attend medical school at age 37 so he could devote his life to establishing the Hospital Albert Schweitzer, Haiti's first modern hospital. Dr. Mellon began the hospital in 1956; he died in Haiti in 1989.

Tulane has established a website, tulane.edu/haiti, that serves as a clearinghouse for information about fundraising and other humanitarian efforts.



\$13.5 MILLION GRANT SPURS LAB UPGRADES

ulane University has received a \$13.5 million grant from the National Institutes of Health to redesign and upgrade laboratory spaces in the J. Bennett Johnston Health and Environmental Research Building at 1324 Tulane Ave. on the medical center campus.

The building is home to the

Tulane/Xavier Center for Bioenvironmental Research, the Tulane Cancer Center, the Tulane Center for Gene Therapy and the Tulane Center for Infectious Diseases.

A grant enables Tulane to construct new

laboratories in the J. Bennett Johnston Building

The money comes through the American Recovery and Reinvestment Act that Congress passed last year.

The grant will fund the Tulane University Interdisciplinary Bioscience Initiative that seeks to construct labs in which scientists from different fields can conduct research together.

"Traditionally, science has been conducted in silos," says Dr. John Clements, professor and chair of the Department of Microbiology and Immunology, who is principal investigator of the grant.

"Individual laboratories now work on projects that are of interest to the investigators in those laboratories," Clements said. "But future advances are going to be made at the interfaces of those traditional disciplines where we bring together investigators from different areas who are working on a common problem."

The revamped J. Bennett Johnston Building will feature open, flexible laboratory spaces capable of being immediately reconfigured. Meeting spaces and conference areas for the cross-fertilization of ideas will be key elements.



t a head-shaving event this spring, Tulane University School of Medicine students raised over \$62,000 to help fight childhood cancer. More than 170 people became shavees for the cause. The money goes to the St. Baldrick's Foundation to support pediatric cancer research.



Larissa Thomas goes bald at a fund-raiser for St. Baldrick's Foundation on March 5 at the downtown health sciences campus. She is a second-year Tulane medical student.

BACK TO THE BULLPEN

hanks to Dr. Jerry A. Davis (M '60), of Tuscaloosa, Ala., who offers more information about the photo in the table of contents in the Fall 2009 issue of *Tulane Medicine*.



Dr. Alton Ochsner with students in the Senior Surgical Bullpen, 1959.

"The photo of the bullpen at Charity was taken in 1959," says Davis, who is third from left. "It is the Senior Surgical Bullpen with Dr. Alton Ochsner. We are juniors that year and did not have to 'sweat it' that particular day. I got Dr. Ochsner for my senior bullpen the next year, and in spite of my being terrified of him, he could not have been kinder to me. He was a true gentleman, but tough."

Davis also identified fellow 1960 grads Drs. Wallace Conerly, of Jackson, Miss., on his left; Bob Westfall of Phoenix on his right; and Bob Dyer of San Juan Capistrano, Calif., second from his right.



New Orleans pediatrician Dr. Kamill Del Toro (R '07), with daughter Daniela Coby-Del Toro, is happy to participate in the event. She raised \$2,500 from supporters of St. Baldrick's.



BY DIANA PINCKLEY | ILLUSTRATION BY STUART BRIERS

New Ways to Shape NEW DOCTORS

UNIQUE EARLY DECISION PROGRAM FEATURES PUBLIC SERVICE | STUDENTS LEARN MEDICINE AND LEADERSHIP IN BATON ROUGE | FINDING EFFECTIVE INITIATIVES TO HEAL COMMUNITIES



hree exceptional Tulane freshmen were admitted to Tulane University School of Medicine this spring as the vanguard of a program that is unique in the country. After completing their undergraduate studies in two years, each will spend a year working with an AmeriCorps project in New Orleans before moving into the four-year medical curriculum. In a seven-year period, the students will earn the BS and the MD—and they will benefit from a tuition-free year of public service experience along the way.

Ten third- and fourth-year Tulane medical students are the first to participate in the Baton Rouge LEAD Academy, a satellite program established between Baton Rouge General Hospital and the medical school that began in May. The acronym stands for Leadership, Education, Advocacy and Discovery. In addition to the usual clinical rotations, the students will have experience in "longitudinal care" as they work with Baton Rouge doctors to follow patients and their medical issues over two years, and they will learn the techniques of advocacy and leadership at the state level.

Three programs in the nation are recognized for their roles in changing health care, when they are tapped as finalists for the Spencer Foreman Award for Outstanding Community Service given annually by the American Association of Medical Colleges. In 2009, the School of Medicine was one of those three—in tribute to its innovative and successful work in building community health after Hurricane Katrina.

The pattern is clear and the evidence compelling. The School of Medicine is changing medical education and patient care. Its innovative ideas and sustainable implementation are attracting the attention of the nation.



Dr. Marc Kahn (at right) chats with (from left) freshmen Adil Yousuf of Kenner, La; Brian Templet of Seattle; and Andrienne Roth of Austin, Texas, the first students accepted into the Tulane Accelerated Physician Training Program which allows students to get their undergraduate and graduate medical degrees in seven years, including a mandatory year of public service.

A key factor attracting 10,000 would-be students—onefourth of all the medical school applicants in the nation—to try for one of the 177 positions in the Tulane first-year class has been the wealth of opportunities for performing meaningful public service in New Orleans.

SIX PLUS ONE EQUALS ONE-OF-A-KIND

Dr. Ben Sachs, dean of the School of Medicine, was educated in England, where students begin six-year medical programs right out of high school. As he and Dr. Marc Kahn, senior associate dean for admissions and student affairs, discussed creative ways to reduce the cost of medical education, they drew on the European model and combined it with the School of Medicine's 20-year tradition of required community service.

The result is the Tulane Accelerated Physician Training Program (TAP-TP), the only one of its kind in the nation. It is offered jointly by the School of Science and Engineering and the School of Medicine.

"No one in the country is doing a sixplus-one program like we are," said Kahn. "When I talk about it, people are excited. They think it's really good idea."

> Honors students apply for the highly competitive program during the freshman year at Tulane. Those admitted will continue their studies

usually toward a bachelor of science in cellular and molecular biology "with an emphasis on the application of scientific principles for the public good," according to TAP-TP documents—through the end of the sophomore year. By that time, they must have completed all required undergraduate courses; credits from advanced placement and summer school help meet those requirements.

