THE MAGAZINE OF TULANE UNIVERSITY SCHOOL OF MEDICINE | SPRING 2015

TULANE | MEDICINE

COBRE: Growing Next Generation NIH Researchers

Making the Rounds with Tulane Medical Center's New CEO

How we overcome adversity is often a defining characteristic. I was reminded of this while watching the documentary *Big Charity*, which tells the story of the days following Hurricane Katrina and how our healthcare professionals responded to the worst natural disaster to ever fall on U.S. soil.

Earlier this year I sat on a panel of first responders and individuals involved in the documentary filming who discussed *Big Charity* and the circumstances surrounding those first days and weeks following Hurricane Katrina. As one of the medical professionals on the ground, I saw firsthand just how our Tulane community responded to those most in need during what seemed like impossible circumstances.

> "If we study the lives of great men and women carefully and unemotionally we find that, invariably, greatness was developed, tested and revealed through the darker periods of their lives. One of the largest tributaries of the river of greatness is always the stream of adversity."
>
> –Cavett Robert, from a plaque in Dr. Hamm's office

That ability to overcome obstacles has been a part of the Tulane fabric since our founding in 1834. And whether the challenges are natural disasters, political influences or economic injustices, Tulanians persevere, educate, innovate and bring care.

I was once again reminded of that Tulane character when I read *Tulane Medicine* magazine. In this issue, you will meet one of our medical students, Woody Morgan. Woody has faced much adversity in his life to rise above and become a leader in his class and a true example of a Tulanian. His story is inspiring to anyone who dreams of being a physician.

You will also meet other Tulanians who are fulfilling our mission, including alumnus Dr. William Lunn, who is dedicated to bringing excellent patient care to the city of New Orleans, and several researchers who are making it their mission to investigate disease and discover innovative solutions.

I couldn't be prouder of our Tulanians.

L. Lee Hamm, MD
Senior Vice President of Tulane University
Dean of the School of Medicine

TULANE | MEDICINE

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FEATURES

DEPARTMENTS

TULANE UNIVERSITY LAUNCHES FOUR-YEAR MD/MBA PROGRAM

Recognizing the growing need for physicians with business training, Tulane University School of Medicine and the A.B. Freeman School of Business have created a new four-year, accelerated program for medical students to earn a master of business administration with their medical degrees.

The joint-degree program, which begins this summer, is one of only a few four-year MD/MBA programs across the country.

"Future leaders in medicine must excel as clinicians as well as managers in today's rapidly evolving healthcare market," says Dr. Lee Hamm, senior vice president and dean of Tulane University School of Medicine. "This joint degree program is designed to prepare physicians who may later run their own practices, become biomedical entrepreneurs or pursue future careers in healthcare administration or pharmaceutical development."

"Whether their goal is to become a practicing physician, medical director of a hospital or manager of a medical group, physicians who understand the tools, concepts and language of business will have a critical advantage in bridging the clinical and business sides of health care," says Ira Solomon, Freeman School of Business dean.

The four-year program is for newly admitted medical students who will take courses at Freeman during the summers before and after their first year of medical school. Students then complete their business education throughout the remainder of their time at the school of medicine.

The new program will be offered in addition to Tulane's existing five-year MD/MBA degree, which began in 2004. The five-year program includes a global leadership component, which provides real-world learning experiences through international travel. Both programs allow students to save time and money over earning the two degrees separately. Each requires 48 credit hours compared to the usual 60 hours of a traditional two-year MBA program.

For more information, visit: tulane.edu/som/admissions/programs/combined-degrees.cfm

SCHOOL OF MEDICINE CHOSEN BY THE PULMONARY FIBROSIS NETWORK

The Pulmonary Fibrosis Foundation has selected Tulane University School of Medicine to join its newly expanded network of premier medical centers across the country that are leaders in caring for patients with fibrotic lung disease. The School of Medicine is the only site in a three-state region to be selected.

As part of the Pulmonary Fibrosis Foundation Care Center Network, Tulane will gain access to a wealth of support resources for patients and caregivers and will collaborate with 20 other academic institutions across the country. Network sites work together to provide a standardized and comprehensive treatment approach, ensuring patients receive an accurate diagnosis, quality clinical care and important support services.

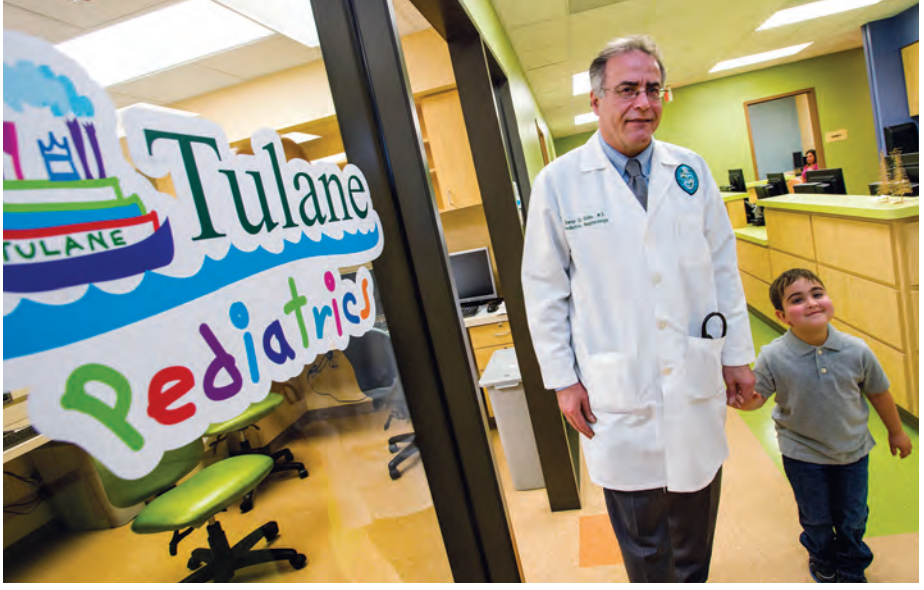
"We are honored that the Pulmonary Fibrosis Foundation has recognized the quality of our programs and the expertise our physicians have in treating patients with pulmonary fibrosis," says Dr. Joseph Lasky, John W. Deming, MD chair of Internal Medicine and chief of Pulmonary Diseases, Critical Care and Environmental Medicine. "We are a nationally recognized center of excellence for people in the Gulf South Region seeking a second opinion on their diagnosis, the most current treatment options or opportunities to participate in support groups and clinical research."

Idiopathic pulmonary fibrosis affects more than 130,000 people in the United States. This progressive disease causes lung tissue to become scarred and stiff. Eventually the lungs lose their ability to transfer oxygen into the bloodstream, leading to symptoms of shortness of breath and cough.

Dr. Bin Shan, left, research assistant professor of medicine, and Dr. Joseph Lasky, professor of medicine and chief of the pulmonary diseases section.

Previously, people lived only an average of three years after diagnosis. That's likely to change now that the FDA has recently approved two new drug treatments that slow the disease's progression.

"It's a very exciting and long-awaited first step on a journey to arrest the progression of lung scarring," Lasky says. "We and others are working toward the goal of reversing the loss of lung function to restore patients' quality of life."



Dr. Samir El-Dahr, chair of the Department of Pediatrics, introduces patient Cody Castille to the new pediatrics clinic at Tulane Lakeside Hospital.

NEW HOME FOR TULANE PEDIATRICS

Tulane Health System has transformed its Metairie, Louisiana, hospital into a specialized center to serve the healthcare needs of women and children. Tulane's pediatric services have relocated from Tulane Medical Center in downtown New Orleans to the renamed Tulane Lakeside Hospital for Women and Children.

The move brings together all of the women's and children's services at one location, making it the only specialized women's and children's healthcare facility in Jefferson Parish and the greater New Orleans area. In addition to offering a full continuum of 24 pediatric specialties, Tulane Lakeside is equipped with pediatric inpatient, intensive care, neonatal intensive care and oncology units, as well as a full-service pediatric emergency room. Pediatric outpatient clinics also moved to the Lakeside campus.

Dr. William Lunn, CEO of Tulane Health System, says that Lakeside Hospital has a long history of offering women's healthcare services in Jefferson Parish. "We are proud to offer a wider breadth of services for children at our convenient location in Metairie — so much closer to the homes and schools of our patients," Lunn says.

The emergency room is staffed with board-certified pediatric emergency physicians with ER wait times available online. The facility recently added a child-friendly, low-dose CT scanner, MRI, pediatric endoscopy, pulmonary lab and neurodiagnostics.

HIGH COLORECTAL CANCER RATES IN ACADIANA

Researchers have found a link between colorectal cancer and Louisiana's Cajun population, and are now investigating the cause.

Whites, particularly white men, in the Louisiana Acadian parishes—those in which French is commonly spoken—have colorectal cancer rates that are among the highest in the United States, according to a research study published in *Clinical and Translational Gastroenterology*.

