THE MAGAZINE OF TULANE UNIVERSITY SCHOOL OF MEDICINE | FALL 2014

TULANE MEDICINE





at to live or live to eat? For many of us here in New Orleans, the latter is usually true. With the ever present epidemic of obesity and the growing list of diet-related disease, Tulane University School of Medicine realized that if we were going to continue our mission of educating the next generation of physicians and providing excellent

patient care, we were going to have to get creative.

Tulane is now showing the community, students, alumni and fellow physicians that food isn't just what we eat, but it's also our prescription for a healthier future.

In September, Tulane University School of Medicine celebrated the opening and dedication of the Goldring Center for Culinary Medicine at Tulane University. This unique and first-of-its-kind medical school teaching kitchen is pioneering how physicians think about food. The program arms doctors with the ingredients to succeed not just in the clinic but in the kitchen. Through our collaboration with Johnson & Wales University College of Culinary Arts, we have developed a world-class curriculum that is being adopted by medical schools across the country.

"This unique and first-of-its-kind medical school teaching kitchen is pioneering how physicians think about food."

In this issue, you will learn more about the Goldring Center for Culinary Medicine and the programs we have created to teach, train and educate. The center is also part of a larger project to bring healthy eating throughout the New Orleans area. With our training programs, classes and recipes, members of the New Orleans community that are afflicted with diabetes, heart conditions or obesity can learn—in a fun, interactive environment—the easy steps they can take to live a healthier life.

But the Goldring Center for Culinary Medicine, along with the other exciting programs, research projects and educational initiatives we are undertaking, would not be possible without the generosity and support of our donors. I hope you will join me in celebrating our Medicine Annual Fund donors who are listed on page 20. These alumni and friends believe in our important work and have answered the call to be leaders of our institution. Please join me in giving them a round of applause.

L. Lee Hamm, MD

Senior Vice President of Tulane University Dean of the School of Medicine

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Senior Vice President and Dean

L. Lee Hamm, MD

Contributors

Will Arvin
Carlos Avrard
Keith Brannon
Barri Bronston
Melanie Cross
Kirby Messinger
Arthur Nead
Ryan Rivet
Fran Simon

Photography

Zack Weaver

Sally Asher Paula Burch-Celentano Guillermo Cabrera-Rojo Pat Garin Ryan Rivet

Editing and Design

Zehno Cross Media Communications

President of the University Michael A. Fitts

Vice President for University Communications and Marketing Deborah L. Grant

Vice President for School of Medicine Development

David W. Kinahan



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Letters and comments should be sent to: Tulane Medicine magazine c/o Tulane University Public Relations 215 Gibson Hall 6823 St. Charles Ave. New Orleans, LA 70118

Phone: 504-865-5210 Fax: 504-862-8777 Email: mednotes@tulane.edu Website: tulane.edu/som

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Principal investigators and co-leaders of Tulane's Circadian Cancer Biology Group, Dr. Steven Hill (left) and Dr. David Blask (right), and team members Dr. Robert Dauchy and Dr. Shulin Xiang.

TULANE STUDY: TOTAL DARKNESS DURING THE NIGHT IS A KEY TO SUCCESS OF BREAST CANCER THERAPY

xposure to light at night, which shuts off nighttime production of the hormone melatonin, renders breast cancer completely resistant to tamoxifen, a widely used breast cancer drug, says a new study by Tulane University School of Medicine cancer researchers. The study, "Circadian and Melatonin Disruption by Exposure to Light at Night Drives Intrinsic Resistance to Tamoxifen Therapy in Breast Cancer," published in the journal *Cancer Research*, is the first to show that melatonin is vital to the success of tamoxifen in treating breast cancer.

Principal investigators and co-leaders of the Tulane University Circadian Cancer Biology Group, Drs. Steven Hill and David Blask, along with team members Drs. Robert Dauchy and Shulin Xiang, investigated the role of melatonin on the effectiveness of tamoxifen in combating human breast cancer cells implanted in rats.

"In the first phase of the study, we kept animals in a daily light/dark cycle of 12 hours of light followed by 12 hours of total darkness (melatonin is elevated during the dark phase) for several weeks," says Hill. "In the second study, we exposed them to the same daily light/dark cycle; however, during the 12 hour dark phase, animals were exposed to extremely dim light at

night (melatonin levels are suppressed), roughly equivalent to faint light coming under a door."

Melatonin by itself delayed the formation of tumors and significantly slowed their growth but tamoxifen caused a dramatic regression of tumors in animals with either high nighttime levels of melatonin during complete darkness or those receiving melatonin supplementation during dim light exposure at night.

These findings have potentially enormous implications for women being treated with tamoxifen who are also regularly exposed to light at night, whether from sleep problems, working night shifts or exposure to light from computer and TV screens.

"High melatonin levels at night put breast cancer cells to 'sleep' by turning off key growth mechanisms. These cells are vulnerable to tamoxifen. But when the lights are on and melatonin is suppressed, breast cancer cells 'wake up' and ignore tamoxifen," Blask says.

The study could make light at night a new and serious risk factor for developing resistance to tamoxifen and other anticancer drugs and make the use of melatonin in combination with tamoxifen, administered at the optimal time of day or night, standard treatment for breast cancer patients.

TULANE STROKE EXPERTS LAUNCH TELEMEDICINE NETWORK

ulane neurologists and neurosurgeons have launched the Tulane Medical Center TeleStroke Network to improve stroke outcomes in communities without access to specialized stroke care programs.

Using an advanced video conferencing system, the telemedicine network allows Tulane stroke experts to get "in the room" with ER teams across Southeast Louisiana and Mississippi to evaluate patients and consult on diagnosis and treatment.

"The process is similar to communicating via a web cam," says Dr. Aaron Dumont, neurosurgery department chairman. "We are able to see and interact with the patients and their families and they are able to see us."

When it comes to treating patients suffering a stroke, each second counts as doctors have a narrow time window to offer treatment to improve outcomes and prevent permanent brain damage, says Dr. Sheryl Martin-Schild, director of the Tulane Stroke Program.

"In Louisiana, we have 10 primary stroke centers (PSC) and two comprehensive stroke centers (CSC) and only about half of the residents have access to one of these centers within a 60-mile radius," Martin-Schild says. "Acute stroke-ready hospitals outnumber PSCs and CSCs four to one but need access to stroke expertise in order to make emergency treatment decisions. Telemedicine provides immediate access to stroke experts for patients with suspected stroke who present to acute stroke-ready hospitals and has been proven to increase the number of patients who receive the clot-busting medication for stroke. Telemedicine also facilitates identification of patients who should be transferred for further advanced services."

The TeleStroke network will begin with five hospitals and plans to expand to 10 within a year, Dumont says.

INNOVATION

UNDERSTANDING KIDNEY CANCER IN 3D

ost patients rely on their doctors to decipher the black, white and gray images on their CT scans. But what if a patient could instead hold a 3D model made from the CT image? Suddenly, the picture becomes clearer.

So far, six patients receiving care from the Tulane University Department of Urology have viewed 3D replicas of their kidney cancers prior to surgery.

Ultraviolet lasers are used to print the models in layers using a resin material, similar to plastic. Normal kidney tissue is printed in a clear translucent resin with the tumors in red.

"We can show patients where their tumor is located, how deeply it extends into the kidney tissue, and how we plan to remove it," says Dr. Jonathan Silberstein, chief of the section of urologic oncology.

Until the early 1990s, the standard of care for kidney cancer patients was to remove the entire kidney. Today, many patients have the option of kidney-sparing surgery, in which the tumor is removed but the healthy portion of the kidney is preserved.

Such organ-sparing surgery may prevent the potential need for dialysis in the future, as well as other issues that could accompany kidney loss.



Dr. Jonathan Silberstein holds a replica of a patient's kidney that was made using a 3D printer.

In addition to the immediate improvement of patient comprehension and assistance in medical trainee education, the models will improve patient outcomes, Silberstein believes.

He says the technology also may be useful for treating other solid-organ cancers, such as liver, lung and prostate cancer. He is applying for a grant to purchase a 3D printer so that the next generation of models can be manufactured in-house.

HIV-POSITIVE CHILDREN MORE LIKELY TO DEVELOP DRUG RESISTANCE

hildren born with HIV are far more likely to develop resistance to antiretroviral drugs than adults, according to a new Tulane University School of Medicine study.

Researchers following almost 450 children enrolled in the Pediatric HIV/AIDS Cohort Study, one of the largest studies of HIV-positive children in the United States, found that 74 percent had developed resistance to at least one form of drug treatment and 30 percent were resistant to at least two classes of HIV treatment drugs. By comparison, nearly 36 percent of adults with HIV have resistance to one form of drug treatment and only 12 percent have resistance to two or more classes.

The study, which tracks patients at 14 sites across the country, followed participants from seven to 16 years of age at enrollment.

"The problem with drug resistance is



Dr. Russell Van Dyke, principal investigator of the Pediatric HIV/AIDS Cohort Study.

that once you develop it, it never goes away," says principal investigator Dr. Russell Van Dyke, professor of pediatric infectious diseases. "Some patients with very resistant virus have no effective treatment options. Resistant virus is the major reason for death among youth with perinatal HIV."

Fortunately, most adolescents with resistant HIV remain sensitive to newer agents from all classes, allowing salvage therapy. Just one child in the study had

resistance to all HIV drugs and only 18 percent had resistance to one drug from each of the three primary classes of HIV medications.

The study emphasizes the importance of drug adherence for children and adolescents with HIV who typically take multiple medications daily to manage the disease. Once daily, single-pill HIV medications for adults are not yet available for children, Van Dyke says.

"The best way to prevent resistance from developing is to take your medicine and suppress your viral load," Van Dyke says. "You develop resistance when you take some of your medications but not all. Then you've got virus that is replicating in the face of taking your medication. Lack of adherence is the major reason resistance develops."

The study abstract was presented recently at the Conference on Retroviruses and Opportunistic Infections.

MEDICINE | **NEWS**

GLOBAL HEALTH

SALT-SENSITIVE HIGH BLOOD PRESSURE TARGETED BY TULANE STUDY

r. Jing Chen, associate professor of medicine in the Division of Nephrology and Hypertension at the Tulane University School of Medicine, recently received a grant of \$2.09 million from the National Heart, Blood, and Lung Institute (NHBLI) of the National Institutes of Health to study urinary biomarkers for salt-sensitive hypertension.

Chen and her team will analyze samples from more than 2,000 study subjects who participated in the Genetic Epidemiology Network of Salt Sensitivity (GenSalt) study, a large dietary study sponsored by the NHBLI that was conducted among participants living in rural China.

The study recruited families with at least one hypertensive member and obtained medical histories and lifestyle risk factors for each participating family. Based on a family feeding design, the study included a series of dietary interventions: a sevenday low-sodium feeding, a seven-day high-sodium feeding and a seven-day high-sodium feeding with an oral potassium supplement. Blood pressure readings, weight, blood and urine specimens were collected at the start and during follow-up visits.



Dr. Jing Chen, Division of Nephrology and Hypertension, Tulane University School of Medicine

The Tulane team will identify biomarkers such as urinary angiotensinogen, kallikrein, dopamine, norepinephrine and albumin in samples from the GenSalt study that indicate blood pressure responses to the dietary sodium and potassium interventions and signal the risk of hypertension.

"The findings from this study may provide novel insights into the underlying biological mechanisms of salt-sensitivity and potassium-sensitivity; identify novel biomarkers for salt-sensitivity, potassium-sensitivity and risk of hypertension; and lead to the development of new pharmaceutical treatments for salt-sensitive hypertension," says Chen.



Alison Smith, executive director of Sante Total: Healthcare for Haiti's Poor, speaks with a patient on one of her medical missions to Haiti.