The third year is devoted to public service through AmeriCorps/VISTA and Tulane's Center for Public Service. Students can choose to work in education, the arts, energy, environmental and other areas—but the available organizations are not related to health care.

"We'll show them plenty of medicine," said Kahn. "This is a year when the TAP-TP students are going to be working hard and managing their own finances. It will allow them to grow in social responsibility. Medicine is a service profession, and we see this as important. If you want to go into medicine, you need to be interested in service."

A key factor attracting 10,000 would-be students—one-fourth of all the medical school applicants in the nation—to try



for one of the 177 positions in the Tulane first-year class has been the wealth of opportunities for performing meaningful public service in New Orleans, Kahn said. "Our students have had a community service requirement for at least 20 years, and they see New Orleans as a city where they can come for medical school and not only study medicine, but also really get involved in rebuilding a community."

Sachs added, "It requires knowledge about people and life to interact with patients. AmeriCorps will provide a context for developing those abilities."

After the community service experience, TAP-TP participants enter the first-year medical class. At the end of that year, they receive undergraduate degrees.

The only criterion for staying in the program is a 3.5 grade point average. "That's my commitment and Tulane's commitment," said Sachs. "If these students keep a 3.5 GPA for the two undergraduate years, we guarantee they will be doctors." Sachs and Kahn project that 10 students a year will be accepted to the program. The first are Adrienne Roth, Austin, Texas; Brian Templet, Seattle and Adil Yousuf, Kenner, La.

As Sachs presented them with new stethoscopes, he said, "Now you don't have to worry about getting into medical school—you can spend your time involved in knowledge, research and public service instead of the application process.

"You're on a journey to become doctors and you have committed to spending the next six years with us. We will be with you every step of the way."

BATON ROUGE GENERAL OFFERS LEADING EDGE

Skills in leadership and advocacy have become almost as essential to medical success as expertise in diagnostics and techniques. A new satellite program that will send Tulane medical students to Baton Rouge General Hospital for their third and fourth years is designed to develop critical capacity. Baton Rouge General, a not-for-profit healthcare system, has two campuses and 544 beds.

The first 10 students head for the state capital in May; the program is slated to grow to 80 or more over a period of five years or so, said Dr. Floyd "Flip" Roberts, chief medical officer for Baton Rouge General and regional dean for the Tulane program. The satellite campus, which may eventually be among the larger of its kind in the nation, contributes to the School of Medicine's ability to grow its entering medical school class from about 175 to some 200. This goal mirrors the Council of Graduate Medical Education's desire to increase medical school slots nationwide to meet critical health care needs.

All upper level medical students will choose to participate in either the LEAD Academy or a similar New Orleans-based program called CARES (Community Action, Research, Education and Service). However, LEAD has two elements that set it apart.



MORE BRIGHT IDEAS IN MEDICAL EDUCATION

 ulane University School of Medicine is rich in innovative degrees and special programs. A complete list is available at tulane.edu/som/admissions;
 a few examples follow.

MD/MBA: Four to seven students are enrolled, making Tulane's program one of the larger programs in the country, according to Dr. Marc Kahn. "It's a way for physicians to be better trained in management and financial issues so they can be better leaders and spokesmen for their profession," said Kahn, who will receive his own MBA from Tulane in December. "I put my money where my mouth is, because it's a skill set that I didn't have after completing medical school."

MD/MPH: The combined degree offers an opportunity to complete medical and public health training in four years; most comparable programs require five years. With between 40 and 50 students enrolled, it is the largest MD/MPH program in the country.

DEBAKEY SCHOLARS: This new program, limited to 20 students a year, encourages

research excellence. DeBakey Scholars receive a faculty mentor, work on a research project over the four years of medical school and present and publish papers on the project. Students apply during the first year of medical school.

TULANE TIME OUT: Students can apply to the School of Medicine while still in college and defer admission for one to three years. "We really like people who have worked with the Peace Corps, Teach for America, AmeriCorps and the military," said Kahn. Three or four students a year accept deferments, so they don't have to cope with the logistics of applying from a distant post. "This lets us get more people with life experience into the medical school and makes it convenient for them to do so."

"One is the fact that Baton Rouge students will have a continuity of care clinic," said Kahn, who worked with senior administration to develop the satellite. "Students will follow a panel of patients over two years. That doesn't happen in most medical schools."

The curriculum is essentially the same for third- and fourth-year students in New Orleans and Baton Rouge, said Roberts, except for Thursdays, when LEAD students will spend the morning with a Baton Rouge clinician. "Most third-year clerkships allocate four to eight weeks for a rotation," he explained. "That offers a limited experience in seeing impact of a disease—the impact on patient and family, the social consequences as well as effects of long-term treatment.

"When you follow a patient over the course of a year, you get exposure to what it's like to deal with those impacts, as well as a better perspective on the side effects of medications and the repercussions of therapy."

Kahn added his hope that the experience will increase the number of students who go into primary care. "This can show them it's fun—and the reason it's fun is that you get to see your patient back again."

The clinicians are practicing physicians who are actively involved in leadership activities, Roberts said. "They are effective mentors on how to have a busy, successful practice and be an effective leader."

Thursday afternoons are devoted to seminars in areas including patient safety, ethics, health care, the structures of healthcare institutions and other aspects of personal and professional development. They also feature field trips to observe meetings of medical society boards, hospital boards or legislative committees.

One- to two-month internships with government and non-profit organizations may also be available. "Because it's the state capitol, we can provide rich experiences for developing leadership in medicine," said Roberts, adding that Tulane continues to distinguish itself in educating physician/ leaders through one of the largest MD/ MPH programs in the country. Medical students will work side-by-side with students from the hospital's nursing program and with pharmacy students from University of Louisiana/Monroe. "Dean Sachs is passionate about patient safety and team building," said Roberts. "We will be looking for opportunities from the get-go to increase communication and teamwork." Taking teamwork to a new level is especially important in an era of electronic medical records, he explains, because electronic systems often mean less face-to-face communication among team members and fewer opportunities to ask clarifying questions.

Roberts is quick to offer kudos for the reception the new satellite program has received in Baton Rouge. "Literally no physician I've asked to take a role has turned me down, and I've talked with dozens of people," he said. "To a person, they see a value in contributing back to the profession of medicine and to their own continued growth and development as physicians. When we work with bright, energetic young folks, we learn as much as we teach."