"Rates of colorectal cancer increased in parallel with the proportion of French speakers, a marker for parishes with higher numbers of those with Cajun ancestry," says lead author Dr. Jordan Karlitz, an assistant clinical professor of medicine at Tulane University School of Medicine.

A genetic link is the leading hypothesis to explain the high rate of cancer, although an environmental cause is also possible. If genetic in nature, it may be an instance of the "founder effect." A "founder population" is a distinct new population that has descended from an original, larger population.

> "Rates of colorectal cancer increased in parallel with the proportion of French speakers, a marker for parishes with higher numbers of those with Cajun ancestry."
>
> **–DR. JORDAN KARLITZ**

The Cajuns migrated in the 18th century from France to Canada and then Louisiana where they settled in what are now the state's Acadian parishes.

"Founder populations are important to study as cancer susceptibility genes, potentially novel, may be discovered that may be important not only for the population in question, but for others worldwide who may share a similar remote ancestry," Karlitz says. "Further studies are planned to gather additional data to examine both genetic and environmental factors that may be playing a role in the high colorectal cancer rates in the region. In addition, as the current study is population-based, more detailed study is needed to determine if the colorectal cancer risk is concentrated in the Cajun population specifically."

Karlitz recently won the American College of Gastroenterology Governor's Award for Excellence in Clinical Research for his research on screening for Lynch Syndrome (a hereditary form of colon cancer) in Louisiana.

LITTLE DISCOVERIES MEAN BIG THINGS FOR TREATMENT

What if miracle cures weren't able to reach the part of cells that needed them most? Tulane University School of Medicine doctoral candidate Taylor Fuselier is working to find ways for those life-saving cures to make the most impact.

"This is a very general type of drug delivery," Fuselier says. "I like to think that we're offering a Swiss Army knife for other researchers to aid in delivering their drugs."

Under the guidance of biochemistry professor Dr. William C. Wimley, Fuselier works to find peptides that aid in delivering compounds that normally would not enter cells. Wimley's lab searches for sequences of amino acids that interact with cell membranes. Fuselier is looking for peptides that can pass through cell membranes to aid drug delivery of therapeutics normally unable to enter the interior of a cell.

Fuselier anticipates that the Wimley lab's research can have a broad impact on a variety of diseases from cancer to blood infection. "I hope that one day a cancer researcher can use the peptides we discover to aid his research," Fuselier says. "Discoveries in basic science are very important. I feel like we are doing something that no one else is doing."

For his work, Fuselier has received a three-year Ruth L. Kirschstein National Research Service Award from the National Cancer Institute. These highly selective and prestigious grants are different from typical research grants in that they focus on training and education in the research environment.

On a trip to Leon, Nicaragua, hosted by New Orleans Medical Mission Services this fall, Dr. Margie Kahn, center, checks on a woman who received pelvic surgery.

MAKING A DIFFERENCE IN WOMEN'S LIVES

When Dr. Margie Kahn decided to go on a medical mission trip to Nicaragua, she did what a lot of travelers do before their trips. She stocked up on supplies and gear. Turning to eBay, Kahn purchased about $500 in medical instruments. She also rounded up some supplies that medical device companies donated.

"I tried to predict ahead of time the things that we would need," says Kahn, a urogynecologist at Tulane University School of Medicine and specialist in female pelvic medicine and reconstructive surgery. While in Nicaragua for a week, Kahn evaluated about 20 potential patients and operated on 10 indigent women who did not have access to the level of health care she could provide.

Conditions were tough. The local team had air-conditioning in the operating room during surgery, but turned it off as soon as the operation was over. The operating table shifted when a patient was moved because the wheels wouldn't lock, and the camera Kahn needed to use to look into the women's bladders didn't work. But Kahn had experience operating in difficult conditions and was prepared: about 15 years ago, she was part of a medical mission to Africa.

> "There was a need, it's something I do, and the opportunity presented itself."
>
> –DR. MARGIE KAHN

Kahn's patients are women with fistulas or organ slippage after childbirth, heavy lifting or prolonged straining with bowel movements. Often, the women experience incontinence.

One Nicaraguan patient, an 89-year-old woman with pelvic organ prolapse, had tissue about the size of a grapefruit in her pelvic area. Following the operation, Kahn says, "I think it was the first time in about 20 years that she could cross her legs."

Kahn paid out of her own pocket to volunteer for the medical mission. She also paid the expenses for her medical office assistant Gloria Narvaez to accompany her.

"They need us," Kahn says. "It's my area of expertise, and we made a difference in these women's lives."

A FITTING MATCH FOR MED STUDENTS

Every March, medical students across the country learn simultaneously at which hospital or university they will start their residency training. At the Tulane University School of Medicine Match Day ceremony, anxious students, along with their families and friends, gathered to learn where they would be going next.

The crowd was called to order by the bugle call "Charge" from the trumpet of Dr. Marc Kahn, Peterman-Prosser Professor of Medicine and senior associate dean of student affairs.

"Match Day marks the finale or culmination of a medical student's career," says Kahn. "It's when they find out where they are going to be for the next stage of their life as they transition from medical student to physician."

At Tulane, 181 graduating senior medical students matched to residency programs around the country, with 20 students matching to programs in Louisiana.

Tulane University medical students Gabrielle Dawkinsr, left, and Kaitlin Hardin celebrate at the Match Day ceremony.

Nationally, students applied to a total of 4,012 residency programs. The more popular residencies included anesthesiology, emergency medicine, internal medicine, obstetrics/gynecology, neurology and psychiatry. Less popular choices this year were radiology and transitional residencies.

Overall in the U.S., 16,932 seniors matched with residency programs, a rate of 93.4 percent.

"It's a very important day," says Kahn. "It's my favorite day of the year."

THE FIRST LASER-ASSISTED CORNEAL TRANSPLANT IN LOUISIANA

Among the many firsts for the Tulane University School of Medicine in 2015, Dr. Delmar Caldwell, professor and chair of the Department of Ophthalmology, performed the first laser-assisted corneal transplant surgery in Louisiana. The surgery was performed at Tulane Medical Center and employed the most current laser technology.

Dr. Delmar Caldwell performed the first laser-assisted corneal transplant surgery in Louisiana.

Corneal transplantation, also called keratoplasty, is the replacement of a patient's diseased or damaged cornea—the normally clear window into the eye—with new tissue from a donor.

"Basically what we do is cut the donor tissue in a circle with the laser," says Caldwell. "It actually cuts it like a top hat in cross section, then it cuts the recipient's cornea in the same way. Then we put the new plug in and sew it into place. It's really pretty simple."

The advantage of laser technology, which has been used for human eye surgery for approximately five years, is that it makes possible very precise perpendicular cuts.

"Before lasers, we did the cuts with hand-held trephines," says Caldwell. "[A trephine is] a round blade on a handle. Any tilting of the blade in any direction will create a lot of astigmatism, and then we have to do things after surgery to correct astigmatism. The patient has to wear contact lenses, for example. About 30 years ago I invented the Caldwell Suction Trephine, which actually sucked onto the cornea and held it so that when you cut it, it helped make the cuts perpendicular and that reduced astigmatism. But the laser technology is far superior to that."

GOOD HEALTH IS A PRIORITY AT GRACE HOUSE

A New Orleans woman striving to beat substance abuse is fortunate when she makes it to the top of the waiting list for a bed in the Grace House program. An underlying illness such as diabetes or asthma could waylay her treatment, but a corps of medical students at Tulane University School of Medicine provide new Grace House clients with a health assessment and, if they need a referral for health care, the students work hard to make the arrangements. The volunteers also evaluate the effectiveness of the program.

The clinic at Grace House started nearly five years ago, when a Tulane medical student named Nikki Jodry approached Dr. William "Rusty" Robinson with the idea.

"It would be easy for us to make a contribution," Robinson says. "I saw the need and, with 90 percent voluntary labor, we could make it happen relatively easily."

Tulane medical student Kate Yoder, left, and Dr. William "Rusty" Robinson talk with a Grace House resident at the student-led clinic, which provides healthcare evaluations and education to women in substance abuse treatment.

Robinson, an OB/GYN professor, has been the attending physician for the medical students' project since its inception. Each week, a faculty member in OB/GYN, internal medicine or family medicine volunteers to guide the students, who must fulfill 50 service-learning hours during their first two years in medical school.

Kate Yoder, a second-year medical student, and Mary Kathryn Orsulak, a second-year MD/MPH student, developed a patient education program on topics Grace House women said were of interest to them, including nutrition and how to keep from gaining weight, sexually transmitted diseases and effects of drugs on their bodies. Student volunteers obtained funding to provide PAP tests to check for cervical disease.

"Everyone deserves health care and there are limited healthcare resources," says Katherine Rogg, a second-year medical student who recently took her turn as a clinic coordinator.