MEDICAL MISSIONS INSPIRE GRAD

r. Alison Smith, who earned her MD and PhD degrees at Tulane University Commencement this May, has been participating in medical missions to Haiti since she was an undergraduate at Virginia Tech.

"I first went to Haiti when I was in my senior year of college," Smith says. "It was a spring break trip that was supposed to be a one-time thing, but it kept going!"

When the 7.0-magnitude earthquake struck Haiti in 2010,

Alison knew she would be needed. "I arrived there 96 hours after the earthquake and stayed for two weeks."

Soon after, Smith spearheaded the creation of a nonprofit organization, Sante Total, Haitian Creole for "Total Health," to fund further medical missions. Every three to four months since the earthquake, Smith has led doctors, medical students and residents to Haiti, where she is known as "Dokte Alison."

The volunteers fly into Port-au-Prince and drive to the isolated town of Jacsonville on the island's central plateau, where they provide much-needed primary health care and medicine.

"Jacsonville is very remote, so people there don't have many healthcare options," says Smith. "There is one hospital in the area that charges too much money, so they either go to a voodoo priest or they just die at home."

The long-term plan is to build a healthcare system there. "We are sending a young guy to medical school who will be the community's first permanent doctor, and we are building a community healthcare clinic."

Her PhD is in biomedical sciences, and her dissertation focused on healing chronic wounds. Smith continues in general surgery residency training at Tulane, and has received an award for excellence in surgery at the School of Medicine's Ivy Day ceremony.

"Sante Total is different in that all the money that people donate goes directly to helping the community. We are always looking for volunteers—medical, non-medical, anybody who is interested in going."

WHITE COAT DAY

he members of the Tulane University School of Medicine Class of 2018 received their first doctor's white jackets at the school's annual White Coat Ceremony at McAlister Auditorium in August on the uptown campus.

"White Coat Day is when medical students begin their medical career, and we welcome them to what is really a wonderful profession," says Dr. Marc Kahn, senior associate dean of admissions and student affairs.

Kahn urged the 186 new students to summarize in one word what brought them to study medicine at Tulane. "Sacrifices," "passion," "caring," "family," "community," "discovery," "determination" and "heart" were among the many words offered.

Students each received a white coat



Medical students look at their new stethoscopes at the annual white coat ceremony.

and a stethoscope, a gift from the Tulane Medical Alumni Association, as well as a pin from the Arnold P. Gold Foundation for Humanism in Medicine and a Tulane University coat badge.

Thirty-one U.S. states and four other countries—Canada, Vietnam, China and Burma—are represented in this class.

California sends 37 students to Tulane and Louisiana contributes 21, while 14 are from Florida and 11 are from New York.

ASK RUDY



Dr. Charles C. Bass, Dean of Tulane School of Medicine, 1922-40

Dear Rudy,
I've heard someone refer to
Tulane School of Medicine's
"Golden Years." Can you tell
me a little bit more about that?
-Will A.

Will.

The Golden Years were thought to be the time period between the two world wars, 1922-40, when Dr. Charles C. Bass served as dean of the medical school. During this period the School of Medicine experienced rapid growth. The number of specialties multiplied, which led to an increase in the number of departments. It was during this time that the Hutchinson Building was built; it was considered one of the most up-to-date buildings of its time. By virtue of its existence and design, it brought a radical change in teaching methods to the School of Medicine.

The medical school also boasted outstanding faculty members during this period—including Bass in tropical disease, Rudolph Matas in surgery and John Taylor Halsey in pharmacology—as well as distinguished scientists such as Ernest Caroll Faust in parasitology, Aldo Castellani in tropical medicine and John Herr Musser in medicine.

Rudy, our resident "know-it-all," is named for Dr. Rudolph Matas, the legendary faculty member whose "encyclopedic mind" was more useful than any library. Email your questions to mednotes@tulane.edu.

MEDICAL STUDENTS SPEAK OUT AGAINST TANNING

anning may seem harmless to teenagers, but scientific studies show an increase in the occurrence of melanoma in adolescents and young adults. Tulane University dermatology resident Dr. Amy Metzger Ananth is addressing this issue through the implementation of the Sun Protection Outreach Teaching by Students (SPOTS) program, which educates teens on the warning signs of skin cancer.

Ananth, who started the program at Tulane as a first-year resident, is now chief resident in dermatology and continues to lead volunteer medical students during their outreach to local middle and high schools.

Since the program began, Ananth says Tulane medical students have discussed the dangers of tanning at Metairie Park Country Day School, the Academy of the Sacred Heart and Ursuline Academy. They have reached approximately 200 students.

"The program is geared toward both young men and women, but because young women have especially strong social pressures to tan, we have made an effort to teach at local girls' schools," says Ananth.

SPOTS was originally created by a group of medical students and dermatology faculty at St. Louis University and Washington University in St. Louis, where Ananth attended medical school. The plan is for the New Orleans chapter to include both Tulane and LSU medical students.

Louisiana Gov. Bobby Jindal signed a bill this year to ban minors from using tanning beds. Previously, minors could access tanning facilities as young as 14 with written permission from a parent.

"Tanning beds give off two to 12 times as much ultraviolet radiation as the noonday summer sun," says Ananth. "There is a 75 percent increased risk of developing melanoma, the deadliest form of skin cancer, if tanning beds are used before the age of 35."

MEDICINE | **NEWS**

FUND SUPPORTS STUDENT RESEARCH

School of Medicine. Such research can be transformative for society as budding scientists work to make revolutionary discoveries. And it can also be life-changing for the young scholars who are getting an early taste of a career in science.

Alumnus Dr. Warren R. Bourgeois III (E '78, M '82, R '87) and his wife Dr. Usha Ramadhyani Bourgeois are ensuring that research will remain a part of the student experience in the Department of Physiology.

The Drs. Bourgeois have established the Warren R. Bourgeois III, M.D. and Usha Ramadhyani Bourgeois, M.D. Student Research Endowed Fund. These endowed funds will support students endeavoring to uncover medical breakthroughs.

Warren and Usha Bourgeois were inspired to make a gift to the Department of Physiology because of their daughter Camille's experience as a student researcher following her completion of a master of science degree from the medical school in 2013.

"We feel like the Department of Physiology helped her grow as a young scientist," says Warren Bourgeois. "We were inspired by how much the department encouraged her."

Camille is now preparing to enter the School of Medicine's Class of 2018, and her parents feel that her research experience within the Department of Physiology helped her become a competitive candidate.



Drs. Warren and Usha Bourgeois

"Camille is so excited to enter medical school," says Usha Bourgeois. "She is very passionate about the city and wants to serve the medical needs of the people of New Orleans."

Giving back and supporting their community has been important to the entire Bourgeois family. When Warren and Usha were looking for a way to give back, the opportunity to support student research within the School of Medicine seemed like an ideal avenue.

"Now it is more important than ever for alumni to support the medical school because of the loss of government funding," says Warren Bourgeois. "Unless you live in New Orleans or went through Katrina it can be easy to forget where you came from; but it's important to remember that Tulane is a part of who you are today."

EDUCATOR USES HISTORY TO TEACH DIAGNOSTIC SKILLS

have the best students in the world and that makes my job very easy," says Dr. Elma I. LeDoux, a professor of medicine and a 1981 graduate of Tulane University School of Medicine.

"Dr. LeDoux is the consummate clinician educator and scholar," says Jennifer Gibson, director of the Office of Medical Education. "She is able to share her enthusiasm for medicine in ways that inspire and motivate students. She truly cares about student learning and student success not only in medical school but also in life in general."

LeDoux is particularly enthusiastic about the clinical diagnosis course, a second-year course that she directs. "Clinical Diagnosis is amazingly interesting," says LeDoux, "It is the course that encompasses everything a student might imagine medical school to

be." The course incorporates such varied elements as learning to examine patients, gaining in-depth knowledge about human organ systems and learning the value of interpersonal relationships between physician and patient.

But to make a fascinating subject even more challenging, LeDoux finds ways to integrate art and history into the curriculum. In one instance, LeDoux showed her class a photograph with a secret. The photograph showed a young soldier from World War I. Close observation of his posture revealed he was an amputee. He was able to disguise his condition by placing all his weight on one leg—his good one.

"I hope I taught the students to observe more keenly not just what is seen, but the unseen," says LeDoux. LeDoux was chosen as the 2014 recipient of the medical "I hope I taught the students to observe more keenly not just what is seen, but the unseen."

-DR. ELMA I. LEDOUX

school's Teaching Scholar Award. The Owl Club, a medical student organization dedicated to academic excellence, also honored her with the Leon A. Weisberg Excellence in Clinical Teaching Award, and she was named professor of the year by second-year medical students.

She fulfills many roles within the medical school in addition to teaching, serving as the faculty adviser for both the Tulane chapter of the Gold Humanism Honor Society and the Tulane History of Medicine Society.

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Q & A



Fifty years of life-saving research: Dr. Andrew A. Lackner, Director, Tulane National Primate Research Center

November 1, 2014, marks 50 years since the founding in 1964 of the Delta Regional Primate Research Center, the forerunner of the Tulane National Primate Research Center (TNPRC), in Louisiana. Why was the center founded? The Center was established to carry out basic and applied biomedical research on human health problems that require the use of non-human primates.

Where is the TNPRC, and how large a facility is it? The Primate Center occupies 500 acres of land near Covington, Louisiana, on the North Shore of Lake Pontchartrain. In 1964, the center began with four buildings. Today the campus has expanded to 12 primary buildings and a dozen support structures. Currently, the TNPRC has 37 faculty and a total of 50 doctoral level scientists including postdoctoral fellows. The faculty members at the TNPRC generate an average of 100 peer reviewed scientific publications each year. The Center employs approximately 300 people who generate \$70.1 million in economic activity in the region.

What diseases have been and are being researched at the TNPRC? The major research focus of the TNPRC has been and continues to be on infectious diseases, but we also research regenerative medicine and immune mediated diseases such as Celiac disease. The Center has previously been involved in research on rheumatoid arthritis and the development of LASIK eye surgery. The infectious disease program is diverse, involving serious diseases such as AIDS, tuberculosis, malaria, Lyme disease and emerging infectious diseases such as those caused by West Nile virus, Dengue virus and Chikingunya virus. Common to all infectious disease research is understanding how the agents cause disease and using that knowledge to help develop vaccines, diagnostics and therapeutics.

Beyond research on human diseases, are other types of research being conducted at the Center? Yes, investigators also conduct basic research to better understand the biology and health needs of non-human primates. The Center is engaged in providing educational opportunities for undergraduates, graduate students, postdoctoral fellows, veterinarians and visiting scientists.

What scientific breakthroughs have been made through research at the Center?

Researchers discovered key facts about malaria, provided new information on the origin of AIDS and tested promising treatments for the disease, developed new approaches to treating tuberculosis and Lyme disease, and much more. See: tulane. edu/tnprc/news/discoveries.

Who provides the funds that support research at the Primate Center?

Competitive grants from the National Institutes of Health (NIH), the United States Public Health Service and the Administrators of the Tulane Educational Fund made the founding of the Primate Center possible. The Center has received \$315 million in funding for research for the past 10 years. This funding has primarily been from NIH grants and contracts, with lesser amounts from other branches of the federal government, private foundations and other private entities.

Are there other centers in the country doing similar research? Tulane's Primate Center is one of eight research centers in the nation that make up the National Primate Research Center Program funded by the NIH. Among all primate research centers, Tulane's is the only one with a Regional Biosafety Level 3 Laboratory.



1964: Delta Regional Primate Research Center (DRPRC) dedicated Nov. 1—one of seven NIH funded National Primate Centers. Dr. Arthur J. Riopelle, appointed director.

1975: Urology Department formed at DRPRC. Dr. James Robert receives NIH funding to study kidney infections. Other studies include the cause of prostate enlargement, effectiveness of lithotripsy for elimination of kidney stones and assisted reproductive technology in monkeys and humans.