Adam Knapp, president and CEO of the Baton Rouge chamber, told the *New Orleans Times-Picayune*, "What's exciting about this is having a medical school program in Baton Rouge, something we've been interested in as a region for some time. Now we see one actually taking root."

WE HEAL COMMUNITIES

That philosophy is a key element in the School of Medicine's mission—and it is put into successful practice every day in New Orleans neighborhoods. The sea change in approach to health care delivery has earned widespread accolades.

Based on its work in innovative community health care, Tulane was one of three 2009 programs selected as finalists for the prestigious Spencer Foreman Award for Community Service by the American Association of Medical Colleges. "The school managed to start an incredible revolution in health care in the city," said Sachs, "and it is happening at a speed of change I have never seen in my career, thanks to Dr. Karen DeSalvo."

DeSalvo is the C. Thorpe Ray Chair in Internal Medicine and vice dean for community affairs and healthcare policy for the School of Medicine. She was named by New Orleans Mayor-Elect Mitch Landrieu to co-chair his health policy task force, and she was among the Louisiana representatives who traveled to Washington, D.C. in late March to receive the 2010 Health Quality Award from the National Committee for Quality Assurance, honoring a coalition that created a community-based healthcare network in New Orleans.

"The opportunity to develop a health system remarkable for its innovation and efficiency has captured our imaginations, not only in hurricane-impacted areas, but across all corners of the state," said DeSalvo, president-elect of the Louisiana Health Care Quality Forum, as she accepted the award.

The medical school has established community health, pediatric and adolescent drop-in clinics at Covenant House downtown and a clinic in New Orleans East in partnership with Mary Queen of Vietnam Development Corporation. Three mobile clinics also serve various neighborhoods. The Covenant House clinics will move next year to the former location of Ruth's Chris Steak House on Broad Street, where they can expand to serve more patients.





Volunteering on a Saturday at the Fleur de Vie Clinic at Covenant House are, from left, Tulane University School of Medicine students Bill Teeter (M '11), Jessie Kittle (M '13) and Sara Park (M '11); Dr. Philip Skelding, an instructor in clinical medicine; Dr. Kevin Krane, professor of medicine and vice-dean of academic affairs; and Suneeta Ganji (M '13).

The number of visits to the clinics has been steadily rising, to reach about 22,000 a year. DeSalvo said that reflects about 20,000 "medical homes" for patients who return again and again. The school's outreach effort also includes other community partners and local schools.

All sites have language access assistance, either through onsite fulltime medical interpreters, bilingual clinical and other staff, and access to phone interpretation lines. Fifteen percent of patients using the clinics speak a language other than English.

And DeSalvo makes sure to listen to the communities she serves. "You have to make certain you are responsive to community needs. We don't want to go in saying 'We're going to tell you how to do it.' Instead, we say, 'You've got great things going on in this community. Let us help you do it and learn from you.'"

The School of Medicine requires its students to complete 20 hours of community service during their first year. The annual freshman medical class total equals almost three times this amount. "Our students are very enthusiastic," DeSalvo said. "There is more demand from students than we can keep up with. It's a wonderful problem to have."

One example is Fleur de Vie, a free healthcare clinic organized and staffed by medical student volunteers that works in conjunction with the Tulane Community Health Clinic at Covenant House. Officially founded in 2007, the organization traces its roots to the immediate aftermath of Katrina, when several Tulane medical faculty and students set up folding tables on a sidewalk to give first aid and tetanus vaccinations to returning residents and relief workers clearing hurricane debris from the city.

Other students have built a database of free care sites for the homeless, worked to improve nutrition and health in rural Louisiana, developed a program to promote long-term changes in diet and exercise habits and launched an initiative that helped gut and rebuild more than 50 homes. DeSalvo makes sure her students know that, as important as communitybased health care is, it's only one element. "Education, economy and safety also dramatically affect people's health," she said. "We have to find the right indicators to know if we're making a difference."

The medical school had long been involved in the community, but Hurricane Katrina and its aftermath destroyed traditional "silos" and brought the activities to a new level, DeSalvo said. From that crisis arose opportunity that has elevated the medical school to national leadership in sustainable community-based health care.

"Tulane is not alone in the country in thinking about how to use intellectual and other capital to make a difference in the community," DeSalvo said. "We have just been ahead of the curve because of our foundation, expertise and leadership. There's a lot of discussion about how you do this and why it makes sense. Why is it a good thing? Because it attracts students and faculty and builds community. Because it is our moral obligation as a university."



THE surgical

BY KEITH BRANNON PHOTO BY SARAH BALYEAT

ulane surgeons are making an impact far beyond the operating room. Within the last year, doctors have traveled as far as Germany, China, Greece, Italy, El Salvador, Brazil and beyond to present new robotic and reconstructive surgery techniques developed at Tulane.

In fact, doctors from as far as Dubai and Egypt have visited New Orleans to learn from Tulane faculty. Whether it's finding a safer way to remove thyroid nodules without leaving a prominent scar or inventing a novel approach to challenging reconstructive surgery following throat cancer treatment, Tulane surgeons are attracting national and international attention for their innovation.

The recognition is no accident, said Surgery Department Chairman Dr. Douglas Slakey. Tulane University School of Medicine has been recruiting and developing surgeons who are committed to becoming leaders in their field.

"Our physicians are pushing the technological aspects of modern surgical devices and their application to the treatment of patients," Slakey said. "These are huge potential advances for patient outcomes.

"Our hope is to develop the concept that all the surgical disciplines at Tulane are positioning themselves to provide the most

technologically advanced surgery for all of our patients. We would rather get to the point where the community as a whole thinks of Tulane surgery as being advanced irrespective of what particular procedure is required," Slakey said. "We want to hire and recruit people who fit this paradigm. I think it is very exciting."

The following are some of the innovative techniques surgeons are advancing or creating at Tulane.

PIONEERING SURGICAL APPROACH SAVES VOICES

Dr. Ernest Chiu, associate professor and director of plastic surgical research, and Dr. Paul Friedlander, chairman of otolaryngology, head and neck surgery, have developed a new, less-invasive procedure to preserve speech and swallowing functions in patients being treated for head and neck cancers.

Their surgical technique uses a small blood vessel within a flap of skin from the shoulder to reconstruct the pharyngeal and esophageal lining of patients who have had a significant portion of their neck and larynx removed during cancer treatment. Without restoration of this critical anatomical area, patients are unable to swallow or speak.