FDA PERMITS EMERGENCY USE OF RAPID EBOLA TEST

Tulane University researchers played a key role in developing a new rapid Ebola test, which the Food and Drug Administration recently authorized for emergency use in West Africa. Instead of taking days for lab results, the new test, which is produced by Corgenix Medical Corp., uses a drop of blood from a finger prick to deliver a diagnosis in as little as 15 minutes, allowing public health workers to isolate and treat patients immediately. Getting a fast, accurate diagnosis is crucial in stopping the spread of the virus as initial symptoms of Ebola mimic other common infectious diseases.

In the race to stop the spread of a deadly and incurable disease, "This has the potential to be a game-changer," says Dr. Robert Garry, professor of microbiology and immunology at Tulane University School of Medicine. "Medical personnel will be able to quickly identify hotspots and potentially prevent a resurgence of new cases. Proper deployment of the test can ensure that future Ebola outbreaks are contained before they reach the scale of the current outbreak in West Africa."

Denver-based Corgenix will manufacture and market the test, which is based on technology originally discovered at Tulane. With funding from the National Institutes of Health, Corgenix developed the test in cooperation with the Viral Hemorrhagic Fever Consortium, a collaboration of academic and industry members led by Tulane. Partners included Autoimmune Technologies LLC, Zalgen Labs LLC, The Scripps Research Institute and the University of Texas Medical Branch at Galveston, as well as other collaborators in West Africa.

"The rapid Ebola test is the result of more than a decade of work led by Dr. Garry, who assembled a team of collaborators of tremendous breadth and depth to understand and combat viral hemorrhagic fevers in Africa," says Dr. Laura Levy, Tulane vice president for research. "This diagnostic promises to transform the public health response to Ebola out in the field where it is needed most. This technology illustrates Tulane's long-standing commitment to bring cutting-edge research to solve the world's most urgent problems."

GRANTS TARGET HEART DISEASE AND DIABETES

Tulane University School of Medicine investigators are part of statewide research teams recently awarded Louisiana Clinical and Translational Science (LA CaTS) Center grants to fight heart disease and diabetes. The LA CaTS Center is a National Institutes of Health-funded initiative to boost biomedical research in Louisiana.

Dr. Franck Mauvais-Jarvis, the Price-Goldsmith Professor of Nutrition at Tulane University School of Medicine, received $66,000 to study whether an existing drug approved to treat hot flashes and osteoporosis can also help obese women lose weight and lower their diabetes risk after menopause.

As women enter menopause, they experience an increase in abdominal fat as well as develop a higher risk for Type 2 diabetes. Working with Louisiana State University's Pennington Biomedical Research Center, Mauvais-Jarvis' lab will test how Pfizer's drug Duavee affects body fat levels and insulin-resistance in older women.

"We recently published a study showing that Duavee prevents obesity and Type 2 diabetes in a mouse model of post-menopausal metabolic syndrome," Mauvais-Jarvis says. "The drug increased fat combustion, thus preventing fat accumulation and improving insulin resistance. We hope it will have the same effect in older women."

The second grant supports research to understand the therapeutic potential of hydrogen sulfide in critical limb ischemia, a peripheral artery disease and a predisposing factor for heart disease. Dr. Bysani Chandrasekar, the Robert Morgadanes Professor of Medicine at the Tulane Heart & Vascular Institute, and Dr. Albert D. Sam will work with Louisiana State University Health Sciences Centers in New Orleans and Shreveport, Louisiana, to identify ways to detect and treat tissue ischemia. This collaborative project received $95,000, including $20,000 for Tulane. Chandrasekar will evaluate whether chemical imbalances occur in such conditions, providing a marker to evaluate potential drugs to treat and prevent the problem.

NEW TREATMENT AIDS CANCER PATIENTS

A new system will give Tulane cancer patients access to the latest care in radiation oncology. The state-of-the-art RapidArc Radiotherapy system is a fast, precise way of targeting tumors while minimizing exposure of surrounding healthy tissues.

"RapidArc radiation is extremely effective against many forms of cancer," says Dr. Steven DiBiase, medical director in the Department of Radiation Oncology. "It represents a significant improvement over conventional radiotherapy in terms of precise targeting, exact dosing and speed of treatment. It is also an 'external beam' treatment, which is the least intrusive therapy option for treating cancer."

DiBiase, a recent transplant from the University of Tennessee Graduate School of Medicine, is considered a pioneer in the use of RapidArc treatment. He has treated over 1,600 patients with the advanced technology specifically concentrating on prostate cancer. At Tulane, DiBiase will use the RapidArc technology to treat most cancer sites in the body, including breast and lung tumors.

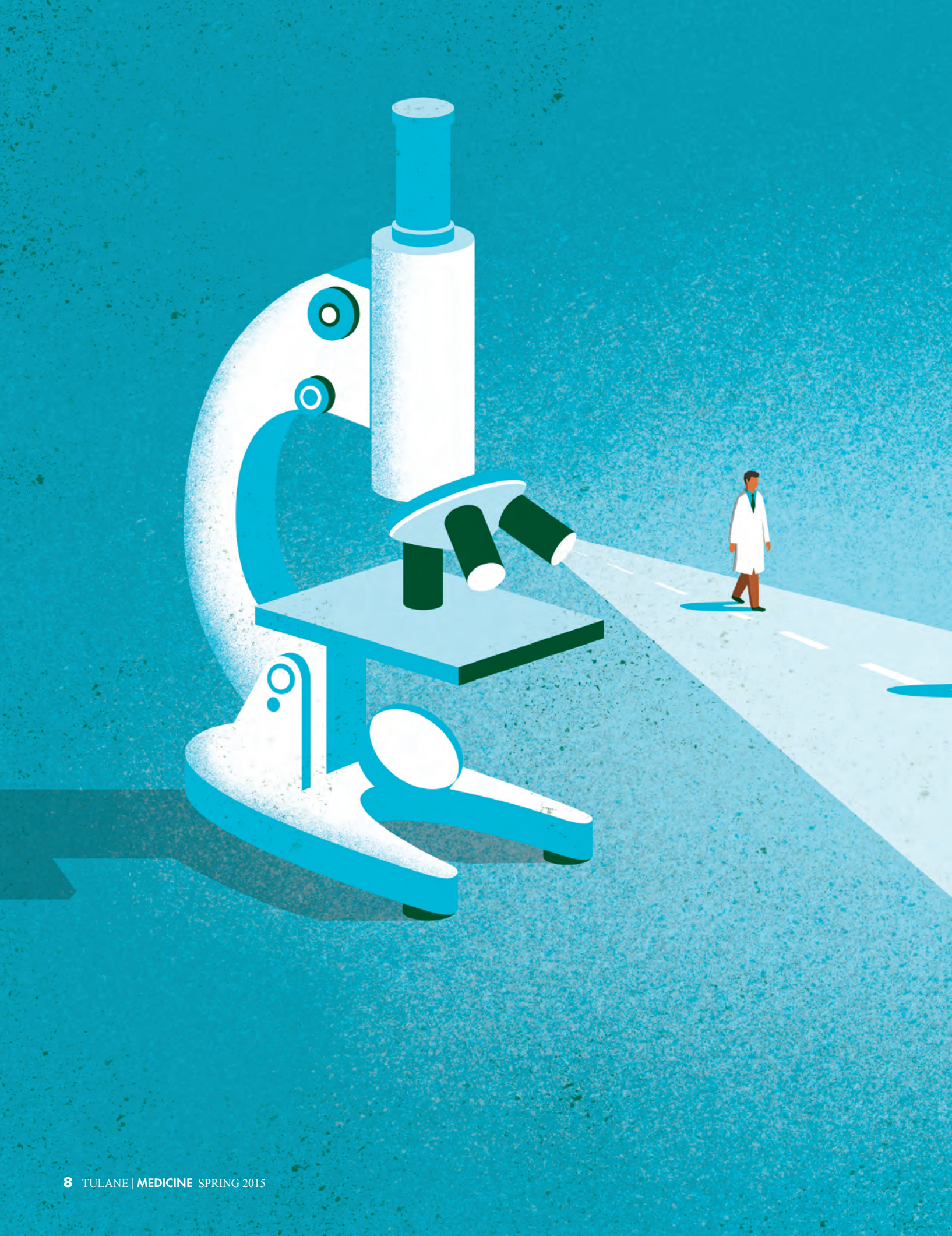
Radiation therapy uses high-energy radiation to shrink tumors and kill cancer cells. While cancer cells reproduce more quickly than healthy cells, cancer cells cannot easily repair themselves as healthy cells can. The concentrated beam of radiation to afflicted areas can stop the growth of cancer.

Not only does RapidArc direct an exact dosage to the targeted tumor, but it does so at eight times the speed of conventional radiation systems. The average treatment is completed in less than two minutes.

Dr. Steven DiBiase in front of the state-of-the-art RapidArc Radiotherapy system.