1984: AIDS-like virus discovered in rhesus monkeys just as HIV was identified in humans. Use of the rhesus model for AIDS (using Simian Immunodeficiency Virus) reveals important information for responding to HIV.

1998: Tulane Regional Primate Research Center (TRPRC, renamed in 1991) enters into agreement with Dr. David Ho, of the Aaron Diamond AIDS Research Center, resulting in millions of dollars in NIH funding. Later expands to multi-year grants with the Population Council of Rockefeller University.

2001: Dr. Andrew Lackner appointed Director of the TRPRC. The Center rapidly expands with a fourfold increase in NIH funding and over \$60 million in construction. Renamed Tulane National Primate Research Center (TNPRC) the next year.

2005: The TNPRC is significantly affected by Hurricane Katrina, but lost no animals, people or biological samples. Relying on generator power, the Center maintains all research functions.

2008: TNPRC opens the Regional Biosafety Level 3 Laboratory, the first level 3 laboratory at a national primate center focusing on vaccine development, therapeutics and diagnostics to protect against bio-threat agents and toxins.

2013: The TNPRC received a 7-year, multi-million dollar grant as one of three institutions in the Simian Vaccine Evaluation Unit program, positioning the Center to be a leader in HIV vaccine development.





elicious, healthful food can sometimes be the best medicine.

That's the idea behind the newest classroom at Tulane University School of Medicine—a gleaming 4,600-square-foot industrial-sized

kitchen packed with enough stainless steel cooking equipment, exhaust hoods, ranges and refrigerators that it could easily pass for an expansive hotel kitchen or the back house of a five-star restaurant.

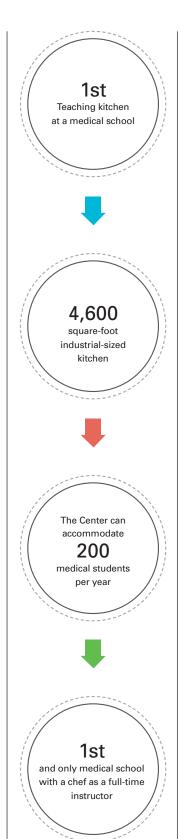
But this high-profile space, which is spotlighted behind a wall of windows inside a bustling New Orleans fresh food retail development, isn't designed to feed the masses.

It's the new home of the Goldring Center for Culinary Medicine at Tulane University, a pioneering program to teach medical students and doctors culinary skills so they can help patients make practical dietary changes to improve their health.

The new teaching kitchen—the nation's first affiliated with a medical school—will teach healthful cooking techniques to medical students, residents, doctors, chefs and members of the community. The center will also provide programming about the significant role food plays in preventing and managing obesity and associated diseases.

"Physicians talk about nutrition and diet all the time, but they don't talk about it in a way that communicates change to their patients," says Dr. Timothy Harlan, Goldring Center for Culinary Medicine executive director. "Our goal is to teach medical students and residents how to cook and translate the information that they learn in the first two years of medical school—the pre-clinical basic sciences—into the conversations they are going to have with their patients about food."

The new facility is more than five times bigger than the center's former home in the Murphy Building, where the school had been running classes out of a former cafeteria using hot plates and ad hoc equipment. The old kitchen could accommodate only eight students at a time; the new space has eight professional cooking stations, which can accommodate as



many as 20 students per class, and a larger, fully outfitted chef's presentation area for lecture-based classes. William Goldring and the Woldenberg Foundation funded the new facility.

"It's like going from working in a food truck to a full restaurant kitchen," says Leah Sarris, Goldring executive chef and program director. "We have been planning for this and talking about it for years. To actually physically see the space for the first time and work in it is pretty unreal. I have so much more space for medical students to work alongside me and help run the classes."

The new kitchen means more room for instruction, community programming and nutrition research. Roughly 130 medical students have taken the center's core culinary nutrition elective since the program started almost three years ago. Now it can accommodate almost 200 per year. It will also offer more CME courses for practicing physicians and expand its free community classes, which Sarris had been conducting onthe-go in cultural centers, libraries and pop-up kitchens across the city.

Sarris is no stranger to teaching. When Tulane started its culinary medicine program in 2012 with Johnson & Wales University College of Culinary Arts in Rhode Island, she was a culinary nutrition instructor on the Johnson & Wales faculty. "Chef Leah is the first chef to join the faculty of a medical school," Harlan says. "Her unique expertise and positive attitude have been essential to the partnership between Tulane and Johnson & Wales."

Tulane's culinary medicine initiative—the first joint program by a medical school and a major culinary institute—includes shared internship programs. Chefs-in-training spend 11 weeks helping run classes in New Orleans, while fourth-year medical students spend a portion of their clinical rotation in culinary nutrition training in Rhode Island.

"As chefs, we need to take more ownership of things that we put into people's bodies," says Karl Guggenmos, Johnson & Wales dean emeritus of culinary education. "It is not a

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Chef Leah Sarris, medical students Ashley Eaves and Alan Noll and Johnson & Wales intern Nikki Zintak prepare ingredients in the new teaching kitchen.

one-sided solution to our health problems in this country. Doctors need to understand it. Chefs need to understand it, and the public needs to understand it."

A goal of the Goldring Center is to get doctors so comfortable in the kitchen that they can easily rattle off real-world advice to their patients about foods they should eat or avoid. That means speaking less about polyunsaturated fats, carbohydrates and sodium, and more about actual foods.

"Our patients don't go to the grocery store with a grocery list that says one bottle of monounsaturated fat, one pound lean protein and one box of complex carbohydrates. They go and they buy a bottle of olive oil, some great halibut and some whole-wheat pasta," Harlan says. "So the groundbreaking thing, the revolution here, is that we are going to talk about food in a way that our patients can understand the changes

they need to make, rather than talking about, 'Oh, eat some more complex carbohydrates.' Patients don't know what complex carbohydrates are."

Engaging patients about nutrition is critical when more than two-thirds of the population is either overweight or obese. The typical American diet competes with smoking as a leading cause of early death and disease, yet most doctors aren't comfortable giving patients practical advice about changing their eating habits.

Fewer than one in eight medical visits include any nutrition counseling, according to a recent survey by the nonprofit Bipartisan Policy Center. It also found that more than 75 percent of physicians feel they didn't get adequate training in medical school to talk to patients about diet. They're likely right. More than 70 percent of medical schools don't meet the minimum 25 hours of

nutrition instruction recommended by the National Academy of Sciences, according to a 2010 University of North Carolina study.

Third-year medical student Dennis Ren says the problem is systemic. He recalled studying for board exams where the nutrition material only covered illnesses related to vitamin deficiencies.

"Most of the review resources will tell me that if I am deficient in vitamin D, it can result in rickets. It can result in rachitic rosary. At the same time, what are those sources of vitamin D? I don't have any practical way of saying, 'Maybe here are potential food groups that you can supplement in your diet that will give you this vitamin.' That's not a big focus," Ren says. "I think we are very well-versed when it comes to discussing pharmacological treatments or any other treatments, but when it comes to daily lifestyle modification—especially things like diet—I think it's hard to be specific

tulane.edu/som TULANE | MEDICINE FALL 2014 11



and offer practical advice when you don't have the right kind of background for it."

At Goldring students take the basic science lessons on lipids and then learn how diet interventions can affect cholesterol levels and which specific foods can have an impact. They carry that even further by learning different recipes that incorporate those principles and how patients can adapt traditional recipes so they are more heart healthy.

Ren says the course has improved his own dietary habits. He's much more likely to forego fast food by adapting the quick healthy tips he's learned in class. He's also more confident about dispensing

food advice that he follows himself.

"Regardless of whatever specialty a medical student will go into, all of us at some point are going to encounter a patient with diabetes. We are going to encounter a patient who is obese or whose lipid panels are crazy," Ren says. "We

"Our patients don't go to the grocery store with a grocery list that says one bottle of monounsaturated fat, one pound lean protein and one box of complex carbohydrates. They go and they buy a bottle of olive oil, some great halibut and some whole-wheat pasta."

Dr. Timothy S. Harlan **Executive Director of the Goldring Center** for Culinary Medicine



can either dump this off and scoot it to the wayside and have somebody else take care of it, or give drugs for it, or we can utilize every little opportunity as a teaching moment."

Those small, regular interventions can have a big impact on a patient's help, Harlan says.

"It is difficult for me to prove that downstream piece, but that is our goal within the next five years—to show that a medical student, a resident or a practicing physician engages with us in our programming and then their patient population gets better," Harlan says. "We are working on those randomized trials right now."

Other medical schools are taking notice. Eight have licensed Tulane's culinary medicine curriculum to start their own programs, including University of Illinois at Chicago, University of Texas Southwestern, University of Texas at San Antonio, North Texas University, University of California at Los Angeles, Rutgers University, Western University of Health Sciences and University of Colorado at Denver. Two health centers, Moncrief Cancer Institute in Fort Worth, Texas, and Arnot Health in Elmira, New York, have also licensed programming.

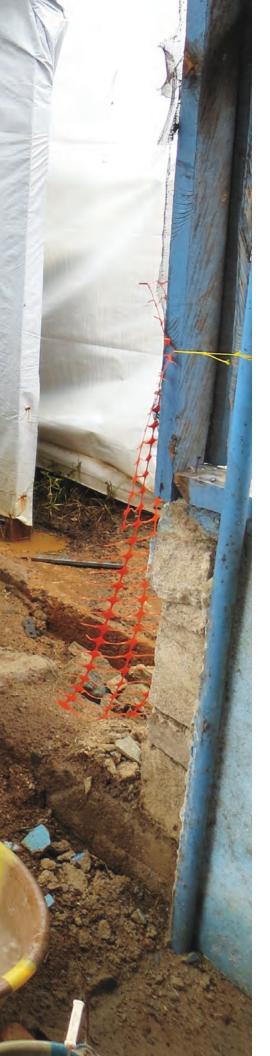
Harlan expects many more to sign up later this year. He's also working with private companies on employee wellness interventions. The center has a pilot program with Laitram LLC to offer cooking courses for its 1,200 employees.

"We believe that over the course of the next five years we will have a tremendous impact just by the sheer volume of programming that we are doing," Harlan says. "That becomes a force multiplier. If I train 192 medical students, that's a tremendous impact on the potential community later: a much larger impact, potentially, than teaching 192 community members. They are both important, but that's where the physicians, the medical students and our residents become the force multiplier for this. And the other medical schools become the real force multiplier because now you have hundreds and hundreds of medical students and physicians whose attitudes are changed and who do begin to believe that food is medicine."

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RUMMG

TULANE DOCTORS LEAD THE WORLD'S FIGHT AGAINST EBOLA.

As an outbreak becomes an epidemic, Tulane doctors are among the leading figures fighting Ebola in West Africa. They work to improve tests, develop antibody treatments and increase survival rates for one of the world's deadliest diseases.

BY BARRI BRONSTON

IT HAD BEEN A WHILE since Dr. Susan McLellan, an infectious disease and tropical medicine specialist at Tulane University, had traveled overseas to deliver care to the poor. And she was getting the itch.

"Do you think they need me?" she asked her friends and Tulane colleagues, Drs. John Schieffelin and Daniel Bausch.

The two infectious disease specialists were consulting for the World Health Organization (WHO), which had just announced it was scaling up efforts and sending more people to battle Ebola in West Africa. Schieffelin himself had just begun a three-week stint in Kenema, Sierra Leone, where townspeople were dying daily of the ghastly disease.

Initially, the answer was no. So McLellan and her family headed to Highlands, North Carolina, for an already-scheduled summer vacation. A day after they arrived, she learned through an email from WHO—the United Nations agency charged with responding to international health crises that her services were needed after all.