From left to right: Dr. Douglas P. Slakey, Dr. Ernest S. Chiu, Dr. Emad Kandil, Dr. Benjamin R. Lee

"This new surgical approach offers patients an alternative reconstructive surgery technique that is safe and less invasive without the longer operative and recovery time in traditional freetissue transplant techniques," said Chiu, who has performed the technique since 2007.

Standard methods reconstruct the pharyngoesophagus using the patient's own tissue transplanted from the arm, leg or small intestine. There is a higher risk of more severe post-operative complications, especially at the site from which the graft was taken, Chiu said.

The standard reconstruction surgery involves removing one of the two major blood vessels to the hand, leaving a prominent scar on the arm. "You also need to skin graft over the tendons of the arm because they become exposed after you take the flap," Chiu said.

"If you take tissue from the abdomen [segment of small intestine], there are risks of intrabdominal leakage and other complications that could cause doctors to have to go in and revise the surgery. These free tissue transfers can take two to three additional hours to harvest and perform. If the flap is reattached and doesn't flow properly post-operatively, the patients return to the OR for revision and further surgery to fix the problem.

"Our flap takes an hour to harvest. The blood vessel is not divided and transplanted; therefore returns to the OR for kinks or anastomosis issues do not exist. The wound is closed primarily without skin grafting."

The new technique reduces surgery time by up to 40 percent, results in faster recovery without a visible scar and restores swallowing function in two to three weeks. A quicker recovery allows patients to continue additional cancer treatment therapies more rapidly. Patients are also eligible for placement of a prosthesis that can preserve speech function without having to use an electro larynx, a medical device patients touch to their neck to speak.

Chiu described his techniques in "Circumferential Pharyngoesophageal Reconstruction Using Supraclavicular Artery Island Flap," which appeared in the January 2010 issue of *Plastic* & *Reconstructive Surgery*, the official journal of the American Society of Plastic Surgeons. Friedlander is co-author of the article, along with four other Tulane doctors.

NEW THYROID TECHNIQUE ELIMINATES SCARS, LESSENS COMPLICATIONS

Dr. Emad Kandil, chief of the endocrine surgery section, is one of the first in the country to perform a new form of endoscopic surgery that uses a small incision under the arm to remove all or a portion of the thyroid or parathyroid glands without leaving a scar on the neck.

The technique, which was approved by the U.S. Food and Drug Administration last summer, uses the latest Da Vinci[®] three-dimensional, high-definition robotic equipment to make a two-inch incision below the armpit that allows doctors to maneuver a small camera and specially designed instruments between muscles to access the thyroid. The diseased tissue is removed endoscopically through the incision.

"This is an exciting new treatment option for certain patients who need thyroid surgery but are concerned about having a visible and permanent neck scar," said Kandil, who is assistant professor of surgery and adjunct assistant professor of otolaryngology at Tulane. "This technique safely removes the thyroid without leaving so much as a scratch on the neck."

Traditional thyroidectomies can involve a long incision at the base of the neck.

The surgery attracts patients from throughout the Gulf South and as far as New York and South Dakota, Kandil said. Physicians also come to Tulane to learn about the procedure. In March, Tulane hosted more than 60 physicians during its second annual Symposium on Thyroid and Parathyroid Diseases. "We had people from France, Germany, Dubai—all over the world come in to learn about the surgery," Kandil said. The physicians observed hands-on training sessions taught by Tulane surgeons and doctors from other leading hospitals. Kandil presented the thyroid surgery in one of the featured training sessions.

Robotic transaxillary thyroid surgery was developed in South Korea by Dr. Woong Chung, associate professor of surgery at Yonsei University College of Medicine in Seoul. Kandil has helped develop a new tool to stimulate the nerve that goes into the voicebox during the procedure, to ensure it is working and undamaged throughout the surgery. Any damage to the laryngeal nerve could cause hoarseness or other permanent voice problems. The new technique has other benefits. Unlike other forms of endoscopic thyroid surgery, it doesn't require blowing gas into the neck to create space to perform the operation. Gas retained in the neck or chest after surgery can cause significant discomfort and postoperative complications. Because the robotic camera provides three-dimensional viewing with image magnification up to 10 times the normal size, the surgery is very precise. Thus the likelihood of laryngeal nerve damage is reduced and there is less risk of trauma to the parathyroid glands, which are near the thyroid.

Kandil said patients have reported less discomfort and faster recovery times after the new procedure.

USING COLD TO KILL KIDNEY CANCER CELLS

Tulane University urologist Dr. Benjamin Lee has pioneered a new surgery technique to fight kidney cancer.

The technique, called single-port laparoscopic renal cryosurgery, sends a flexible camera and laparoscopic instruments through a single incision to freeze and kill kidney cancer cells. The body absorbs the tumor over time.

HEALING SMALL HEARTS

Doctors at the Pediatric Heart Center at Tulane Hospital for Children now have one of the most innovative intervention and operating rooms dedicated to heart procedures. But the goal of the room is to avoid open-heart surgery whenever possible.

The hospital recently opened a multimillion-dollar facility that is a fully equipped pediatric catheterization lab and operating room. The Hybrid Cath Lab—the first and only in Louisiana and one of around 15 in the country—allows cardiologists and surgeons to work side-by-side to open the chest, place delivery catheters in the heart and deploy devices in the most challenging cases.

"It is a place where the interventional cardiologist and the surgeon can work together to bring about a cure in the fastest, most technologically advanced way with higher survivability," said Dr. Michael Recto, chief of pediatric cardiology.

Combining the two in one facility allows doctors to perform more transcatheter therapies on infants and young children who would otherwise need open-heart surgery. The cardiovascular



It is a place where the interventional cardiologist and the surgeon can work together to bring about a cure in the fastest, most technologically advanced way with higher survivability. ??

-Dr. Michael Recto, chief of pediatric cardiology

The surgery, which is designed for tumors of less than four centimeters, keeps 80 percent to 90 percent of the kidney intact, said Lee, professor of urology and a specialist in robotics, endourology and laparoscopic surgery.

Lee is one of a few doctors in the country performing this type of cryosurgery.

He and the Tulane urologic team presented the technique and other research to doctors in Munich, Germany, late last year at the World Congress of Endourology.