DiBiase says one of the major benefits of using RapidArc treatment is the sparing of healthy tissue. RapidArc attacks the entire tumor in a 360-degree rotation and ensures 3D dose precision, which helps to minimize damage to surrounding healthy areas.

"There are only a handful of centers that have this technology," says DiBiase. "We are very excited and proud to be able to offer this service to our patients."



COBRE: Growing Next Generation NIH Researchers

Centers of Biomedical Research Excellence in hypertension, cancer and aging have attracted nearly $60 million in research funding for the School of Medicine, giving junior researchers the high-tech equipment, lab support and mentoring to grow into the next generation of independent investigators.

BY **KEITH BRANNON**
ILLUSTRATION BY **DAVIDE BONAZZI**

The brass ring that every junior researcher strives to get—a National Institutes of Health R01 funding grant—is harder to chase as more investigators fight for fewer federal research dollars.

The NIH funded a meager 18.8 percent of all grant applications last year compared to nearly 32 percent in 2000. And it's not uncommon for some institutes to set paylines, which are the minimum review scores for approval, in the top 10th percentile.

"It's brutal," says Dr. Kathleen Hering-Smith, an associate professor in the department of medicine and adjunct associate professor in physiology who is studying a novel way to prevent kidney stones.

Hering-Smith was one of only 20 post-doc researchers in the country accepted into the U.S. Department of Veterans Affairs elite merit review program. She applied for research funding within the VA and to national nonprofits for years, spending weeks on each application and months gathering data.

"I got turned down. And then what's the word they call it when you don't even get discussed? It's not train-wrecked, but it feels like it. Triaged! That happened once as well," she says.

Then her mentor had an idea. Instead of focusing on the VA or even the NIH's kidney section, why not target the urology section, which may more likely see the clinical promise of her research? Calling the tactic a "game-changer," she spent three weeks furiously retooling her VA application to meet the NIH's deadline. Months later, her phone rang: She got a $1.2 million, four-year R01 grant.

"I was practically screaming," she says. "I don't even remember my score. I'm sure she told me, but all I heard was: 'I'm funded!' And after being through all of that, it didn't matter."

More researchers at the school of medicine are getting that same coveted call from the NIH, and like Hering-Smith, they share something in common. They've all gotten substantial help from one of the school's three Centers of Biomedical Research Excellence (COBRE), an NIH program that helps universities in under-resourced states support junior research faculty.

The centers, which are extremely competitive to get, bring in millions of dollars each year for cutting-edge equipment, core facilities, lab personnel, training and mentoring support. The school of medicine has three COBREs: The Center of Excellence in Cancer Genetics, Tulane University Hypertension and Renal Center of Excellence and the Center of Excellence in Aging and Regenerative Medicine. The centers have pumped a combined $58.7 million into the school's research budgets since they first opened in 2002.

"These have been very valuable grants to have within the school. They have supported faculty and new research, but most importantly they have helped us develop faculty for the future," says Dr. Lee Hamm, medical school dean and senior vice president of Tulane University. "They are hugely important. And each COBRE grant lasts for five years at a time. You have to compete again for renewal. You are not assured of that second or third phase. So the fact that we have one center, Hypertension and Renal, in its third phase and the Cancer Center in its second—and competing for a third phase—speaks to the high quality of our programs."

Each COBRE supports up to five junior researchers at a time with a singular focus—fuel their research and careers to the point where they can land their first R01 grant or equivalent to become independent. Then another junior investigator will take their slot and, hopefully, repeat the cycle.

"The mark of success was whether or not these junior investigators receive funding," says Dr. Gabriel Navar, principal investigator of the Hypertension and Renal COBRE. "The purpose is to get enough preliminary data and enough publications so that they are more competitive for NIH grants."

The program is interdisciplinary so junior investigators can be from any school at Tulane as long as their research aligns with the center's study area. Investigators get research funding, lab space, technicians and regular mentoring from seasoned researchers.

"These mentors are senior faculty who have been successful getting grants," says Dr. S. Michal Jazwinski, head of the Aging COBRE. "They help the junior faculty member not only in terms of their research but writing their grant applications and critiquing them and also with mundane things like negotiating all of the issues that have to do with managing a laboratory."

The Hypertension and Renal COBRE, the school's first, was established in 2002 with a $10.8 million grant. It's brought in more than $27 million and supported more than 19 junior investigators.

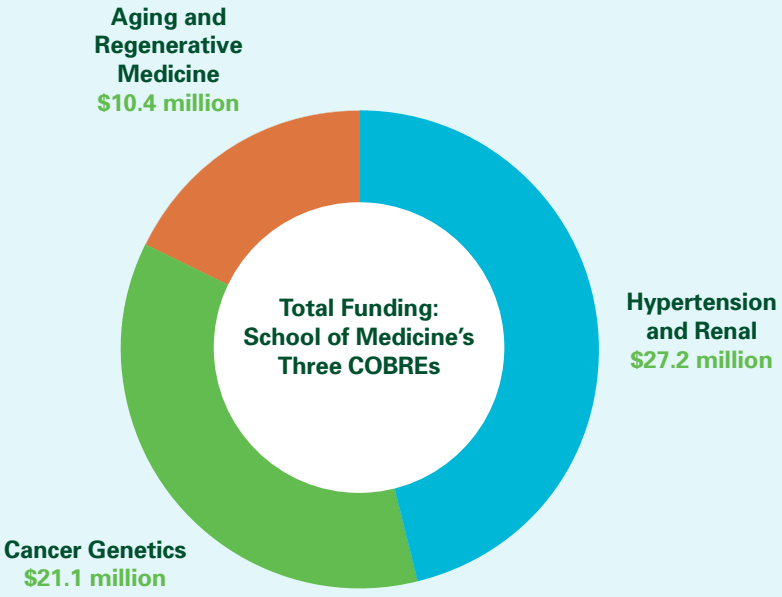
"The COBRE program basically put Tulane on the map when it comes to hypertension investigations," Navar says. "We study primarily the role of the kidney and kidney malfunction and in particular the role of one endocrine system called the renin–angiotensin system and the development of high blood pressure."

One of those projects included Hering-Smith's research to prevent kidney stones. The problem, which affects almost 13 percent of men and 7 percent of

The Deep Financial Roots of COBREs

What is a COBRE?

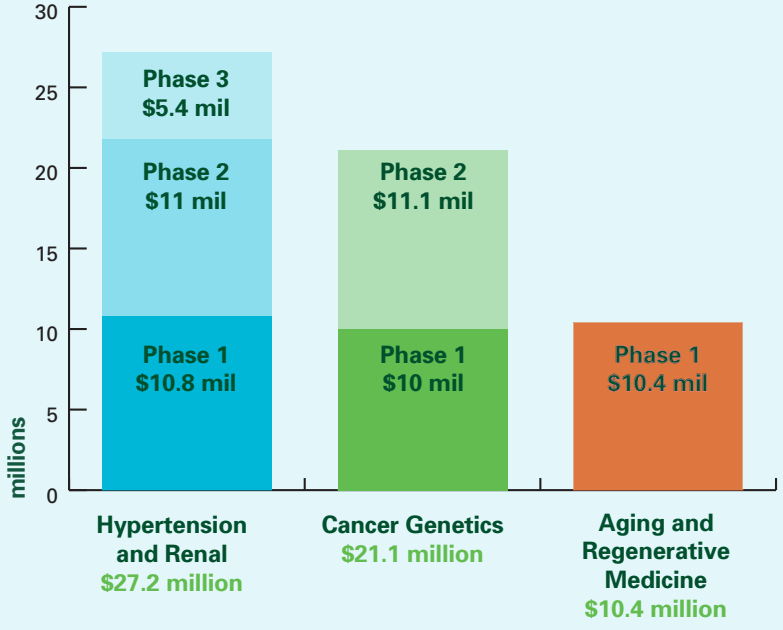
A Center of Biomedical Research Excellence (COBRE) is an NIH-funded center that supports multidisciplinary research in a specific field of study. The program builds up research capacity at universities in under-resourced states by supporting junior faculty. Each COBRE is led by a seasoned NIH-funded investigator who oversees up to five junior researchers.



$58.7 million

Total funding since 2002

COBRE Funding by NIH Phase



19
JUNIOR FACULTY SUPPORTED IN **HYPERTENSION AND RENAL**

14
JUNIOR FACULTY SUPPORTED IN **CANCER GENETICS**

6
JUNIOR FACULTY SUPPORTED IN **AGING AND REGENERATIVE MEDICINE**

Dr. Kathleen Hering-Smith, associate professor in the department of medicine.

women, is particularly prevalent in areas like the South where people consume a high-salt diet. "The stones are very painful for people that have them. And if you get one stone you're more likely to get another," she says.

Hering-Smith is studying how the kidney excretes citrate, a citric acid derivative that keeps calcium soluble in the urine so that stones don't develop. Researchers have singled out one primary pathway the kidney uses to control citrate, but Hering-Smith has discovered a new secondary pathway.