"My first response was, 'What have I done?" she says. But declining the invitation was not an option. Deaths from Ebola were on the rise, and Schieffelin had just one other physician working with him at Kenema Government Hospital, a modest healthcare facility she knew well from Tulane's ongoing efforts to treat and prevent Lassa, a hemorrhagic fever similar to Ebola.

With the resigned blessing of her husband and two teenage children—they knew this is just what she does—she returned home to New Orleans and made all the necessary arrangements, among them a mandatory physical and an online security exam. WHO found her a flight that would get her to Sierra Leone in the next couple of days, and before she knew it she was smack in the middle of the worst Ebola outbreak to hit West Africa since the disease was first identified in 1976.

A DEADLY SCARY DISEASE

As of Nov. 5, the numbers told the story of a disease on the brink of spiraling out of control, with the Centers for Disease Control reporting more than 13,000 cases and more than 4,800 deaths in Liberia, Sierra Leone, Guinea, Nigeria, Mali, Senegal and Spain. The United States reported the first case of four cases in September, an African man traveling from Liberia to Texas.

EBOLA CASES as of November 5

> Liberia 6,525 cases 2,413 deaths

Sierra Leone 4,759 cases 1,070 deaths

Guinea 1,731 cases 1,041 deaths

> Nigeria 20 cases 8 deaths

United States 4 cases 1 death

> Mali 1 case 1 death

Senegal 1 case 0 deaths

Spain 1 case 0 deaths



Supporting Our Researchers

Please help Dr. Robert Garry, professor of microbiology and immunology and principal investigator of the Viral team of researchers as they work on vaccines stop Ebola and other at 504-314-7635 or

He died on Oct. 8. With the number of cases rising daily, the agency says by the end of January the virus could potentially infect 1.4 million people in Liberia and Sierra Leone alone.

Ebola spreads through contact with bodily fluids of people infected with or who have died from the virus. Patients typically exhibit sudden onset of symptoms, progressing in some cases to both internal and external bleeding. There is no cure, and about 70 percent of victims die. Surviving Ebola often depends on how quickly patients seek care, especially IV fluids and nutrients crucial to warding off the virus.

"This is a deadly scary disease, and we haven't really seen the full impact of it yet," says Dr. Robert Garry, a professor of microbiology and immunology at the Tulane School of Medicine. "It's a battle that is going to be very difficult to win."

Garry is the principal investigator of the Viral Hemorrhagic Fever Consortium, which is based in Kenema. Since 2004, he and a team from Tulane, Harvard University, Kenema Government Hospital and several other research groups have been immersed in the study of Lassa fever, which has striking similarities to Ebola, though not as deadly.

From Tulane, the team includes Schieffelin as clinical director, Bausch, an associate professor of tropical medicine in the Tulane School of Public Health and Tropical Medicine, and Lina Moses, the field sites manager for the Tulane Lassa fever program.

When the first cases of Ebola began showing up in Guinea, Garry feared Sierra Leone could be next, given the relatively close proximity between Kenema Government Hospital and some parts of neighboring Guinea.

"The outbreak got pretty bad in Guinea and eventually spread to Liberia," Garry says. "But in April, it looked like things were slowing down."

Then, on May 25, an ailing pregnant woman showed up at the Kenema hospital and later tested positive for Ebola. The woman, Garry says, had attended the funeral of a traditional healer who succumbed to the disease after treating Ebola victims in Guinea. Ultimately, 14 people who attended the funeral became infected with Ebola, with many making their way to Kenema for treatment. Within a week, Sierra Leone had a full-fledged outbreak on its

hands. And many dying of the disease were the very healthcare workers who had been working vigilantly to save their patients.

"What I feared and what I thought would happen—that it would start to spread to Sierra Leone—indeed happened," Garry says.

ON THE FRONT LINES OF THE FIGHT

Worried about his colleagues, both from Tulane and the Viral Hemorrhagic Fever Consortium, Garry traveled to Kenema to fortify the laboratory response, deliver additional supplies of personal protective equipment (PPE) and continue fielding media requests from around the world.

Tulane doctors, working on the WHO team, rotated in and out of Kenema, providing direct care but jeopardizing their own health and safety in the process.

"It was always a concern, even though we were wearing the protective equipment," says Schieffelin. "But once in a while there would be some sort of wardrobe malfunction—something not connected right, a tear in a glove—which meant that the integrity of your protection was broken and you needed to leave [the patient wards] immediately."

Schieffelin stayed for about three weeks, shuffling between a ward for patients suspected of having the disease and a ward for those who tested positive. "I saw some amazingly mild cases, and I saw some cases where people came in healthy and deteriorated rapidly over 12 hours. We would get entire families, as many as 12 people, in the ward at one time," he says.

When patients recovered and emerged from isolation, an outreach team would go to their homes and burn all of their possessions, which were considered contaminated by Ebola.

"They'd be given clothes, food and money to get them started, but they were basically starting from scratch," Schieffelin says. "It's hard, and family members often don't want to have anything to do with them."

LOSSES MOUNT

More often than not, patients died. "I remember on the second day I was admitting people and there was this young man, who had hiccups, a puffy face and just looked shaky," McLellan says. "It was a gut feeling, but I knew he had it."

Tests confirmed that the man, about 28 years old, did indeed have the Ebola virus, and with each passing day, his condition deteriorated. "He'd tell me every day that he was fine, but he'd be going to the bathroom all the time, his eyes were getting redder and he was bleeding from the lips. Then one morning he didn't know where he was; he was just agitated and terrified. He ripped his IV out and wouldn't let anyone touch him. For our own safety we couldn't do anything to help him. He died about a half hour later, five days after he came in."

Nothing hit her more than the 6-year-old girl who lost both of her parents to Ebola and succumbed to the disease herself. "I just watched her get weaker and weaker, and then she died, alone in her bed. It's a profoundly comfortless disease from which to die because



Dr. John Schieffelin, second from left, and Dr. Susan McLellan, both infectious disease specialists at Tulane School of Medicine, stand outside Kenema Government Hospital with Drs. Ian Crozier and Shevin Jacob. Crozier is an infectious disease specialist from the University of Washington, and Crozier is an infectious disease specialist from Nashville, Tennessee.

no one will dare touch you or hold you. No one touched that little girl."

The Tulane team was especially saddened by the loss of healthcare workers well known to them from their work in the Viral Hemorrhagic Fever Consortium. They included Dr. Sheik Humarr Khan, considered a national hero in the fight against Ebola, and chief nurse Mbalu Fonnie.

"I was the one who recruited Dr. Khan to work with the Lassa fever project," says Bausch. "These weren't just random healthcare workers who died. These were doctors and nurses who we had worked with for 10 years or more. We do our part flying in and out to help but they are the real heroes."

In fact, Khan, Fonnie and three other healthcare workers were among 50 co-authors of an important Ebola study published in the journal *Science* in late August after they had already died. In the study, a collaboration among scientists at Tulane, Harvard University, Kenema Government Hospital and other research groups, scientists were able to sequence 99 Ebola virus genomes using blood samples from 78 patients to show how rapidly the virus mutated as the outbreak spread. Garry, one of the lead authors, says the results can help in the development of antibody-based treatments as well as improve the accuracy of diagnostic tests.

In the meantime, Tulane doctors anticipate that they will be returning to Kenema in the coming weeks or months. McLellan, for one, says her last trip was a rewarding yet heartbreaking one, and if needed, will strongly consider another stint.

"I felt right doing it," she says of her earlier trip. "I hope that because I got fluids going or an IV in that one or two people recovered—people who otherwise would have died."

Bausch, too, expects to return but is devoting much of his time to consulting with WHO on strategies that he hopes will bring Ebola under control for good.

"We want to see how we can move things along with experimental therapies and vaccines," he says. "The alarm bells are ringing. But we're still so far from the end of this."



INVESTING IN THE FUTURE

Dr. George Kantor honors those who invested in him by investing over \$10 million in the next generation of Tulane doctors.

BY KIRBY MESSINGER PHOTOGRAPHY BY PAT GARIN

MUCH OF THE FOUNDATION of Dr. George Kantor's (A&S '71, M '77) success as a world-class orthopaedist derives from his time as an undergraduate and medical student at Tulane University. Tulane is where Kantor found his passion for learning and medicine. But it was the scholarship he received as an undergraduate that made it possible for him to pursue his dream of becoming a physician.

"Tulane opened up a lot of doors for me," says Kantor. "The university was pivotal to my success."

As a first-generation college student, getting an education from a prestigious institution such as Tulane wasn't a certainty. But Kantor's family members helped pave the way for him to succeed. Both his father, Stephen Pip Kantor, and his uncle Adolph M. Wolff, made life-long impressions on George that shaped the man and physician he has become. In particular his uncle, Adolph M. Wolff, was instrumental in helping him succeed in the fast-paced and challenging medical-school environment.

That life-changing scholarship and the guidance and mentorship that Kantor received from his uncle inspired him to create the A. M. Wolff Scholarship Fund to benefit promising medical students.

"There are so many individuals at this institution who encouraged me and fostered my growth," says Kantor. "It is my way of giving back. With the rising cost in medical education, scholarships have been one of my priorities." The A. M. Wolff Scholarship Fund benefits students such as Mary Kathryn Orsulak, a second year medical student from Shreveport, Louisiana. Mary Kathryn is passionate about medicine, life-long learning and giving back to the community. She says she feels privileged to attend Tulane and fulfill her dream of having a career in medicine.

"I am so grateful for this scholarship," says Mary Kathryn. "It allows me to pursue a masters in public health in addition to my medical degree as well as volunteer at clinics throughout the New Orleans community. Dr. Kantor is an amazing and generous guy, and it's been a pleasure getting to know him and all that he does for the medical school."

Kantor is one of Tulane's biggest supporters and not just through his philanthropic support, but also through his volunteer work. He passionately supports the Tulane Inter-Clinic Council, a student run organization of leaders from the four student-led health clinics. In addition, Kantor is an active member of the Tulane School of Medicine Board of Governors and an avid Tulane Athletics fan.

"George is what makes Tulane a great place," says Dr. Marc Kahn, senior associate dean at Tulane School of Medicine. "He generously gives back to the institution that helped make him the great person that he is today."

Kantor has recently signed a charitable bequest intention of \$10 million, half



Mary Kathryn Orsulak, the recipient of the A. M. Wolff Scholarship Fund.

of which will endow the A. M. Wolff Scholarship, in honor of his uncle. The other half will fund a capital project for the School of Medicine in honor of his father. In addition, Dr. Kantor made a commitment to give \$50,000 a year to the A. M. Wolff Scholarship Fund at the School of Medicine. These gifts were presented to honor his family and in appreciation for all that Tulane University has done to make his education and medical career possible.

"When you look back at the pivotal moments in your life," says Kantor. "You have to look at who and what allowed you to fulfill your dreams. Tulane helped me succeed."

Kantor hopes his generous bequest intention will spur other alumni and friends to consider supporting worthy causes within the medical school. To learn more about charitable bequest intentions and giving to the school of medicine visit tulane.givingplan.net.

1834 Society

he Tulane University School of Medicine expresses its deepest gratitude to the members of the 1834 Society, those who give \$1,500 or more to the School of Medicine each year. Named for the year the Medical College of Louisiana opened its doors, the 1834 Society is made up of those individuals who have demonstrated their deep love of Tulane through generous giving. These gifts help provide an exceptional academic experience for medical students by supporting scholarships and allowing the school to provide the latest in technology and facilities. The following list recognizes all alumni and friends who gave at the 1834 Society level between July 1, 2013 and June 30, 2014.

1938

J. Dudley Talbot, M.D.

1943

Jack R. Hays, M.D.*

1944

David S. Light, M.D.*

1945

Gerald S. Berenson, M.D. and Joan S. Berenson Robert C. Lancaster, M.D.