Lee's focus on the treatment of kidney cancer includes many different options: laparoscopic removal of the entire kidney; robotic partial nephrectomy, where the tumor is cut out and the remaining portion of the kidney is saved; and single-port cryosurgery.

Kidney cancer is the seventh most common cancer in the United States with an estimated 35,000 new cases diagnosed each year. Traditional kidney cancer surgery was performed through an open, foot-long incision. surgeon can obtain access in a more central blood vessel or even directly through the right atrium or ventricular free wall so that the interventional cardiologist can close a hole with a device without open-heart surgery or cardiopulmonary bypass, Recto said.

The hybrid lab offers a full range of procedures, including those that address cardiac defects (ASD, VSD, PDA and anomalous collateral vessels) via the transcatheter approach using coils or closure devices. Doctors can also relieve aortic and pulmonary valve stenosis using balloon catheters; septal occluder devices can be deployed to close holes inside the heart through small tubes (catheters) placed in the blood vessels in the groin.

"Our philosophy is to avoid open heart surgery whenever possible," Recto said. "Innovative diagnostic tools and minimally invasive procedures like those done in the hybrid lab help us diagnose and treat infants earlier so they can have a long and normal life."



w York Yankees Major League MD

autre comme le ne du grand symp du cœur battre Ces résultats, obtenus justifient la compasympathique avec val et celle du ne qui le mainaussi comparé r le cœur au *'epaisseur* ses nerfs, ires seminsateurs le de cen nglions eux. Ce sou cœui



Dr. Bobby Brown was a student at Tulane University School of Medicine and a slugger for the New York Yankees—at the same time. No wonder he has great stories.

BY DIANA PINCKLEY

S ixty years ago, Dr. Bobby Brown commanded the attention of mothers across New York City. The power hitter, who played third base for the storied Yankees, earned four World Series championship rings by the time he was 26. At the same time, he was a student at Tulane University School of Medicine.

"When I was covered so widely as the physician-Yankee-thirdbaseman, I was probably the idol of every mother in the New York Metroplex, who were telling their sons they have to do their homework, but they can play baseball, too," Brown said.

The retired cardiologist, who received his MD from Tulane in 1950, came to New Orleans last October from his Fort Worth home to deliver the keynote address at the Tulane Medical Alumni Association homecoming banquet.

During that talk, Brown told stories. His Yankee roommate Yogi Berra, famous for malaprops, warned that Brown wouldn't be able to hit the ball very far in Florida because "the humility is too thick over there."

The physician/player, 85, still signs two or three autographs every day—his mail is consistently filled with requests, as well as a baseball or bat to inscribe. In his Yankee years, he relates, he learned the perfect way to duck the hundreds of time-consuming autograph seekers who waited after each game. "Walk out behind Joe DiMaggio."

Dr. Bobby Brown is one of a kind. From 1946 to 1954, he played professional baseball for a legendary Yankee team—its members included Hall of Famers DiMaggio, Berra, Mickey Mantle, Phil Rizzuto and Whitey Ford—that won four world championships during his tenure. (He missed the fifth and sixth championship seasons in 1952 and 1953 because he was in the "Doctor's Draft," serving in Korea and Japan.) He was one of the first practicing cardiologists in Fort Worth; interim president of the Texas Rangers when the team's record moved from dismal to winning; and president of the American League.

Brown entered Stanford in September 1942 and enlisted in the Navy a month later. The Navy sent him to Tulane in December 1944 to begin medical school. By that time, major league scouts had kept an eye on him for six or seven years, but he couldn't be signed until Dr. Bobby Brown (M '50), center, with Dr. Robert Bullington, Sr. (M '49) and Tulane Medical Alumni Association Executive Director Cynthia Hayes.



he was out of the Navy. In the middle of his sophomore year in medical school, his dad negotiated a \$52,000 signing bonus with the Yankees, matching the most ever offered. "That took care of a whole lot of tuition," Brown said.

Then negotiation over his medical education began. "It was tough to get permission from [Tulane School of Medicine] Dean Max Lapham," Brown said. "I had been a medical student at Tulane for two years, I had decent grades, they knew I could do the work. Finally, Dr. Lapham said we could try it."

From October 15 to April 15, Brown was a medical student; then he played a full season of 154 games for the Yankees. His highest per-season salary was \$19,500, more than the dean of the medical school made at the time.

What was the most fun about a baseball career that spanned 548 games and 1,619 times at bat? "Winning. It didn't matter if you were a Hall of Famer; you played to win, not to enhance your own statistics. It was a great atmosphere filled with great guys-I stayed in communication with most of them through most of their lives."

Brown still holds a few World Series records. His .439 mark in 17 games is the record for batters with more than 20 at-bats. He scored nine World Series runs, knocked in nine runs and had State The a slugging percentage of .707, the fourth highest behind Reggie Jackson, Babe Ruth and Lou Gehrig.

His baseball expertise traveled well to Tokyo, where he was on an orthopaedic service in an Army hospital.

> One day a patient wearing a baseball uniform hobbled in with a mightily swollen ankle.

"It was in August, and I knew he had probably injured himself sliding," Brown said. The patient explained he was sliding into second base, his spikes caught and he turned his ankle. "The Yankees trainer taught me how to tape, so I got him X-rayed, taped, told him about elevating his foot and prescribed medicine—and then I got down on the floor and said, 'Let me

show you how to slide so you'll never do that again.' He and his sergeant were about 15 feet away from me when I heard him say, 'Sarge, this is the damndest clinic I ever saw ... the doc X-rayed me, taped me, gave me pills, told me to elevate my foot-and showed me how to slide. You can't beat an Army clinic!" Brown never revealed his identity.

He also joined fellow players Lefty O'Doul and DiMaggio in working with Japanese baseball players. At the time, DiMaggio was honeymooning with his new wife, Marilyn Monroe. "It turned out to be the biggest thing that had happened since the war," Brown said. "The Japanese loved movie stars and they loved baseball players and here they had the biggest stars of both."

Brown left baseball in 1954 when he was 29 to concentrate on his medical career. He did a cardiology fellowship at Tulane under the tutelage of Dr. George Burch in 1957, before moving to Fort Worth to open his practice.

What do baseball and cardiology have in common? "Both are stressful deals," Brown said. "You can't afford mistakes in either place. The stress in baseball is episodic, but the stress in medicine is relentless. What you do in baseball goes out in every paper in the country, but medical stress is much higher."