"We think there is another transport process present and we are investigating it in a number of ways to stop citrate being taken up in people who are likely to form stones," she says.

The Hypertension COBRE supplied the lab space, technical support and core analytical facilities for her research studying citrate transport mechanisms in mice models. Those facilities "helped tremendously" in furthering the research to the point where she could secure independent funding.

"Not only did it fund the project, but the hypertension core facilities were crucial to getting access to some of these key pieces of equipment that would have been out of reach otherwise," she says.

The Hypertension COBRE has five core facilities, which are used

COBRE Success Stories:

2012

Dr. Kathleen Hering-Smith, associate professor in the department of medicine

$1.2 million
to study citrate transport in the development of kidney stones

2013

Dr. Zongbing You, assistant professor in Structural and Cellular Biology

$1.5 million
grant from the National Cancer Institute to study the protein molecule Interleukin-17 and the progression of prostate cancer

2014

Dr. Jing Chen, associate professor of medicine

$2.09 million
NIH grant to study urinary biomarkers for salt-sensitive hypertension

Dr. Minolfa Prieto, associate professor of physiology

$1.7 million
NIH grant to study how specific genes in the kidney contribute to the development of high blood pressure and kidney injury

Dr. Andrea Zsombok, assistant professor of physiology

$1.67 million
NIH grant to study the brain's role in regulating and maintaining glucose levels in the development of diabetes

by researchers throughout the school, including a molecular imaging and analytical core; animal and gene-targeted core; a mouse phenotyping core and a clinical translational research core. Since 2002, researchers using the facilities have published more than 600 articles in peer-reviewed journals, Navar says.

"The people in the COBRE essentially get the core service for free. The only thing they do is pay for materials and supplies from their supply budget," Jazwinski says.

That access is an incomparable advantage, says Dr. Minolfa Prieto, a former junior investigator in the Hypertension COBRE who received a $1.8 million R01 last year to study how specific genes in the kidney contribute to the development of high blood pressure and kidney injury.

"The COBRE is more than just a source of money," says Prieto, associate professor of physiology. "As young investigators you have the opportunity to have access to instruments and cores that are so expensive. As a single investigator, it would be hard to purchase that kind of equipment."

are you going to produce the data to support a grant application? You need to show data," she says.

Dr. Andrea Zsombok, assistant professor of physiology, agrees. She had applied to the NIH four times to fund her research into how certain receptors in the brain regulate glucose production and play a role in the development of diabetes. With funding from the Aging COBRE, she kept moving the research forward, gathering more data and adapting based on input from her mentors. She revised her last application based on reviewers' comments and changed half of the data based on updated research. She scored in the top sixth percentile and got a five-year, $1.67 million NIH grant last year.

"It was the data that we collected and used that helped a lot," she says. "It was crucial."

The COBREs are an equipment windfall beyond the program. The Aging COBRE's genomics and biostatistics core, which offers a similar advanced service, "has more business than we can keep up with," Jazwinski says.

The Cancer Center's COBRE, established with $10 million in 2004,

researchers by supplementing startup packages for new faculty. It has also helped attract accomplished scientists from across the country to help with research projects.

"There is an independent advisory board of accomplished scientists from around the country who review the progress of the COBRE and the investigators every year," he says. "They give a really good external view of how everybody is doing and great new scientific advice. They read their grants for them, help edit and in many ways just help motivate them because these are all very accomplished researchers."

The Cancer Center is in its final year of its second phase and applying for a third. Phase three grants are smaller, funding the cores and smaller pilot projects for investigators. The program is designed to become self-sustaining after phase three. Centers are supposed to then rely on a combination of institutional support, fees for core services and additional grants.

Dean Hamm says it's vital for the school to continue to support its junior researchers. Part of the school's

How hard is it to get an NIH grant?

32% OF GRANTS FUNDED IN YEAR **2000**

22% OF GRANTS FUNDED IN YEAR **2010**

18.8% OF GRANTS FUNDED IN YEAR **2014**

Without that support she says she would not have been able to generate enough research data for a successful grant application. Since she started the program in 2007, she has published an average six research papers per year. She also sent in 21 different grant applications to various nonprofits for funding, applying to the NIH three times before finally getting an R01.

"You have to spend a lot of time writing grants. And if you don't have money to run anything in the lab, how

has three core facilities, including a next generation sequencing bioinformatics core.

"It probably serves 40 different faculty members right now and is bringing them the capability of doing research with this new technology that we wouldn't otherwise be doing," says Dr. Prescott Deininger, Cancer COBRE principal investigator. "The majority of labs in the medical school have benefited from the COBRE."

He says the program has also helped the Cancer Center recruit promising

Vision 2020 Strategic Plan includes establishing an internal program funded by donors that would help support clinical and translational research.

"To me, the highest priority in the strategic plan is to have something like the COBREs in place to fund new investigators," Hamm says. "The COBREs have helped sustain very important areas of research for the university. So it is important for us to identify mechanisms to continue to build on that success."

Dr. William Lunn, CEO of Tulane Medical Center, says a major part of his job his getting to know the doctors and nurses in the trenches. Dr. Lunn is shown here with Gloria Gray-Borne, RN.

Making the Rounds

As the CEO of Tulane Medical Center, Dr. William Lunn is leading the institution into a new era of medicine, and stays grounded in what matters most through an early-morning tradition.

BY **BARRI BRONSTON**
PHOTOGRAPHY **CRAIG MULCAHY**

There was very little question as to where Houston native William Lunn would end up attending college. Both his father and great grandfather graduated from Tulane University, and his sister spent time on the Uptown campus as well.

"There's a long history of Lunns going to Tulane," Dr. Lunn says. "So when it was time for me to apply to college, I applied to only one college and Tulane was it."

Lunn graduated with a political science degree in 1986. Nearly 30 years later—with a degree in medicine from the University of Texas-Southwestern, medical training from such prestigious universities as Harvard and Vanderbilt, training in business from Rice University, and years of experience running a regional hospital system in north Louisiana—he has returned to his Tulane roots, this time as chief executive officer of Tulane Medical Center, the teaching hospitals and clinics of Tulane University School of Medicine.

In announcing the appointment, M.L. Lagarde III, president of HCA MidAmerica Division, which co-owns Tulane Medical Center with Tulane University, hailed Lunn as a "respected dynamic and exemplary leader" with extensive knowledge of designing and implementing strategic and innovative healthcare initiatives.

"His career reflects effective and impactful leadership," Lagarde says, "a tremendous asset as Tulane Medical Center continues to grow and serve the community's well-being with comprehensive, high-quality and compassionate healthcare services."

Dr. Lee Hamm, dean of the School of Medicine, agrees. "Dr. Lunn is an extremely accomplished, compassionate physician executive who has deep Tulane ties. We are extremely fortunate

that he has returned to Tulane to lead our hospital. We are already benefiting tremendously from his and his team's leadership and collaborative approach."

Lunn took the helm of the medical center and its 25 clinics on Aug. 11, 2014. He replaced interim CEO Jennifer Eslinger, who took over when then CEO Dr. Robert Lynch retired Dec. 31, 2013. With his first anniversary approaching, Lunn says he couldn't feel more at home on Tulane Avenue.

"We have such outstanding nurses and doctors here at Tulane, but I think we don't get credit for that in some of the publically reported metrics," Lunn says. "We don't claim as much credit as other systems do. Sure, we can get better in some areas, and we will. Tulane has a history of defining how medicine should be practiced, going back to 1834 when Tulane formed when doctors needed to teach others how to care for patients during an epidemic of cholera and yellow fever."

Sitting in his office on the second floor of Tulane Medical Center, Lunn rattled off other points of pride, among them the internationally renowned School of Public Health and Tropical Medicine, which is working with the U.S. Center for Disease Control and Prevention to eliminate indigenous cases of malaria on the island of Hispaniola; the Tulane National Primate Research Center, where researchers are developing vaccines and treatments for such infectious diseases as AIDS, malaria and tuberculosis; and the Tulane Cancer Center, where researchers are working tirelessly towards a cure.

That Tulane researchers and physicians have been immersed in the ongoing Ebola crisis speaks volumes as to Tulane's commitment to global health, Lunn says. Among other success stories, Dr. Robert Garry's team of researchers played a key role in developing a new rapid Ebola test, which the Food and Drug Administration authorized in February for emergency use in West Africa (*see page 6 for more*).

Lunn also takes pride in the fact that Tulane Medical Center was the first hospital to reopen after Hurricane Katrina, which with its powerful winds and deadly floodwaters devastated health care in the region nearly 10 years ago.

"The Gulf South has a jewel here at Tulane, and we've got an incredible opportunity to continue to push the envelope with medicine both here and globally," says Lunn.