Charles Pinkoson, M.D. and Rainer Nicholls Pinkoson Sam A. Threefoot, M.D.

1946

John R. Black, M.D. and Dorothy Todd Black

1947

Frank J. Morgan Jr., M.D.

1948

J. Carter Denton, M.D. Jerome L. Heard, M.D. and Lucille Heard

1949

Nancy C. Flowers, M.D. and Leo G. Horan, M.D.

1950

Robert W. Brown, M.D.

195

George E. Bennett, M.D. and Inagene M. Bennett

Harry C. Frye Jr., M.D. and Helen McGehee Frye

James B. Moss Jr., M.D. and Elaine Kambur Moss

William G. Odom, M.D. and Joyce Elaine Odom

Leonard J. Rolfes, M.D.

1952

Bernard T. Hickman, M.D.* Lester N. Ploss, M.D. and Deborah Ploss

Glenn B. Ruffin, M.D. and Patricia Graham Ruffin

Gilbert H. Walker, M.D. and Joyce Mulberg Walker

1953

Herbert S. Bell, M.D. and Marilyn P. Bell

Edwin E. Buckner, M.D. and Aurora Buckner

William E. Carlisle, M.D. and Mary Jackson Carlisle

Cornelius G. Whitley, M.D. and Dorothy A. Whitley

1954

Wade W. Burnside Jr., M.D. James P. Spell, M.D. and Markie Spell

Charles B. Wilson, M.D. and Frances Petrocelli

1955

James M. Brakefield, M.D. and Carolyn R. Brakefield

George R. Cary Jr., M.D. and Elizabeth Stocker Cary

Herbert R. Dyer Jr., M.D. and Camille Dyer

Ray G. Hooper, M.D. and Kathryn O. Hooper

Howard I. Maibach, M.D. and Siesel Wile Maibach

Frank J. Malta, M.D. and Ruth J. Malta

Joseph F. Newhall Jr., M.D. and Sue M. Newhall

Andrew Orestano, M.D.

Henry C. Pitot III, M.D., Ph.D. and Mrs. Julie Sybil Pitot

Frank P. Tagliarini, M.D.*

Mitsuo Tottori, M.D. and Jane H. Tottori

1956

George W. Beddingfield, M.D. Paul R. Winder, M.D. and Myra Winder

1957

Samuel F. Boushy, M.D. and Mrs. Luceil Bauer Boushy

Carolyn M. Clawson, M.D.

Julius L. Levy Jr., M.D. and Donna Levy

Richard A. D. Morton, M.D. and Elizabeth Anthony, Ph.D.

Stanley R. Payne, M.D.

George A. Pankey, M.D. and Patricia Ann Pankey

Everett A. Schneider, M.D. and Elizabeth S. Schneider

Joe S. Wheeler, M.D.

1958

Edmond Allen Lamperez, M.D. and Judy Lamperez

1959

Robert L. Hewitt, M.D.

Rodney F. Holcomb, M.D. and Carroll Holcomb

Minor Lewis Huck, M.D. and C'leste Killian Huck

Howard N. Kandell, M.D. and Trudy L. Kandell

James O. Manning, M.D. and Sudie McCool Manning

Alan S. Rapperport, M.D. and Sue Heimovics Rapperport

William P. Stallworth, M.D. and Norene J. Stallworth

Palmer J. Texada, M.D. and Constance G. Texada

Drs. Claude S. Williams III and Cornelia A. Williams

1960

Charles M. Boyd, M.D. and Anne Ponder Boyd

Norman D. Fry, M.D. and Sara G. Fry

White E. Gibson III, M.D. and Mary Lee Gibson

Everett S. Havard Jr., M.D. and F. Dianne Havard

Delmas A. Jackson Jr., M.D. and Virginia Jackson

John M. McCuskey Jr., M.D. and Sarah McCuskey

1961

Richard Dale, M.D. and Mrs. Lucy Dale

Thomas A. Graves, M.D. and Tricia Graves

Arthur E. Lewis, M.D. and Diana S. Lewis

James T. McIlwain, M.D. and Susan G McIlwain

John F. Moffett, M.D. and Eleanor G. Moffett

Joseph H. Smith, M.D. and Ruth Barra Smith

Janice Deas Stratton, M.D.

Drs. Cornelia A. Williams and Claude S. Williams III

1962

James S. Eaton Jr., M.D.

Dean Baker Ellithorpe, M.D.*

Robert P. Goldfarb, M.D. and Mrs. Lesley Gail Goldfarb

Gary C. Morchower, M.D. and Bette Deneberg Morchower

Howard A. Nelson Jr., M.D. and Harriet Hurley Nelson

Victor W. H. Tsang, M.D. and Marie Tsang

1963

- Ronald J. French, M.D. and Flora Fenner French
- Robert M. Gay Sr., M.D. and Betty Ann Gay
- Robert L. Jones Jr., M.D. and Bettina B. Jones
- Wesley W. Lake Jr., M.D. and Melissa Bowman Lake
- Calvin Masaru Miura, M.D. and Beth Miura
- Toxey M. Morris, M.D. and Virginia Wicke Morris
- Donald J. Palmisano, M.D. and Robin Spencer Palmisano
- Myung S. Park-Sonoda, M.D.
- Robert M. Patton, M.D. and Linda Lee Patton
- Jay I. Rozen, M.D. and Sandra Kay Rozen
- John C. Scharfenberg, M.D. and Ann L. Scharfenberg
- Roger C. Suttle Jr., M.D.
- Robert E. Treuting, M.D. and Carolyn D. W. Treuting
- John T. Wilson III, M.D.

1964

- George E. Barnes, M.D. and Barbara P. Barnes
- B. Eugene Berry, M.D. and Jolie Berry
- James B. Edwards III, M.D. and Joyce T. Edwards
- Walter L. Johnson, M.D. and Shelba Johnson
- Peter J. Long, M.D. and Elaine C. Long
- James P. Marra, M.D. and Linda Marra
- Chuck P. O'Brien, M.D., Ph.D. and Barbara Earnest O'Brien
- Betty Jo Powell-Klimock, M.D.
- and Mr. Gregory Klimock Marvin I. Schwarz, M.D.
- David H. Sewell, M.D. and Mary M. Sewell
- John C. Shaffer, M.D. and **Dorothy Lorraine Shaffer**
- Jerome S. Wilkenfeld, M.D. and Sylvia Wilkenfeld

1965

- Luben Atzeff, M.D. and Astrid Atzeff
- C. Plowden Bridges, M.D. Donald R. Rankin, M.D. and Patricia Rankin

1966

Robert O. Begtrup, M.D. and Barbara G. Begtrup Patrick C. Breaux, M.D.

- Nelson S. Brewer, M.D. and Karol Kuersteiner Brewer
- C. Hal Brunt, M.D.
- John R. Clifford, M.D. and Paula King Clifford
- David N. Davis, M.D. and Mrs. Pat Porter Davis
- Richard DeJong, M.D. and Vera DeJona
- Ralph G. Greenlee Jr., M.D. and Stirling Greenlee
- T. David Hayes, M.D. and Lynda booW
- Howard I. Hurtig, M.D. and Mary Wolf Hurtia
- Robert N. Jones, M.D. and Diana R. Jones
- Stephen I. Katz, M.D. and Linda Rochkind Katz, Ph.D.
- Kenneth C. Lafleur, M.D. and Patricia Lone Lafleur
- George W. Meyer Jr., M.D. and Carolyn E. Garrett Meyer
- Lee T. Nesbitt Jr., M.D.*
- Philip Sullivan, M.D. and Martha Hatten Sullivan, Ph.D.
- Robert M. Tafel, M.D. and Camille Tafel
- C. Mark Whitehead Jr., M.D. and Kathy Whitehead

- David R. Arrowsmith, M.D. and Judy Arrowsmith
- Thomas M. Beck, M.D. and Marilyn B. Beck
- L. Maximilian Buja, M.D. and Donna Kinney Buja

Louanne W. Stephens

Charles H. Campbell, M.D. and Mrs. Mary Mortimer Campbell Michael K. Stephens, M.D. and

1968

- Karen J. Cove, M.D.
- Drs. Philip G. Leone Jr. and Cheryl Leone

1969

- Philip J. Fagan Jr., M.D. and Devona Bastiaans-Fagan
- Ralph C. Frates Jr., M.D. and Sarah Burnett Frates, Ph.D.
- Stephen E. Hellman, M.D. and Alexis L. Hellman
- Grant B. Hieshima, M.D. and Donna Marie Hieshima
- Kenneth L. Janson, M.D. and Vandy Janson
- Drs. Cheryl Leone and Philip G. Leone Jr.
- Dexter Louie, M.D. and Patricia Louie

- Howard M. Sheridan, M.D. and Brenda B. Sheridan
- Benjamin T. Stafford, M.D. and Robin Childs Stafford
- Drs. Michael P. Stevens and Patricia P. Stevens
- James R. Veal Jr., M.D. and Belle T. Veal

- Robert J. Corcoran, M.D. and Jane R. Corcoran, CPA
- Carl B. Rountree, M.D. and Barbara Rountree
- John M. Snodsmith, M.D. and Lynda Lee Snodsmith
- Drs. Patricia P. Stevens and Michael P. Stevens
- Michael A. Teague, M.D. and Cindy J. Teague
- Victor J. Weinstein, M.D. and Vicki Jan Weinstein

1971

- James S. Bonnet Jr., M.D.
- Peter M. Goldman, M.D.
- Drs. James D. Knoepp and Ulla Ule

1972

- Stephen G. Abshire, M.D. and Martha M. Abshire
- Patti Jayne Ross, M.D.
- Philip L. Smith II, M.D. and Lynn K. Smith

1973

- Joel S. Cohen, M.D. and Louise
- Glenn Francis Libby, M.D. and Gael R. Libby
- James A. Nunley II, M.D. and Elise Canepa Nunley
- Charles S. O'Mara, M.D. and Susan O'Mara
- John G. Simmons, M.D. and Rene Simmons
- Drs. Ulla Ule and James D. Knoepp
- Drs. Theresa Marks Voorhies and Rand M. Voorhies

1974

- Kirk F. Bellard, M.D. and Ann M. Van Vrancken Bellard
- Robert J. Card, M.D. and Karol Krevmer
- John J. Eick, M.D. and Eve Eick Jeffrey F. Griffin, M.D. and Mrs.
- John P. Hess III, M.D. and Cvnthia Ann Hess

Barbara Griffin

Robert G. Jeffers, M.D. and Theresa Walker Jeffers

- William S. LaCorte, M.D. and Mrs. Karen L. LaCorte
- Michael W. McDonald, M.D. and Rebecca Goodwin
- Larry A. Osborn, M.D. and Paula J. Dorris-Osborn
- Paul D. Pace, M.D. and Peggy Sullivan Pace
- Carol A. Phillips, M.D. and Randall K. Cross
- Candice M. Rohr, M.D.
- Clay R. Skinner, M.D. and Donna Skinner

1975

- Jonathan Y. C. Ching, M.D.*
- Martin D. Claiborne III, M.D. and Mrs. Barbara Aline Claiborne
- Robert T. Grissom, M.D.
- Allen E. Saxon, M.D. and Vicki Saxon
- Dr. Pamela Parra Beadle and Mr. Garrett Beadle
- A. David Simkin, M.D.