In 1974, Brown took a six-month professional break to become interim president of the Texas Rangers-a friend had bought the team and needed his help. During Brown's tenure, the team moved into first place in the league for the first time since they were the Washington Senators.

But baseball wasn't through with him. In 1984, the American League came calling, and he served as its president for 10 years. Brown retired after that presidency; he reports he now plays tennis several times a week, works in his yard and spends time with his family.

Brown returns to New Orleans once or twice a year; his roots at the medical school run deep. His son Peter (M '79) is a family practitioner in Graham, Texas and his grandson John (Jack) Dale of Dallas is a second-year medical student at Tulane.

One of the most special times was in February 2008, when he threw out the first pitch of the second game at Greer Field at Turchin Stadium, the university's new baseball facility.

"I warmed up at the country club for three weeks before I came down here," Brown recalled with a smile. "I made it-the ball got across the plate, and I got a standing ovation."

MEDICINE **NOTES**

FACULTY EARN INTERNATIONAL HONORS

Dr. Vivian Fonseca (left), professor of medicine and pharmacology, Tullis-Tulane alumni chair in diabetes and chief of the section of endocrinology at Tulane University School of Medicine, has been elected vice president, medicine and science, for the American Diabetes Association. Fonseca, a national expert in diabetes management and treatment, is editor-in-chief of Diabetes Care. He is a fellow of the American Association of Clinical Endocrinologists, the Royal College of Physicians (London) and the American College of Physicians. An American Diabetes Association

Dr. Grant F. Begley, a retired Fort Worth urologist, is author of Hewn from the Rock, a social, economic and political study of "a very backward and isolated part of Kentucky's Appalachia" where he grew up 90 years ago. Chad Berry, professor of Appalachian Studies at Berea College, calls the book "an eloquent, sensitive, and honest mental map of what once was in Eastern Kentucky. ... We owe Dr. Begley—in the tradition of Harry Caudill and Jesse Stuart-a debt for taking the time to pass these lives and traditions on to us."





volunteer for more than 15 years, Fonseca has served as chair of the organization's professional practice committee, a member of the research policy committee and a member of the national board of directors. The association is the nation's largest voluntary health organization leading the fight to stop diabetes.

Dr. L. Gabriel Navar (middle), codirector of the Tulane Hypertension and Renal Center of Excellence and professor and chairman of physiology, has been elected president of the Inter-American Society of Hypertension (IASH), a non-profit organization

devoted to the understanding, prevention and control of hypertension and vascular diseases. Its members include outstanding scientists and physicians from 20 different countries in the Americas, Europe, Australia and Asia.

Dr. Daniel K. Winstead (right), Robert G. Heath Professor and chair of psychiatry/neurology, is the 2010 recipient of the William C. Menninger Memorial Award for Distinguished Contributions to the Science of Mental Health, given by the American College of Physicians.

Dr. Gerald Berenson (A&S '43), director of the Tulane Center for Cardiovascular Health and principal investigator for the Bogalusa Heart Study, received the Cecil J. Picard Award for Excellence in Education to Prevent Childhood Obesity from the Louisiana Council on Obesity Prevention & Management. Picard, a teacher and state legislator, served as Louisiana State Superintendent of Education from 1996 to 2006. He died in 2007.

Dr. Leonard J. Rolfes, retired from his pediatrics practice and living in Lafayette, La., is a volunteer for Hospice of Acadiana. His wife died in January 2008.

Dr. A. Barnard Russell, Jr. continues to work in his busy family practice in Fort Walton Beach, Fla.

Dr. Arthur S. Kern reports that he is still practicing ophthalmology "in this everchanging medical scene." He practices in Millburn, N.J.

Dr. Martin P. Rappaport, who lives in Willis, Texas, has been retired from his internal medicine/ geriatrics practice for 10 years. He says he looks forward to attending his 50th class reunion in May.

Tulane Medicine seeks news and notes about alumni of the medical school, as well as faculty members and "alumni" of the Tulane Residency programs. Please send your news to mednotes@tulane.edu.

SEND

NEWS

FAREWELL TO LONGTIME MEDICAL LEADERS

n addition to the loss of incumbent section/department heads detailed on the following pages, Tulane University School of Medicine also mourns the passing of other members of our community:

- Dr. Henry Glindmeyer, who held Tulane professorships in medicine, engineering and environmental health, died in New Orleans on October 30 of complications following heart surgery. He was 62. Dr. Glindmeyer became associated with Tulane's Pulmonary Disease Section in the early 1970s, while working on his doctoral dissertation in mechanical engineering. "Hank's expertise in mechanical engineering was needed [as the department studied lung function]," said his Tulane colleague Dr. Robert N. Jones, a professor of pulmonary medicine. "He set to designing and configuring a mobile laboratory that could measure lung function at plant sites. This was quite effective." At the time of his death, Dr. Glindmeyer was the lead investigator in a study on "Katrina Cough," funded by a \$1.86 million NIH grant. "Hank was, to us, a virtually unique exemplar in overcoming illness through the sheer strength of his personality," Jones added.
- Dr. Raeburn Llewellyn, former chairman of neurosurgery at the School of Medicine, died October 18 in New Orleans. He was 89. A native of Corbin, Ky., Dr. Llewellyn earned an undergraduate degree at the

University of Alabama and a medical degree at the University of Virginia. He was a flight surgeon in the Air Force, and came to New Orleans in 1947. Dr. Llewellyn was the chair of the Department of Neurosurgery at Tulane from 1960 to 1979, when he entered private practice. Dr. Llewellyn, who stopped operating in 1996, provided chronic-pain management until he retired in 2001.

Dr. Ruth Kirschstein (M '51), the first woman appointed director of a National Institutes of Health institute, died October 6 in Bethesda. She was 82. Dr. Kirchstein joined NIH in 1955 as a resident in clinical pathology and laboratory medicine. From 1957 to 1972, she tested the safety of vaccines for polio and measles. In 1972, she became deputy director of the former Division of Biologic Standards when it transferred from NIH to the Food and Drug Administration. At the FDA, Dr. Kirchstein researched the safety of the artificial sweetner cyclamatate before she returned to NIH in 1974 to direct the National Institute of Federal Medical Sciences, a position she held for 19 years. In 2002, she was given a lifetime achievement award by Tulane, when President Scott Cowen called her a "triple threat" for her talents as an administrator, a researcher and an educator.

Dr. Richard Dale has closed his office in Tucson, Ariz., after 43 years, though he still continues to assist in surgery.