As CEO, Lunn oversees a conglomerate of clinics and hospitals, including the 235-bed Tulane Medical Center on Tulane Avenue and the 119-bed Tulane Lakeside Hospital for Women and Children in Metairie. It is at the downtown hospital where Lunn begins each day at 7:30 a.m., making rounds like he did in his days as a pulmonary specialist in Tyler, Texas. Only now, he is there to observe from the sidelines.

"I like to start in surgery, and I'll typically stop by endoscopy, one or two inpatient units and the emergency room," he says. "It connects me to purpose. Seeing the doctors and nurses taking such good care of our patients motivates me and energizes me for the rest of the day."

It also provides fodder for the planning meetings and strategy sessions that take place later in the day with members of his executive team, from the head of nursing to the chief medical officer.

"In those meetings, we're problem solving, planning strategy, looking at what we need to be doing in the future, how to arrive there and what investment it will take," Lunn says. "I'm very fortunate, because I inherited a core group of strong teammates, and we've hired people who we've been able to build around that team."

Among his achievements so far is the relocation of pediatric services from Tulane Medical Center to Tulane Lakeside Hospital for Women and Children, making the Metairie facility the only truly specialized women's and children's healthcare center in metro New Orleans.

Until taking over the top job at Tulane Medical Center, Lunn served for five years as chief operating officer of Christus Health-Northern Louisiana in Shreveport, a $250 million regional nonprofit Catholic healthcare system encompassing three acute care hospitals, an inpatient hospice, a long-term acute care hospital and two wellness centers.

During his tenure, he won accolades for helping strengthen such services as oncology, cardiology and women's services, and the system achieved accreditation as a Nationally Accredited Breast Center by the American College of Surgeons. In 2013, Christus Health won the Commission on Cancer Outstanding Achievement Award.

As an undergraduate at Tulane in the 1980s, Lunn never envisioned himself as head of a hospital system. "That was never on my agenda," he says. "I thought I'd go to medical school, come back to Houston and practice medicine somewhere."

Despite his medical aspirations, Lunn shrugged off plans to major in biology on the advice of his father, who believed studying humanities would make him a more insightful person and ultimately a better doctor. He graduated with a bachelor's degree in political science, and upon enrolling at University of Texas Southwestern Medical School in Dallas, discovered that his father was right.

"My classmates didn't know much

about the world," he says. "They knew a lot about chemistry, physics and biology but not a lot about English literature or history. So I think it really did make me a more well-rounded person."

Lunn was in private practice from 1996 to 2003, later serving as assistant dean of clinical affairs and director of interventional pulmonology at Baylor College of Medicine in Houston.

It was during his years at Baylor that transitioning into the administrative side of medicine became a real possibility. "When I was at Baylor, there were people who saw in me something that I didn't see in myself," Lunn says. The dean of Baylor College of Medicine sent him to business school at Rice University, and he soon began taking on projects that were more business oriented.

One of those projects was helping plan, build and operate a 40,000-square-foot medical office building on the McNair campus in the Texas Medical Center. He is also credited with helping improve operations and productivity at other Baylor facilities, including the Baylor Clinic and Methodist Hospital.

His time at Baylor convinced him that he was ready to move forward as a top-tier executive, and in 2009, he accepted a position as chief operating officer at Christus Health. Over the next five years, he spearheaded a financial and operational transformation, which resulted in an improvement of quality metrics, a gain in market share and a $55 million construction project to better serve patients in the community.

Lunn knew what it took to run a hospital system, and he was intrigued by the idea of returning to New Orleans when the position of chief executive officer of Tulane Medical Center opened. With the support of his wife Mary Lynn and his three daughters Elizabeth, 16, Emma, 14, and Mary Aliene, 9, Lunn applied for and subsequently won the job.

"It was a great process," he says. "The dean of the medical school and the hospital leadership laid out what the challenges and opportunities were, and I felt I could really help Tulane and its partnership with the health system get to where it needed to be.

"It also provided an opportunity for me to serve a place that has meant so much to me," he says, referring to his undergraduate years at Tulane and those of his father and great-grandfather.

Lunn describes his leadership style as collaborative and believes his experience as a physician gives him credibility with the doctors and nurses in the trenches.

"I don't think having an MD makes you qualified to lead a health system," he says. "But knowing firsthand what it's like to care for patients, to experience the highs and lows of treating patients and to have to tell a patient that he or she has been diagnosed with terminal cancer…if that experience is leveraged properly, it gives you a competitive advantage.

"I hope I'm doing justice to that," he continues. "Doctors often complain that administrations don't listen to them and care more about finances than anything else. I just hope the physicians at Tulane realize that I do understand and that our team puts them and our patients first."

DR. WILLIAM LUNN

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"I LIKE TO START in surgery, and I'll typically stop by endoscopy, one or two inpatient units and the emergency room."

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"THE GULF SOUTH has a jewel here at Tulane, and we've got an incredible opportunity to continue to push the envelope with medicine both here and globally."

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"IN THOSE MEETINGS, we're problem solving, planning strategy, looking at what we need to be doing in the future, how to arrive there and what investment it will take."

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"IT PROVIDED an opportunity for me to serve a place that has meant so much to me."

Character and Grit

Faced with one challenge after another, Woody Morgan defies expectations and inspires others.

BY **KIRBY MESSINGER**
PHOTOGRAPHY **CRAIG MULCAHY**

Naomi Gadinsky

Gabriel Baltazor

Viet Vu

Woody Morgan

April Wall

Nathan Hawkey

Woody Morgan and his fellow School of Medicine colleagues.

Match Day. On March 20, 2015, Woody Morgan, along with his family and friends, gather in a ballroom at the Hyatt Regency New Orleans where he holds an envelope. Its contents reveal his future, where he will practice medicine, but more importantly they symbolize the power of hope and hard work.

THE DIVE

"In medicine you have to be a driven person. I just have a few more obstacles than most," Morgan says.

On spring break in Florida during Woody's sophomore year at University of Georgia, he dove in the ocean to cool off. An accomplished swimmer, he had done this hundreds, if not thousands, of times in the past. But this time, Woody didn't come up.

"My friends had to pull me out of the water," Morgan says in his usual straight forward manner. "When I woke up I was in a hospital room."

Although he still isn't sure exactly what happened beneath the ocean's surface, Woody's C-5 and C-6 vertebrae were damaged, paralyzing him from the chest bone down, confining him to a wheelchair with limited movement in his arms and hands.

"At first, I was kind of in denial, I thought I would be able to rehab and just walk out of the hospital," Morgan says. "But it eventually set in that this was going to be permanent." He endured months of rehab at the highly regarded Shepherd Center near his home in Georgia. Woody was determined to finish his sophomore year of college. After five months away, he returned to classes. "I just needed to get back to normal life," Morgan says.

But nothing was normal. Over the next three years at the University of Georgia, being disabled put a physical and mental strain on him. As he tells it, what kept him going was the dream of being a physician.

"When I was going through rehab, I met with a vocational therapist who tried to help me plan for what kind of career I could have in the future," Morgan says. "She wasn't the most encouraging with regards to me pursuing medicine, but it's what I always wanted to do."

Woody excelled at Georgia and was accepted to Tulane University School of Medicine. His outgoing attitude, friendly smile and positive demeanor, coupled with his top grades and high test scores, made him a desirable candidate for medical schools.

"Everyone needs help at some point. I may have needed a little more than others, but no one can do it alone. Support is so important." –Woody Morgan

NEW HOME, NEW ORLEANS

With the help of his mother, Woody moved to New Orleans. They were both excited and apprehensive about a new city and how Woody would adjust to medical school. For anyone with a disability, a career in medicine is a daunting challenge. Roadblocks are everywhere, and a long series of small stresses can eventually exact a great toll. Those with disabilities need accommodations during medical school and in their residency program, and there is a narrower scope of career options after graduation. Very few people with Woody's range of disabilities have ever finished medical school. In addition to the pressure of classes and exams, Woody was anxious about whether his chair would fit into a particular lab space and whether he would be able to see the anatomic specimen from his lower vantage point.

"I first met Woody when he was a first-year student and taking gross anatomy," says Dr. David Jerrett, professor of practice and director of gross and developmental anatomy. "There are certain things that he can't do because of his handicap, but he never complains about anything." Jerrett worked with Woody to make sure that he was getting what he needed from classes and made a few adjustments to ensure Woody was on the same playing field as other students. Woody says that because of the open communication at Tulane, faculty always "knew he was coming" and were able to make adjustments to classroom space ahead of time.

"As far as I'm concerned, Woody is just like any other student," Jerrett says. "But he was just so appreciative of whatever considerations were made for him." Woody praised Tulane for their commitment to making his experience work, saying that medical school was only possible because of faculty members like Jerrett.

The obstacles of the first and second years of medical school were similar to those he experienced as an undergraduate. The clinical third and fourth years, however, proved to be a greater challenge. Woody had to be creative during some of the more physically intensive rotations, and sometimes needed help from fellow

students and faculty members. "Can I fit into the room? Where am I going to park my van? It was just the logistics that were the hard part," Morgan says.