1976

- Dr. Justus Baird and Dr. Salpi Adrounv
- Rafael William Blanco, M.D. and Maruchi Azorin
- Mary M. Cadieux, M.D. and Robert D. Cadieux
- Friedrichs H. Harris Jr., M.D. and Kathleen Stull Harris
- Roger E. Kelley Jr., M.D. and Susan E. Kelley
- Charles M. Stedman, M.D. and Dianne M. Stedman
- Richard M. Sugar, M.D. and Leslie R. Sugar
- Drs. Rand M. Voorhies and Theresa Marks Voorhies

1977

- David R. Hicks, M.D. and Janet McBride Hicks
- Steven I. Hightower, M.D. and Christine G. Hightower
- George S. Kantor, M.D.
- Michael K. Pinnolis, M.D. and Ms. Miriam Newman
- Michael J. Rooney, M.D. and Candace B. Rooney
- William L. Wells, M.D. and Fontaine S. Wells
- Wayne C. Zwick, M.D. and Faith B. Zwick

1978

- A. Richard Adrouny, M.D. and Karen Alyce Adrouny
- Paul Michael Benson, M.D. and Betty Jean Benson

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- Robert I. Brock, M.D. and Mrs. Pamela Brock
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- Drs. Kenneth Melton and Gwenesta B. Melton
- Paul J. Wotowic, M.D.

1979

- Drs. Deborah and Benjamin Bashinski
- Dr. David M. Black and Dr. Kathryn B. Black
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- Joseph R. Durham, M.D. and Marianne Durham
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- Gary M. Wiltz, M.D. and Diane Mary Wiltz

1980

- Jeff B. Eskind, M.D. and Donna G. Eskind
- Mary P. Lupo, M.D. and Robert Smith Lupo
- Harry A. Roach, M.D.
- Joel S. Saal, M.D. and Nancy J. Bovee

1981

- Bruce P. Bordlee, M.D. and Mary Frances Bordlee
- Marilyn N. Carol, M.D. and Robert P. Weaver
- Domenick Enzo Cover, M.D.
- I. Fred Dale III, M.D. and Carol Ello Dale
- Drs. Karen and David Francis Clifford M. Gevirtz, M.D. and Alison M. Lazarus
- Drs. Sarah and David McLellan Margaret A. Miller, M.D.
- Drs. Sissy Sartor and Oliver Sartor
- Donald S. Thornberry, M.D. Bruce R. Wall, M.D. and Mrs. Carol Wall

1982

- Shelly P. Baumann, M.D. and Herbert J. Baumann Jr.
- Drs. David and Gloria Bertucci
- Drs. Warren Bourgeois and Usha Ramadhyani Bourgeois
- Paul T. Finger, M.D. and Marci L Finger
- Larry Gandle, M.D. and Carol E Gandle
- Robert S. Gold, M.D. and Gail Hahn Gold
- Jack A. Pines, M.D. and Leslie E. Pines
- Drs. Oliver Sartor and Sissy Sartor
- Joel R. Sheiner, M.D.
- Robert G. Sugar, M.D. and Mrs. Elizabeth M. Sugar
- Guy R. Voeller, M.D. and Peggy Voeller

1983

- Alan J. Appley, M.D. and Cynthia Appley
- Joseph E. Bavaria, M.D. and Mrs. Kimberly Bavaria
- Drs. Greg S. Buchert and Arline M. Tsuchiya
- Steven S. Greenbaum, M.D. and Bettsie W. Greenbaum
- Bryan J. Hawkins, M.D. and Laura Hawkins
- Paul S. Lux, M.D. and Leslie Pick Lux
- Carl B. Myers Jr., M.D. and Susan M. Myers
- Beverly W. Ogden, M.D. and Charles B. Dickinson
- Drs. John B. Saer and Kathleen E. Walsh
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- Leila Siukola-Thurston, M.D. and Brian Edward Thurston
- William C. Warner Jr., M.D. and Susan W. Warner
- Kimberly J. Yamanouchi, M.D. and James R. Sackett, M.D.

1984

- Paula A. Craigo, M.D. and John C. Lieske, M.D.
- James M. Crane, M.D. and Brenda L. Crane
- John D. Dorchak, M.D. and Mrs. Donna Rittiner Dorchak
- Christopher S. Ewin, M.D. and Kelly Ann Ewin
- Carl J. Herring, M.D.
- Richard A. Hodin, M.D. and Laura Hodin
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- Marc A. Seltman, M.D. and Sharon Seltman

1985

- Erin E. Boh, M.D., Ph.D.
- Patrick W. Cobb, M.D. and Carla Dawn Cobb
- Ann E. Farash, M.D. and Colonel Paul A. Onnink
- Drs. Nan V. Heard and Paul A. Krogstad
- Clifford A. Hendricks III, M.D. and Jean Fallon Hendricks
- Creed K. Mamikunian, M.D. and Janet Mamikunian
- Scott L. Portnoy, M.D. and Susan Lewis Portnoy
- Drs. Arline M. Tsuchiya and Greg S. Buchert

1986

- Michael J. Davis, M.D. and Kathleen Pratt Davis
- Dr. Matthew C. Mitchell and Dr. Mary L. Laville
- Drs. Cesar M. Roca Jr. and Theresa P. Roca
- Mark R. Tucker, M.D. and Martha Tucker

1927

- Cynthia A. Dolan, M.D. and Mickey A. Hernandez
- Chong-Jeh Lo, M.D. and Fen-Hwa R. Lo
- Gordon P. Marshall, M.D.

1988

Melissa D. Kern, M.D. and William F. Deegan III

1989

- Steven L. Chen, M.D. and Phuong-Lien T. Chen
- Deborah Allen Fein, M.D. and Dr. Douglas A. Fein
- Drs. Cynthia Moore-Gault and Michael J. Gault
- Drs. Gerard F. Livaudais and Felicitas B. Livaudais
- Drs. Theresa P. Roca and Cesar M. Roca Jr.
- Midori A. Yenari, M.D. and David C. Tong
- Carey E. Winder, M.D. and Carolyn H. Winder

1990

- Drs. Amalia M. Landa-Galindez and Orlando A. Galindez
- Pamela J. Okada, M.D. and Mark Okada
- Drs. Ronnie A. Sheena and Helene Rae Dickson Sheena

1991

- B. Todd Sitzman, M.D. and Lisa S. Bartlett-Sitzman
- Drs. Orlando A. Galindez and Amalia M. Landa-Galindez
- John M. Gorup, M.D. and Hallie Stein Gorup
- Brent J. Kovacs, M.D. and Kristen Kovacs
- Drs. Helene Rae Dickson Sheena and Ronnie A. Sheena

1992

- Drs. Felicitas B. Livaudais and Gerard F. Livaudais
- Ricardo J. Rodriguez, M.D. and Theresa Rodriguez
- Richard Michael Wong, M.D. and Nguyen Vo
- Jean Ying-Chang, M.D. and Jimmy Chang

1993

- John T. Couvillion, M.D. and Mrs. Taryn Elizabeth Couvillion
- Drs. Michele T. Longo and Bradley S. Shore
- Polly L. Stephens, M.D. and Michael D. Fatsi

1994

- Jyoti Arya, M.D.
- Dr. David A. Birdsall and Dr. Marian R. Birdsall
- Gregory M. Grant, M.D.

David H. Lee, M.D.

- Rouzbeh K. Kordestani, M.D.
- Mary Beth Lobrano, M.D. and Jerry J. Lobrano
- Virginia R. Lolley, M.D. and Joseph Socolof
- Drs. G. Edward Newman and Maria B. Newman
- Drs. Bradley S. Shore and Michele T. Longo

1995

- Samuel B. Field, M.D. and Kelly
- Robert A. Koppel, M.D. and Jennifer B. Koppel

1996

Frank J. Fischer III, M.D. Rex Hoffman, M.D.

Drs. Kenneth C. Sands and Natasha Sands

1997

Kristopher N. Atzeff, M.D. and Anne M. Atzeff

Lisa D. Blankenship, M.D.

Drs. Joy B. Chastain and John R. Simpson

1998

Mildred R. Ridgway, M.D. and Stennis Wells

Drs. Natasha Sands and Kenneth C. Sands

1999

Dr. Leslie P. Estrada and Dr. Lance Estrada

Caren F. Mikesh, M.D.

2000

Colleen P. Begley, M.D.

R. Allen Butler II, M.D.

Drs. Nuruddin S. Jooma and Abida Taher

2002

Laurel Saunders Bliss, M.D.

Christiane N. Eisele, M.D.

Benjamin W. Halligan, M.D. and Laurie B. Halligan

Adair Freeman Parr, M.D. and Edward J. Parr

Seth D. Rosenzweig, M.D. and Julie DesOrmeaux Rosenzweig

2003

Katy E. French-Bloom, M.D. and Michael Bloom

Drs. Abida Taher and Nuruddin S. Jooma

Kelly Hoskins Tyler, M.D. and Jaret Dean Tyler

2004

Patricia L. Burch, M.D. and Matthew John Seese

Amalia M. De Comas, M.D.

Celene R. Hadley, M.D. and Angel Gómez Cintrón, M.D.

Nathan Jon Harrison, M.D. and Stephanie Roahen Harrison, Ph.D.

Kate Zibilich Holcomb, M.D. and Mark E. Holcomb

Sudha R. Kailas, M.D., Ph.D. Nathan M. Spengler, M.D. and Lan T. Spengler

2005

Prashant Gupta, M.D. Laura L. Howard, M.D.

2012

Noushin S. Khoiny, M.D.

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If you would like to join the 1834 Society or have questions, please contact: Will Arvin, Director of the School of Medicine Annual Fund, Office: 504.247.1834 Email: warvin@tulane.edu

MEDICINE NOTES

Honoring Dr. Paul T. Finger (A&S '78, M '82), Outstanding Alumnus Award, and Dr. Charles O'Brien (A&S '61, M '64, G '64, G '55, F '68), Tulane Medical Alumni Association's Lifetime Achievement Award.

OUTSTANDING ALUMNUS AWARD



Dr. Paul T. Finger (A&S '78, M '82) is the 2014 recipient of the Outstanding Alumnus Award. He is a clinical professor of ophthalmology at the New York University

School of Medicine and the founding director of ocular tumor services at the New York Eye Cancer Center, the New York Eye and Ear Infirmary and the New York University School of Medicine. He is also the scientific director of the Eye Cancer Foundation.

His ophthalmic research activities and clinical practices have been focused on the diagnosis and conservative management of ocular tumors as well as the development of pioneering ophthalmic techniques. In 1980, as a Tulane medical student, his first such effort was to introduce microwave hyperthermia for the treatment of intraocular tumors in rabbits. Then in 1986, he obtained an investigation device exemption from the United States Food and Drug Administration to treat 50 patients with a combination

of microwave heat and radiation for their choroidal melanomas.

As a young clinician-scientist, Finger became a principal investigator for the 16-year, nation-wide Collaborative Ocular Melanoma Study. Meanwhile, highlights of his innovative work include the discovery of palladium-103 plaque therapy for intraocular tumors, chemotherapy "eye drops" for conjunctival melanoma as well as new eye and vision sparing radiation methods for cancers located anteriorly in the iris or posteriorly around the optic nerve. In 2007, Finger was the first to report his patented anti-VEGF treatment to suppress radiation retinopathy and optic neuropathy. This method is currently used, saving vision around the world.

Finger's groundbreaking work has not been limited to treatment. His research includes the use of high, low and 3D ultrasound techniques to reveal previously obscure areas of the eye and orbit. Finger showed that total body PET/CT can be used to diagnose and stage ocular melanoma, orbital lymphoma, sebaceous carcinoma and as a biomarker for choroidal melanoma

metastasis. He showed that PET/CT can be used to stage systemic metastasis to the eye, reveal oculo-systemic sarcoidosis and evaluate tumor response to ophthalmic radiation therapy. Separately, recognizing that using available small gauge aspiration cutter technology would allow for safer, self-sealing, micro-incisional biopsies of intraocular and orbital tumors, Finger improved on fineneedle aspiration biopsy of the eye and orbit.