Dr. Willie C. Suhr, a general surgeon in Los Angeles, urges others to follow his lead as a proud supporter of a scholarship fund for future Tulane School of Medicine students.

Dr. Harry K. Tweel received the 2009 American Lung Association's Will Ross Medal in San Diego in June, the highest award given by the American Lung Association to volunteers who make significant contributions to the prevention and control of lung disease. A pulmonary and critical care specialist, Tweel retired after more than 40 years in clinical practice to become physician director of the Cabell-Huntington Health Department in West Virginia.

Dr. Fred M. West has begun his 46th year in private family practice in Castleberry, Ala.

Dr. Patrick Breaux, section head of cardiology at Ochsner Hospital and Vascular Institute in New Orleans, was inaugurated in January as the 130th president of the Louisiana State Medical Society. **Dr. Bruce Becker,** founder of the National Aquatics & Sports Medicine Institute based at Washington State University, is one of the "Power 25" leaders recognized in the February issue of *Aquatics International* magazine. Becker is a research professor in the Department of Educational Leadership and Counseling Psychology, home to WSU's kinesiology programs. After retiring from his Spokane medical practice, he launched the aquatics institute in 2008 with support from the National Swimming Pool Foundation.

Dr. Joseph J. Roniger, Jr. has worked at Wyoming State Hospital in Evanston since Hurricane Katrina; he was named medical director there in November 2007.

MEDICINE **NOTES**

Dr. Glenn F. Libby continues his predominantly office-based full-time practice as a pulmonary specialist. He and his wife Gael live in Seal Beach, Calif.

Dr. James B. Florey, who practices general pediatrics and child behavior and development one day per week in Oakland, Calif., notes that he has spent the last 25 years as "a change agent and healthcare entrepreneur." He has founded clinical practices and hospital service lines, built nurseries as chief of pediatrics, and been a principal or CEO of three medical service startups. He has also served as a board member of a 600-physician regional healthcare delivery organization. Florey, who holds a master of medical management degree from the Marshall School of Business at the University of Southern California, is a certified physician executive of the American College of Physician Executives. He was recently named to the Dean's Advisory Council at the School of Medicine.

IN THAT NUMBER Dr. Eboni Price-Haywood, assistant professor of

clinical medicine and chief medical officer for the Tulane Community Health Center, was named one of "50 Women of the Year" by *New Orleans CityBusiness* in November. **Dr. Arwen Podesta**, a psychiatrist and medical director of Odyssey House Louisiana, and **Dr. Christy Valentine**, clinical assistant professor of pediatrics, are among the honorees in *Gambit Weekly*'s annual "40 Under Forty" which recognizes those New Orleans area residents under the age of 40 who are making a difference in the city. Podesta, who finished a forensic psychiatry fellowship at Tulane, is on the faculty of the Department of Psychiatry and Neurology. After Hurricane Katrina, she initiated mental health outreach to the homeless. Valentine established Valentine Medical Center in November 2005 to help bring affordable, quality health care to the New Orleans area. She has organized a citywide food drive to benefit Second Harvest Food Bank using the theme "Strive for Five," urging citizens to select food from the five basic food groups.

Dr. P. Michael McFadden, professor of clinical surgery and lung transplantation at the University of Southern California's Keck School of Medicine, has been named chair of the advisory board's Heart/Lung Committee of the One Legacy Organ Procurement Organization in Los Angeles. He has also been named chair of the thoracic surgery section at Huntington Memorial Hospital in Pasadena, Calif. **Dr. Robert S. Patyrak** is the new chairman of the San Angelo Health Foundation, a Texas based philanthropic group focused on community health.

Dr. Bruce S. Samuels was elected a Fellow of the American College of Physicians in January 2009.

Dr. James A. Cook has been appointed director of cardiology at Providence Medford Medical Center in Medford, Ore.

Dr. James H. Diaz, Sr. (A&S '71, B '90, PHTM '95, '01) is author of six chapters on ectoparasitic disease in the new seventh edition of *Mandell's Principles and Practice of Infectious Disease*, published this year by Churchill Livingstone Elsevier.

Dr. Harrison C. Putman III is on the board of directors of the American Academy of Facial Plastic and Reconstructive Surgery and chairs the Credentials Committee of the American Board of Facial Plastic and Reconstructive Surgery. He practices in Peoria, Ill.

ANESTHESIOLOGY LIBRARY EXTENDS A FAMILY LEGACY

The Caine Anesthesiology Library, dedicated on Dec. 16 at Tulane University School of Medicine, represents a "quantum leap in the resources available for our anesthesiology students," said Dr. Frank Rosinia, chair of the Department of Anesthesiology.



Dr. Curtis W. Cain, Sr.

The state-of-the-art facility features

Smartboards that are video-linked to Tulane campuses uptown and in Metairie. The library space also received a full upgrade.

Tulane alumnus Dr. Curtis W. Caine, Sr. helped fund the library in honor of three generations of anesthesiologists in his family. His father Dr. Ansel Caine (M 1907) was the first full-time practicing anesthesiologist in New Orleans and the first chief of anesthesia at Southern Baptist Hospital. Dr. Curtis Caine Sr. (M '44) was the first anesthesiologist in private practice in Mississippi. His son, the late Dr. Curtis Caine, Jr. (M '66), continued the family tradition in anesthesiology.

MEDICINE **NOTES**

Dr. George M. Rodgers III, professor of medicine and pathology at the University of Utah Health Sciences Center and Veteran's Affairs Medical Center, was an editor for the newly published 12th edition of *Wintrobe's Clinical Hematology*, the leading textbook in the field.

Dr. Thomas Abshire joined the BloodCenter of Wisconsin as senior vice president of medical services and chief medical officer. He also directs the new Medical Sciences Institute, bringing together clinical care with education and clinical research at the center. He was professor of pediatrics and director of the comprehensive hemostasis program at the Emory University School of Medicine and Children's Healthcare of Atlanta, where he served for 13 years as director of the pediatric hematology/oncology fellowship program. **Dr. William D. Hardin, Jr.** recently moved to Allentown, Pa., where he is vice chair for pediatric surgical services in the Department of Surgery at the Lehigh Valley Health Network.

Dr. Bruce K. Rubin was appointed Jessie Ball duPont Professor and Chairman in the Department of Pediatrics and professor of biomedical engineering at Virginia Commonwealth University in Richmond, Va., in July 2009.