Scrubbing in for surgery begins at the fingernails and moves up to the hands and arms. But what if you don't have the full use of your hands? And your bulky wheelchair won't let you get close enough to the sink. And then once you're in the often-crowded exam room, how will you be able to witness a procedure on a gurney that's 6 inches higher than your wheelchair? Woody had to rely on his classmates to help him with the simplest of tasks: holding equipment or books, gaining access to certain classroom space and even taking notes.

"Tulane is filled with amazing people," Morgan says. "It is a testament to what Tulane stands for. The goal here isn't to be just a technician but to become a healer. We have such good people here."

Classmate Ashley Kiefer says that Tulane is like a family and Woody is an important part of their class. He makes it a point to attend every event and class party. "You know I've never really thought of the struggles he has to go through because he's just one of us," Kiefer says. "Everyone just thinks of Woody as a regular classmate. Nothing seems to faze him. He's just so positive."

"YOU HAVE TO MAKE A CHOICE…"

Woody has thrived at Tulane. He has overcome the obstacles and risen to the top of a class of motivated, intelligent peers. He's excited about his future but is quick to give credit to his family, friends, classmates and faculty who helped him.

"Everyone needs help at some point," Morgan says. "I may have needed a little more than others, but no one can do it alone. Support is so important." Never complacent, Woody has a new goal: to graduate at the top of his residency class.

Morgan's Remarkable Accomplishments Include:

Top 5%
Graduating class

Alpha Omega Alpha
The national medical honor society

Ochsner Clinic Foundation
Preliminary medicine internship

Harvard Medical Center
Residency in physical medicine and rehabilitation

"I'm just so proud of him. I hate to see him go," Jerrett says. "He can do whatever he wants. The door is wide open."

In the Hyatt Regency's ballroom, Woody's mother clasps her hands in anticipation as Woody quickly rips into the small white envelope that will tell him where he will spend the next four years. A smile broadens as Woody quietly hands his mother the envelope. They silently embrace, keeping the tears at bay. After graduation on May 16, Woody will remain in New Orleans for one more year, serving a preliminary medicine internship at Ochsner Clinic Foundation. He will then travel to the prestigious Harvard Medical Center in Charleston, Massachusetts to begin a residency in physical medicine and rehabilitation. When Woody's residency placement is announced, the applause shakes the room. His classmates all stand and yell their congratulations.

Woody's eyes light up when he talks about his future working with injured patients. He hopes to complete a fellowship in spinal cord medicine so he can work with patients who have suffered injuries similar to his own. "I have a unique opportunity to work with this patient population," Morgan says. "I really feel that I will be able to form a special bond with my patients because of our commonality. The doctor-patient relationship is special."

Woody hopes he can help other people who have suffered serious injuries see their own potential clearly, to see themselves rather than their diagnosis, and to understand that with determination their lives can be as rewarding and fulfilling as anyone's.

"You know, I wish every day that I wasn't in this situation," Morgan says. "But I can't change it. It's taken me a long time to realize that, but you just have to take the positive road. You have to make a choice to either enjoy your life or dwell on the bad things. And you know I'd rather stay positive and have a good time. Attending Tulane was an outstanding choice for me. It provided a great learning environment, it's in one of the best cities in the world and I was surrounded by awesome people. Being at Tulane has filled my life."

ON PRACTICING MEDICINE
KALEIDOSCOPE

BY **DR. E. WESLEY ELY (A&S '85, M '89, PHTM '89)**

Professor of Medicine, Vanderbilt University School of Medicine, and Associate Director of Aging Research, Veterans' Affairs Geriatric Research Education Clinical Center of the Tennessee Valley Healthcare System, Nashville, Tennessee.

As a boy, I was thankful for and humbled by the kaleidoscope. I'll never forget the first time I saw one; I was wandering and bored while shopping with my mom. It was a dusky-brown, dented, cheap-looking metal tube. Deceptively simple and understated. Turn the wheel and witness red shards, turn again and see orange flowering, next yellow explosions, then blue. From then on, I asked all shop owners whether they had kaleidoscopes.

So often now, we hear of physician burnout. My heart always sinks a bit when I hear doctors tell young women and men not to go into medicine. And I get it. The times and format of medicine have changed. An all-too-frequent, modern-day picture of interdisciplinary rounds in ICUs, for example, includes an attending physician on one side of the hall standing outside the patient's room and a row of computers with heads behind them typing orders and researching answers on the other side. No eyes on the patient, perhaps not even venturing into the patient's room during rounds.

ENTER THE KALEIDOSCOPE

In that antique store, the owner said to me, "Son, I know you think this looks humdrum, and most people pass it by, but stop what you are doing long enough to look inside for just four or five turns." I started applying that advice to other things, such as completing rote steps in scientific experiments. As a medical student at Charity Hospital in New Orleans, I carried the concept with me as I discovered the fascinating Cajun and Creole cultures of patients. Evenings were spent reflecting on the people I'd met that day, as if peering through that metal tube.

After my training and subspecialization, this acquired mental habit stuck with me as a way of protecting my love for our vocation. Twenty-five years sped by; I still practice this ritual. Recently after rounds, I looked through the kaleidoscope with just enough time for three quick turns, to see the flashes of color in the lives of patients.

A 24-year-old patient admitted for gram-negative sepsis complicating peritoneal dialysis. Prescription: control the source of sepsis, provide antibiotics and fluids. Dive deeper. After his congenital heart defect was addressed by heart transplantation at only 15 days of age (he was the state's first newborn heart transplant recipient), he inexplicably endured years of being chained to a bed and starved. He weighed only 49 pounds at 15 years of age, and his parents were incarcerated. He devoted himself to years of working diligently with the Tennessee governor, resulting in a law named after him (the Josh Osborne Law) to help prevent others from experiencing such abuse. Josh worked at Goodwill and won numerous awards for service, yet you'd never hear him or his doting aunt brag about those accomplishments.

> "I still practice this ritual. Recently after rounds, I looked through the kaleidoscope with just enough time for three quick turns, to see the flashes of color in the lives of patients."
>
> —**DR. E. WESLEY ELY**

Only a few rooms away was a 46-year-old man admitted for recently diagnosed pulmonary fibrosis and suddenly worsening shortness of breath due to community-acquired pneumonia. Obvious prescription: oxygen, antibiotics and consideration

of newly approved medications. Not enough. The spectacular story of the person awaited. Staring at his "older than stated age" wrinkles and graying long hair, I sensed that he wanted to talk. With purpose, he exclaimed, "I'm a roadie, and I build and climb huge sets for bands like Widespread Panic and traveling productions like *War Horse*." I told him about my daughter, Taylor, who loves music and drama, and he asked to meet her. The next day I brought Taylor to sit with him. Soon enough, they were locked in the kind of deep conversation that results from sharing life's stories. I stood anxiously watching his oxygen saturations and instructing him when to let Taylor do the talking. His sister later told me that Taylor's visit was the best medicine he ever had.

Lastly, I cared for an 85-year-old patient whom I knew was a bit feisty, helping her stave off recurring complications from colon cancer. Her face was gaunter and her eyes deeper than they were several weeks earlier Despite obvious suffering, there was a peace about her, evident in her desire to talk about the end of life. Gazing at me, then cocking her head, Annmarie declared, "Doctor, I want to die a good death." Although we often discuss "good deaths" in medicine, I asked to clarify what she meant. "A death not necessarily completely free of suffering, but control my pain as much as you can and please help decrease my awareness of trouble breathing." She continued, "You know I like making decisions, but I trust you and my daughter to help me if I'm not thinking clearly. I guess, doctor, dignity is the main thing." Looking up from her bed, Annmarie moved on to what seemed to be her main point. "I imagine heaven as a huge kaleidoscope of energy. We'll see beauty beyond imagination." Annmarie had soared right past all of the things that weigh us down—schedules, worries, regrets and pettiness.

She was completely focused on the main point, which, as she put it, was love from God to us and from us to each other.

COLOR MY WORLD...

The memories of my mentors remind me to take stock. One day in class during my training at Tulane in 1989, I jotted down just one thought from a lecture given by Dr. Irwin Cohen, and it rings as true today as it did then: "Medicine has as its means diagnosing, curing and saving lives toward the end goal of preserving and improving health, self-worth and personal dignity.

Do not confuse the 'means' with the 'end.' To accomplish the means at the expense of the end is to fail." The depth of life in the men and women we approach lying in those hospital beds every day is where our heartache and joy are anchored as medical professionals.

You can read Dr. Ely's full article in Vol. 162 No. 2 of *Annals of Internal Medicine.*

Dr. E. Wesley Ely assesses George Scharber, a patient in MICU, using the RASS scale.

Investing in the Future

Tulane Brings Top Researchers and Policy Leaders Together

Lindsay Usry, director of special projects for the Institute of Infant and Early Childhood Mental Health.