As chair of the American Joint Committee on Cancer (AJCC) Ophthalmic Oncology Task Force, he reached around the world to join 47 known eye cancer specialists to create the first universally accepted eye cancer staging system. Published in 2009, AJCC staging is now required by most ophthalmic journals and their societies. Finger was asked to create and chair an ophthalmic oncology task force for the American Brachytherapy Society (ABS). In 2014, only two years after assembling 46 ophthalmic oncologists, radiation oncologists and medical physicists from 10 countries, the ABS Ophthalmic Oncology Task Force published consensus guidelines for radiation plaque therapy of intraocular melanomas and retinoblastoma.

LIFETIME ACHIEVEMENT AWARD



World-renowned addiction expert Dr. Charles O'Brien (A&S '61, M '64, G '64, G '55, F '68) has spent his life's work bringing hope to those suffering from addiction.

Widely viewed as one of the most respected and innovative researchers in the world, O'Brien has conducted countless research projects and dozens of clinical trials, and authored over 600 papers. His work has increased understanding of the clinical aspects of addictions and the neurobiology of relapse.

A New Orleans native, O'Brien jokes that he is saturated with Tulane degrees—

an undergraduate degree, medical degree, two graduate degrees and a fellowship in psychiatry.

The recipient of numerous awards, he recently added the Tulane Medical Alumni Association's Lifetime Achievement Award to his impressive list of credentials. O'Brien celebrated his 50th reunion from Tulane University School of Medicine and is still working to help those suffering from addiction.

O'Brien became interested in the study of addiction following the Vietnam War. He found that many of his patients were addicted to the powerful drug heroin.

O'Brien began to study how the brain reacts to the influence of various substances including alcohol, opioids and cocaine. He learned that to understand the disease you have to understand the brain and how it reacts to stimulants.

"It's important to treat the brain in addition to the sociological problems," says O'Brien. That's why he says expensive rehabilitation centers or group therapies are not a cure-all. "Unfortunately, you end up charging people a lot of money for things that just don't work."

One of his major achievements was finding that naltrexone, originally developed to treat heroin addiction, was effective in treating alcoholism. Approved by the FDA, naltrexone has now become one of the most popular medications used to treat alcoholism.

Currently, he is conducting trials at the University of Pennsylvania on new medication to treat cocaine addiction.

SEND NEWS 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 or just scan the code with your smartphone.



Dr. Gerald Berenson (A&S '43, M '45), research professor of epidemiology at the Tulane University School of Public Health and Tropical Medicine, was named a distinguished master laureate of the American Board of Cardiology. Berenson is the founder of the landmark Bogalusa Heart Study and has long been an advocate for healthy lifestyles for children.

Dr. William (Doc) W. Richardson celebrated his 90th birthday on March 4, 2014. He was presented with a plaque commemorating Graceville, Florida's, first hospital "Richardson Hospital" and recognizing his years of medical service to his hometown and the surrounding communities. The plaque hangs on the original hospital building where he also had his private practice.

Dr. Temistocles Malo-Iglesias (A&S '50) resides in the Republic of Panama where he retired from medicine in 1994. Malo-Iglesias practiced as an obstetrician and gynecologist in the Canal Zone at both the Coco Solo Hospital on the Atlantic side and Gorgas Hospital on the Pacific side. During his career, Malo-Iglesias also served as Coco Solo Hospital director, chief of OB/GYN at Gorgas Hospital and was also the president of the OB/GYN Society of Panama.

Dr. James P. Spell has retired to the mountains of western North Carolina from Mississippi.

Dr. Minor Lewis Huck (A&S '57) finally retired January 1, 2014.

Dr. Dewey H. Lane (I '60, R '64) was involved in rebuilding after hurricanes Katrina and Isaac. He enjoys charitable work and chasing after his grandchildren.

Dr. Alan S. Rapperport is still practicing plastic surgery but only minor cases with local anesthesia. Since his two dissecting aortic aneurysm surgeries last December, his swimming has also slowed down. He is proud to report that all Rapperports are doing well.

Dr. David Barton received a Lifetime Achievement Award in "Health Care Heroes,"

published by the Nashville Business Journal. Barton and his wife, Lynn, founded Alive Hospice in Nashville, Tennessee, in 1974. Barton in now retired from his psychiatry practice. Lynn continues to work as a social worker therapist in a psychotherapy practice in the fields of divorce mediation and collaborative divorce.

Dr. S. Rush Bailey did his pediatric training at UCLA-Harbor General Hospital before establishing a pediatric practice in Modesto, California, in 1972. He plans to retire at the end of the year. He has one son, Spencer, and one grandson, Sebastian, born in 2004. His wife, Elizabeth, is a certified pediatric nurse practitioner. They were married in New Orleans just prior to graduation in 1969 and she still manages to put up with him!

Dr. J. Peyton Barnes is retired from practicing medicine. He is a docent at the Houston Museum of Natural Science and a member of the Amateur Radio Emergency Service

Dr. Edward M. Gaber (I '70, R '73) is in solo practice in internal medicine in Mandeville, Louisiana, and is also a full time hospitalist in Mississippi. His daughter was just accepted into Tulane and will be joining Tulane's tennis team.

Dr. Wesley King Galen (NC '65, I '70, R '73) has been living and practicing in Chattanooga, Tennessee, since Hurricane Katrina.

Dr. William E. Gotthold is very happily retired since the end of 2011 after 39 years as an active emergency physician.

Dr. Grant B. Hieshima celebrated multiple events at the 2014 spring reunions. Not only did he celebrate his 45th reunion, but he and his wife also celebrated their 40th wedding anniversary. He has been retired now for 20 years. His father celebrated his 65th reunion with the class of 1949.

Dr. Kenneth L. Janson (R '73, R '77) is retired from the private practice of urology in the Chicago area and is now practicing age management and preventative medicine full time in Boca Raton, Florida.

Dr. Benjamin Stafford (G '69) has been partially retired since 2012.

Dr. Edward L. Soll is in partial retirement and is enjoying spending time with his grandchildren and travelling. He is enjoying one scotch and one cigar each day.

Dr. Robert L. Taylor retired in 2010 from the University of North Dakota School of Medicine as the director of psychiatry residency training. He is fully enjoying the next third of life and is plowing through an extensive reading list, doing carpentry and woodworking, making bread and travelling. He spends the summers in Bethany Beach, Delaware, and the winters in Tucson, Arizona.

Dr. Larry Gene Barnes (I '75, R '77) continues to practice internal medicine in a small community of 12,000, including hospital and clinic practice. He is married with four children, both daughters recently or soon-to-be married.

Dr. William D. Caldwell is still active in pediatric practice in Austin, Texas, and teaching medical students through University of Texas Medical Branch. He is involved in the Texas Medical Association and the Board of Ethics. He is also involved in the Texas State Board of Medical Examiners.

Dr. Robert E. Flandry (A&S '70) retired from the clinical practice of neurosurgery in 2008 to take the position of vice president and chief medical officer at Spartanburg Regional Medical Center. He retired from administrative medicine December 31, 2013.

Dr. G. Bruce Healey has been in private practice in Port Arthur, Texas, first with his father, Gordon Healey, and now with his son, Gordon Sean Healey.

Dr. F. Brobson Lutz Jr. (PHTM '75, R '77, F '78) is raising pigeons, chickens, bees and watermelons at an urban "farm" on the corner of Religious and St. James streets close to New Orleans' Irish Channel area. He is still in full-time practice in order to pay for bird food.

Dr. P. Michael McFadden (R '79) is a professor of cardiothoracic surgery at the Keck School of Medicine, University of Southern California in Los Angeles.

Dr. David A. McLain is the course director for the 30th annual Congress of Clinical Rheumatology held annually in Destin, Florida. Professionals from 43 states, four

provinces of Canada and seven countries attend the conference. It is the second largest rheumatology meeting in the US. He is the proud grandfather of four grandchildren—three boys and one girl.

Dr. Eugene B. Rosenberg practiced pulmonary medicine at West Jefferson Medical Center from 1979-2001, then became the full-time physician advisor at Lawnwood Medical Center in Fort Pierce, Florida. He retired in 2012 after two years as medical director for Louisiana and Tennessee at Coventry Health Care. He currently lives in Orlando most of the year. He has a second home near Gatlinburg and Pigeon Forge, Tennessee, where he spends hurricane season and the holidays. He is enjoying his retirement.

Dr. Richard B. Silver has been in private practice in pediatric pulmonology in Dallas since 1983. He is celebrating his 40th anniversary with his wife, Yvonne. They have three children and two grandchildren.

Dr. Marie A. Delcambre has been in Kansas City for 30 years and is president of Kansas City Internal Medicine, the largest private practice internal medicine group in Kansas City. Her personal practice is now MDVIP-affiliated. She and her husband have six children and (almost) four grandsons.

Dr. Maureen A. Olivier (R '83) has been practicing full-time general dermatology in Lake Charles, Louisiana, since 1983. She moved there with her husband, Bill Hard, who practices ophthalmology. Her second career was rearing their four children: Matthew, 32, Mikey, 28, David, 24, and Emily, 16. To this day, she is thankful that she was part of the Tulane medical school class of 1979. New Orleans and Tulane will always be her home.

Dr. Gwenesta B. Melton has left the US Army and is in private practice at Lafayette Clinic in Fayetteville, North Carolina, as a rheumatologist. She is teaching family practice residents, physician assistant students at Methodist University and medical students at Campbell University of Osteopathic Medicine. She is ushering in a new wave of young minds. She has recently stepped down as the president of the North Carolina Rheumatology Association.

Dr. Paula M. Verrette is the senior vice president and chief medical officer at Huntington Hospital in Pasadena, California.

Dr. Mary Lupo has pioneered the concept of combination therapies to help her patients achieve a natural, meaningful improvement in their appearance. She is currently offering her patients the exclusive Prejuve Energy Facial. Dr. Lupo individualizes each treatment so patients achieve optimal results.

Dr. Rodney Davis was selected as chair of the Department of Urology at the University of Arkansas for Medical Sciences.

Dr. Nathan S. Honda is a pathologist at PIH Health Hospital in Whittier, California, and serves as the medical director of the PIH Cancer Program and chairman of the PIH Foundation Board. His daughter Michelle Honda recently started medical school at Tulane School of Medicine and is a member of the class of 2018.

Dr. Melissa T. Barrett is in private practice internal medicine in Louisville,
Kentucky.

Dr. Robert P. Fields has been married to **Ellen (M '83)** for almost 30 years. They have two lovely adult daughters. He is a general internist in the Maryland suburbs of Washington, D.C., and his office has an awesome Mardi Gras party every year.

Dr. Paul A. Krogstad (R '87) is a professor of pediatric and molecular and medical pharmacology specializing in pediatric infectious diseases. He is running less and cycling more.

Dr. Martha Peaslee Levine has two fabulous children. David is a sophomore at Bowdoin University and Dayna is a junior in high school. She works in an eating disorder program and teaches in the department of humanities, focusing on communication. She also writes children's books. Her next one, 12 Days in Christmas in PA, will be out in October. She also has a blog, "Your Write to Health."

Dr. Carole M. Meyers (NC '79) retired from medicine in the fall and is happily planning the next phase of her life.

Dr. Marie D. Nassif (R '88) went on to active duty in the Navy after graduation. She went on to perform an ophthalmology residency at Walter Reed National Military Medical Center. Her daughter Savannah is 23. She joined a large practice in Green Bay, Wisconsin, practicing general ophthalmology, primarily refractive surgery, before moving to Florida. She loves the warm weather and is not practicing actively.

Dr. Karen M. Pendleton is the owner of the boutique medical concierge practice Pair O'Docs Bio-Rejuvenis in Shreveport, Louisiana. She specializes in ophthalmology and age management/lifestyle medicine. Dr. Pendleton's passion revolves around health and wellness. Her comprehensive approach to patient care concentrates on managing hormonal imbalances, correcting nutritional deficits and tailoring exercise physiology.