Dr. Paul T. Finger chaired the Ophthalmic Oncology Task Force of the American Joint Committee on Cancer. The 43-member international group created a comprehensive staging system for all eye cancers.

IN MEMORIAM: PLASTIC SURGERY DIVISON CHIEF



Dr. Edward Newsome, chief of the division of plastic surgery and the assistant dean for graduate medical education at the Tulane University School of Medicine, died on October 31. He was 45.

Dr. Newsome, who received an MD from the University of South Alabama, joined the Tulane faculty in 1998. The William Henderson Chair in Surgery, he had a special interest in

reconstructive surgery, complex wounds, lower extremity salvage, skin cancer and melanoma.

Dr. Newsome's colleague, Dr. Douglas Slakey, Regents Professor and chair of surgery, said in an announcement of a memorial service that Dr. Newsome "had an unequaled commitment to the academic mission of the School of Medicine. He worked tirelessly to establish a unified plastic surgery residency in southern Louisiana. In realizing his vision, he created one of the premier plastic surgery training programs in the country."

In the aftermath of Hurricane Katrina, Dr. Newsome worked both to provide patient care and to ensure that the Tulane residents and students continued to receive their education and training, Slakey said. **Dr. Marie D. Nassiff** lives in Green Bay, Wis., with her husband Jeff Mason. Her daughter, Savannah, just started a BS/MS program at Drexel University/ Pennoni Honors College, where she studies biomedical and tissue engineering.

Dr. Ellen M. Raney is chief of staff of the Shriners Hospital for Children in Honolulu.

Dr. Carolyn J. Agresti, an otolaryngologist in Palm Beach Gardens, Fla., writes that she is "so excited to connect with Tulane alumni in the South Florida area. Thanks to Jill Glazer, board member, Tulane University, I am able to re-ignite TU connections!"

Pr. Daniel A. Kahn and Dr. Karen T. Kahn (M '89) live in Ashland, Ore., with their three children, ages 19, 16 and 13. Daniel is in private anesthesiology practice and Karen attends to patients in skilled nursing facilities.

Dr. Robert Rosenberg has been named director of pediatrics at White Plains Hospital Center in White Plains, N.Y. His practice, Hartsdale Pediatrics, is in Hartsdale, N.Y.

Dr. Rick Levy, his wife Lisa and their four children were happy to host Crystal Janani (M '2010) during her one-month rotation in Dallas.

Dr. Amy O'Boyle, president of the executive committee of the medical staff and division head of urogynecology at the Naval Medical Center in Portsmouth, Va., is currently deployed to Kandahar, Afghanistan.

MEDICINE | NOTES

IN MEMORIAM: PHARMACOLOGY CHAIR

Dr. Krishna C. Agrawal, 72, died on December 12 in New Orleans, after driving into an unmarked, unlit and unbarricaded floodswollen canal during a downpour. Dr. Agrawal and his wife Mani were on their way to host



the Christmas party for the pharmacology department. Both were able to escape their floating car; he pushed her up onto the canal bank but couldn't make it up himself.

Dr. Agrawal, who headed pharmacology since 1999, came to Tulane in 1981. A native of Calcutta and a leader of the New Orleans Indian community, he received his PhD in 1965 from the University of Florida. Dr. Agrawal lectured all over the world on his research on the development of designer drugs to fight HIV and prostate and breast cancer, published hundreds of papers and abstracts in journals and wrote several books in the past 50 years.

A Regents Professor since 1999, Dr. Agrawal started the master's program in pharmacology at Tulane. He was nominated best teacher by students several times and won the honor last year.

Dr. Amy Fisher (NC '90) married Nathan Thompson on June 16, 2007. The Thompsons welcomed Caroline Maclean into the family on August 4, 2009. The baby joined sisters Megan, 12, and Katie, 9, in their home in Allentown, Pa.

Dr. Jennifer A. Baima, a physiatrist at Brigham and Women's Hospital in Boston, is author of a book titled *Sports Injuries* published in September 2009. The book offers an overview of the common injuries sustained by athletes of all ages and at all levels of competition. A clinical instructor at Harvard Medical School, Baima continues her work on how musculoskeletal problems differ in female athletes. **Dr. Kate Z. Holcomb** announces the birth of a son on October 14, 2009. She is staff physician in the department of dermatology at the National Naval Medical Center in Bethesda, Md.

Dr. Alanna Higgins married Timothy Joyce on August 29, 2009. She is a pediatric resident at Children's Memorial Hospital in Chicago.

In Memoriam

- '35 Dr. Owen Royce, Jr.
- ^{'37} Dr. Bradley C. Brownson Dr. Joseph W. Weaver
- '38 Dr. Herbert H. Thomas
- '39 Dr. Thomas H. Crouch
- '41 Dr. Arthur C. Hollister, Jr.
- '42 Dr. Granville I. Walker, Jr. Dr. James W. Wiggins
- '44 Dr. Robert J. Barnett, Jr. Dr. Stanley R. Mintz
 Dr. Leo L. Nastasi
 Dr. Frank C. Ruys
 Dr. Wyman P. Sloan, Jr.
- '45 Dr. Henry M. Yonge
- '46 Dr. Stanley J. Orloff Dr. Milton W. Talbot, Jr.
- '49 Dr. George N. Lewis Dr. Harry L. Truly, Jr.
- '50 Dr. Tom K. Farris
- '51 Dr. Ruth Kirschstein Rabson
- '52 Dr. John B. Jameson, Jr.
- ⁵³ Dr. Morris M. Crisler, Jr.
- ⁵⁵ Dr. Homer G. Ellis Dr. Michael J. Schafir
- ⁵⁶ Dr. Wilson P. Couch Dr. Clyde L. Owings
- '57 Dr. Kenneth E. Peirce
- ⁵⁸ Dr. William M. Hinson Dr. Elbert W. Sutton
- '59 Dr. Harvey H. Gardy Dr. Steve G. Kirkikis
- ^{'62} Dr. Hugh C. Rogers
- '63 Dr. Thomas J. Clemmons, Jr.
- '65 Dr. Guy T. Vise, Jr.
- ⁶⁷ Dr. Frederick H. Wirth, Jr.
- ^{'68} Dr. Edgar G. McKee
- '69 Dr. Stephen J. Uman
- '85 Dr. Stephen T. Hampton



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