Dr. Ignacio Prats is in independent practice in general surgery.

Dr. Steven L. Chen (R '90) is in solo private practice in Phoenix, Arizona, specializing in ophthalmic plastic and reconstructive surgery. He and his wife, Lien, just celebrated their 24th wedding anniversary. They have two children. Stephanie is finishing her junior year at Tulane and received early acceptance to Tulane Medical School. Alexa graduated from high school and will attend USC in the fall.

Dr. Trudi K. Holt has been practicing emergency medicine. She relocated back "home" to Connecticut for seven years, but has been in Virginia for the past two years. She is commuting regularly with her husband of ten years, Jur, to his home in the Netherlands, where he has two grown children and three young granddaughters. That makes her a step-Oma!

Dr. Steven M. Krems is still in private practice with seven other partners in internal medicine. He just completed his 20th year as the team doctor for the Los Angeles Clippers basketball team. He recently added a "hybrid concierge" facet to his practice. He and his wife, Lesley, are very proud that their daughter, Jennifer, will attend Amherst College in Massachusetts in the fall.

Dr. David S. Kushner (A&S '85) is an associate professor of physical medicine and rehabilitation at the University of Miami Miller School of Medicine. His son, Grant, 19, is attending the University of Chicago and his daughter, Blake, is 15.

Dr. Gina P. Lagarde (R '92) has been a pediatrician since completing her residency. In 2003, she earned a Masters of Business Administration and made a career-changing move into public health administration. She is currently serving as the regional public health administrator/medical director and chief medical officer to the assistant secretary of health for the Louisiana Department of Health and Hospitals Office of Public Health, Southeast Region 9. She is a full-time mother of three wonderful children who are now young adults and a lifelong resident of Louisiana.

Dr. Wendy Male Latshaw is an OB/GYN in a large group practice in Connecticut. She has been the vice president of the medical staff at Bristol Hospital, chaired the peer review committee and is currently serving as the chair of the department of OB/GYN. She has four daughters who range from 13 to 27. Sara is a teacher in Washington, D.C. Kate is graduating with a biology degree and plans to attend veterinary school. Megan is a nursing student and Amanda is a seventh grader who plays soccer and the viola.

Dr. James D. Marshall has been married for 24 years and raised two children. He is practicing full-time in pediatric critical care and also clinical pharmacology in Fort Worth, Texas, for Cook Children's Health Care System. He still enjoys playing outdoors far more than working within them, but those ailing kids keep drawing him back. He never severed his adopted NOLA roots, having married Miss Louisiana, Susan Picciola. He is planning to spend more time in and around Lake Pontchartrain as retirement approaches.

Dr. Ann Marie Tommey has begun an alternative medicine practice of her OB/GYN practice. It focuses on balancing hormones.

Dr. Kevin R. Ward has two beautiful children. His oldest daughter will be graduating this year from high school to attend Calvin College in the fall. His son is set to receive an Eagle Scout award. He is currently serving as executive director of the Michigan Center for Integrative Research in

In Memoriam

- '40 Dr. Luis La Court
 Dr. Adrienne Dorothy
 McCardell McCoy
 Dr. Chester A. McLarty
- '41 Dr. Walter Brodie Burwell Dr. Elmer Jacobs Harris Dr. Joseph W. Moore
- '42 Dr. George Henry Brandau Dr. John Richard Glover
- '43 Dr. Edwin B. Groner Dr. James Edward Pridgen Dr. Frances U. Simms
- Dr. William Mims Allums
 Dr. Michael E. Boustany
 Dr. Allen Joseph Ellender Jr.
 Dr. John Philip Fischer
 Dr. John Alfred King
 Dr. Charles D. Knight
 Dr. John Laurens II
 Dr. David Samuel Light
 Dr. Verre Simpson Picard
 Dr. Fay M. Randall Jr.
 Dr. Irvin C. Schneider
 Dr. Arthur Bryan Snowhite
 Dr. James Alto Ward Jr.
- '45 Dr. Norman M. Dinhofer Dr. Rodney C. Jung Dr. William Whitley McCall
- '46 Dr. Philip B. Moss II Dr. Jack Wendel Pou
- '47 Dr. Barnette Everest Adams Jr. Dr. George Markham March
- '48 Dr. Cortell K. Holsapple
- Or. Ralph Clyde Bailey Dr. Richard Jennings Field Jr. Dr. Kathryn K. Nix
- '51 Dr. John E. Pittman Jr.
- 52 Dr. Irvin Clayton Dr. Warren Joseph Gadpaille Dr. Robert Morgan Miller Sr.
- Dr. Robert Bernhard Jr. Dr. Jack T. Cappel Jr. Dr. Jack T. Coleman
- '54 Dr. Lewis Martin Wiener Dr. Ralph Courtney Wilson

- '55 Dr. Lionel Ehrenworth Dr. Lloyd Edwin Gary Dr. Hilton Lamar Gillespie Dr. James Lanier Tucker Jr.
- Or. Jerry Glyn Bagwell Dr. Roger W. English Dr. Harold L. Flatt Dr. Robert Lester Hatton Dr. Roland D. Jackson
- '57 Dr. George J. Farha Dr. Herbert Ichinose
- '58 Dr. Albert Wayne Beacham Dr. Donald H. Rockwell
- 59 Dr. Richard Wilson Calhoun Dr. Edward Franklin Shaver Jr. Dr. John Marion Yarborough Jr.
- '60 Dr. Jasper Benoit Becker Jr. Dr. Paul Dean Ware Dr. Richard Gustav Zeperinck
- '61 Dr. John Alexander Hart Jr. Dr. A. Barry Henry Jr. Dr. Hans Weill
- '62 Dr. Dean Baker Ellithorpe
- '63 Dr. Aretta J. Rathmell
- '64 Dr. Harvey Barry Rifkin
- '65 Dr. Jay B. V. Butler Jr. Dr. Hector Himel Henry II
- '66 Dr. Walter Pitts Little Jr. Dr. Lee Terrell Nesbitt Jr. Dr. Arnold Neil Oldre
- '67 Dr. Joseph Mortimer-Dean Nadell Dr. Lee Norris Nold
- '69 Dr. Steven Davis Crow Dr. Dennis Michael Spiers
- '70 Dr. Robert N. Downer
- '73 Dr. Michael Arnett Fitzsimmons Dr. Nicholas Barrett Self
- '77 Dr. Larry L. Redden
- '79 Dr. James Robert Burnett
- '80 Dr. Joseph Dewitt Denman
- '81 Dr. Wolfram H. Enseleit
- '83 Dr. Kenneth Raymond Hill Jr.
- '87 Dr. Rodger Wade Pielet
- '94 Dr. Darwin James Liao

Critical Care at the University of Michigan. Ward also serves as the innovation chief for the University of Michigan Health System.

Dr. Rose Sze-Ming Ehret hopes to have a reunion in Boston.

Dr. Kathryn E. Noles Garr is double boarded in anesthesiology and pain medicine. She lives in Seattle with her husband and three children doing part-time interventional pain management. She is enjoying parenthood, outdoor activities and competitive tennis. She recently went on a family trip to the Amazon jungle and has much more travel planned.

Dr. Steve E. Goldwasser has a great wife and two great little girls. He is having fun and working hard!

Dr. Virginia R. Lolley is a comprehensive ophthalmologist in practice at University of Alabama-Birmingham's Department of Ophthalmology, where she specializes in refractive cataract surgery and is the medical student advisor. Her husband Joe is a management/operations consultant. They have an eight-year-old daughter, Eve.

Dr. Debra Houry (PHTM '98) has been selected as the Director of the National Center for Injury Prevention and Control. Prior to this position, Houry was an associate professor within the Department of Emergency Medicine at Emory University School of Medicine, and an attending physician at Emory University Hospital and Grady Memorial Hospital.

Dr. Kevin L. Turner is a pediatrician in northeast Ohio. His wife, Karen, and four children live in Avon Lake, Ohio, which is 25 miles west of Cleveland.

Dr. Allison E. Bearden (PHTM '04) completed an adult infectious disease fellowship and masters in clinical investigation at the University of Wisconsin, and is now completing a fellowship in pediatric infectious disease at the University of Southern California. She is married to Michael Bearden, who owns a translation company in Los Angeles, and they have two children and two dogs. Talula is 5 and Archibald is 2.

Dr. Amanda Freeman Crow is married with two kids and lives in Raleigh, North Carolina, where she practices anesthesia.

Dr. Michael R. Harrison (R '07) married Terra Nance in September 2007. They have one daughter, Mary Kathryn, who is 2½ years old. In July 2011, he took a position as assistant professor of medicine at Duke, where he is the genitourinary medical oncologist and clinical researcher.

Dr. Kate Zibilich Holcomb (NC '98, PHTM '99) moved back to New Orleans two years ago and is enjoying it immensely. Living in New Orleans continues to be professionally challenging and rewarding and is an exciting place to live with active young children.

Dr. Sudha Rani Kailas (G '00, G '06)

completed her PhD in neuroscience at Tulane following graduation. She matched in a pediatrics, adult psychiatry and child and adolescent psychiatry residency. After residency, she moved to Santa Fe, New Mexico, completed a health-coaching program through the Institute of Integrative Nutrition and was introduced to the concepts of functional medicine. She is blessed to serve the Santa Fe community as an integrative psychiatrist at Life Transition Therapy.

Dr. Andrew G. Nanton is doing forensic and child/adolescent psychiatry. He moved to Portland, Oregon, and is working at Oregon Health & Science University.

Dr. Brandon Lane Phillips was named as distinguished alumnus for 2014 by Louisiana Tech University College of Engineering and Science. In May, his hometown of Jena, Louisiana, held a day in his honor and presented Phillips with a key to the city. Phillips is an attending physician in pediatric cardiology at Driscoll Children's Hospital and assistant professor of pediatrics at Texas A&M Health Science Center and University of Texas Medical Branch.

Dr. Beverly E. Tew (PHTM '04) is an OB/GYN. She loves living in the Wild West. She enjoys backpacking, hiking and river running in sunny Arizona.

Dr. Lauren B. Hawkins recently joined Hattiesburg Clinic's Department of Endocrinology. She is a member of the American Medical Association, American

College of Physicians, American Association of Clinical Endocrinologists and The Endocrine Society.

Dr. Catherine M.
DiGiorgio (G '03) will
be starting her last year of
residency this July in dermatology at LSU
Health Sciences in New Orleans.

Dr. Wesley B. Jones finished his residency in anatomic and clinical pathology at Northwestern in June 2013. In July 2013 he started a one-year fellowship in surgical pathology at the University of Illinois at Chicago. He will be staying at UIC for another year for a transfusion medicine fellowship. In his free time, he still plays bass and sings with a couple of bands in the Chicago area. He has also gotten into recording and production in the past couple of years, working out of his home studio.

Dr. Christopher A. Kroner (PHTM '09)

married an absolutely wonderful and loving woman last year. He is now an assistant clinical professor at UC Irvine in family medicine and sports medicine. He is the lead physician for USA Water Polo and is the assistant medical director for West Coast RunDisney events.

Dr. Kelli Wong Williams (PHTM '09)

is enjoying life in D.C. with husband, Dr. Conrad Williams. Conrad is the medical director of the pediatric palliative care team at Children's National Health System and she is in an allergy and immunology fellowship at the National Institutes of Health. They both love their jobs and are trying to figure out whether to stay in D.C. or return to the South. They are very excited to welcome baby Williams this October.

Dr. Kristen Newsom has joined Reliant Medical Group's Department of Family Practice. After receiving her medical degree from Tulane, Newsom completed her internship and residency at Memorial Hospital of Rhode Island/Brown University Family Medicine in Pawtucket, Rhode Island. She is board certified by the American Board of Family Medicine.

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