The ancient philosopher Aristotle taught that a small deviation at the beginning of a journey becomes a big one by the end. Medical researchers are increasingly confirming the same is true for our health: early childhood experiences have lasting impact. From brain development to the link between early adversity and chronic illness, those first few years of life are crucial. "There is a growing body of evidence on the importance of early childhood development," says Lindsay Usry, director of special projects for the Institute of Infant and Early Childhood Mental Health at Tulane University School of Medicine. "But our challenge was how to get that information into the right hands so we can make a difference in the community."

Rising to the challenge, the Department of Psychiatry and Behavioral Sciences created the Early Childhood Policy Leadership Institute (ECPLI), an educational initiative which equips state and local leaders from a variety of disciplines and professions with information on the importance of early childhood well-being. Participants undergo five months of training on broad aspects of the development, needs and competencies of young children. With the help of leading national experts, the program's topics range from the impact of adversity in early childhood, to the economic argument for investing in high quality early childhood care and education, to the importance of secure nurturing relationships with caregivers.

"We are equipping these leaders with the tools to be able to apply these concepts to their work," says Usry. "But you can't make the kind of changes we need to make by working with just one group of people or within one sector." In its first year, ECPLI's participants have included elected officials, business leaders and education advocates. And although it's still only in its freshman year, the program has already been well received.

"We get a lot of 'Why didn't we know this? Everyone should know this!' from participants," says Usry. Based on the program's promise and early success, Entergy Louisiana has recently invested a $40,000 grant in support of ECPLI. This funding will ensure that the program continues to effect change in the Louisiana community. "We are so grateful for Entergy's support," says Usry. "We look forward to continuing to grow this program and engage even more leaders across the state."

Dr. Robert and Mrs. Sterling Allen

Honoring Parents' Legacy

For Robert and Sterling Allen, Tulane University was a special place. Robert, a medical student, met Sterling while she was attending Newcomb College. It was because of Tulane that they met and fell in love.

The Allens' daughter and son-in-law, Debbie and Doug Fein, decided to honor their parents' devotion to Tulane by establishing a scholarship at the School of Medicine.

"It was because of her dad that Debbie decided to attend Tulane [School of Medicine] and become a physician," says Doug. "He spoke so highly of a Tulane education that she didn't even consider going anywhere else."

Tragically, Debbie's beloved father passed away between her first and second year of medical school. The Allen Scholarship honors Robert's memory as a dedicated and compassionate physician who was well known for his love of medicine and his service to patients and the community.

"He was so excited that I went to Tulane," says Debbie, a 1989 Tulane University School of Medicine graduate, of her father. "I wish he could have seen me graduate."

As a family of physicians, the Feins understand first-hand how important financial aid is to medical students. They were both fortunate enough to graduate medical school debt free and wanted to pass on that gift to others. Every year, they contribute to the Allen Scholarship and have recently established a bequest intention in their will so that the scholarship can have an even greater impact on Tulane students.

"I enjoyed medical school so much," says Debbie. "I just want these students to go through and enjoy the experience—without the burden of debt."

The Feins are both very appreciative of their experience in medical school and are proud that they can honor their parents in such a special way.

Honoring Dr. Gene Berry (A&S '61, M '64) and Dr. George "Kin" Pankey (M '57)

OUTSTANDING ALUMNUS AWARD

Dr. George "Kin" Pankey, is the 2015 recipient of the Tulane Medical Alumni Association Outstanding Alumnus Award. This prestigious award recognizes career accomplishments and excellence in the medical profession. Pankey is internationally recognized and honored as an expert in the field of infectious disease.

Pankey is currently the director of Infectious Disease Research at Ochsner Clinic Foundation in New Orleans. He has also served as a clinical professor of medicine at Tulane School of Medicine since 1973.

Pankey's work in infectious disease has earned him numerous awards and achievements. He currently serves as the chairman of the Institutional Biosafety Committee and is a fellow of the Infectious Disease Society. He has been a part of several groundbreaking studies and has had numerous books and peer-reviewed articles published.

DISTINGUISHED SERVICE AWARD

Dr. Gene Berry is the 2015 recipient of the Tulane Medical Alumni Association Distinguished Service Award. This award recognizes loyalty and service to Tulane University School of Medicine.

A 1964 graduate of the medical school and a 1961 graduate of Tulane University, Berry has devoted himself to giving back to the institution that he credits with creating the doctor and man he is today. He has selflessly volunteered on both the Tulane University School of Medicine Board of Governors and Tulane Medical Alumni Association Board of Directors. He was also instrumental in creating a satellite campus for Tulane medical students in Baton Rouge and his practice group has been teaching Tulane medical students since 2010.

From left to right, Dr. George "Kin" Pankey, Dean Lee Hamm and Dr. Gene Berry.

'45 **Dr. Gerald Berenson (A&S '43)** and his wife, Joan Berenson (NC '53), received the A.I. Botnick Torch of Liberty Award from the Anti-Defamation League at a ceremony at the Hyatt Regency of New Orleans on Dec. 4, 2014. They were recognized for their longtime philanthropic commitment to the community. "Award recipients are people who care not just for themselves today, but for the children and grandchildren of tomorrow, who care enough to translate caring into action, who strive to build a future in which every citizen will share the fruits of democracy," according to the League's announcement. The Berensons are well known for their contributions to public health and their commitment to the Jewish community. Berenson, a member of the Tulane University faculty, founded the Bogalusa Heart Study in 1972 and has served as its lead investigator since that time.

'47 **Dr. Rafael Canton** still enjoys working as a psychiatrist in private practice, even at 93.

'55 **Dr. George Cary Jr. (I '56, F '60, R '60)** was re-elected to the foundation board of the Shepard Center, a brain and spinal cord hospital in Atlanta.

'58 **Dr. Lewis Raney** was presented with the 2014 Lifetime Achievement Award by the Texas Association of Otolaryngology Head and Neck Surgery for his commitment and service.

'59 **Dr. Alan Rapperport** enjoyed seeing his classmates at their 55th reunion and learning about their new endeavors.

Dr. Joel Steinberg (A&S '56, R '62, F '63) was named professor emeritus of pediatrics at UT Southwestern Medical Center. Though he retired in June 2013, he continues to teach on a volunteer basis.

'60 **Dr. Victor Gonzalez (G '60, F '64)** retired from the U.S. Department of Justice, Bureau of Prisons in October 2013 and is now back in part-time psychiatric private practice in Atlanta.

Dr. John Smith celebrated 60 years of marriage to his wife Jere Johnson Clark (NC '53) in 2014.

'61 **Dr. Marshall Burns (R '63, F '65)** is still teaching the EKG lessons of Drs. George Burch and John Phillips at two medical schools in Phoenix.

Dr. John Puckett Jr. (A&S '58) was recently married.

Dr. Richard "Dick" Dale is organizing a Colorado River medical conference through the Grand Canyon in June 2015.

'62 **Dr. Gary Morchower (A&S '59)** was honored by the Crohn's and Colitis Foundation of America's North Texas chapter at its third annual Honorees of Distinction Dinner. The Pediatric Society of Greater Dallas recently honored Morchower with its Lifetime Achievement Award. Morchower volunteers his time with Special Olympics and the Tulane University School of Medicine Board of Governors.

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**.

'63 Dr. Richard Grayson continues to practice ENT full time, running the ENT clinic at the Veterans Joint Outpatient Care Center in Pensacola, Florida.

Dr. Alexander Rosin has recovered from an accident that kept him from attending his 50th reunion. After 30 months of rehab, he's 99% back!

Dr. Roger Spark (I '64) says that his classmate **Dr. Robert "Bob" Cloar** saved his life by ordering an MRI.

Dr. John Wilson (A&S '60, G '63) was honored by the LSU Board of Supervisors with a resolution and a standing ovation by the board members. His accomplishments would not have been possible without his fundamental education at Tulane.

'66 Dr. Pete Ganime welcomed his eighth grandchild, Brinley Jean, in October 2014. He is still teaching fellows and medical students from RW Johnson & Rowan medical schools in New Jersey.

'67 Dr. Warren Wheeler is the senior director of palliative medicine at Nathan Adelson Hospice, and the director of pain management and palliative care at Sunrise Hospital in Las Vegas.

Dr. Leon Cohn is still working!

'68 Dr. James Crews is still working full time and has started his 44th year of family medicine practice.

'69 Dr. Howard Sheridan is chair of the Tulane University School of Medicine Board of Governors. Sheridan and his wife, Brenda, established the Dr. Howard and Brenda B. Sheridan Endowed Scholarship Fund at the medical school and are lead donors for the Tulane Center for Advanced Medical Simulation and Team Training. The Sheridans live in Fort Myers, Florida.

'70 Dr. William "Bill" Blackshear Jr. (R '77) married his wife Toni in May 2014 in Seaside, Florida.

'73 Dr. Glenn Libby is retired and enjoying the relaxed life while trying to keep up with his wife, Gael, and their six granddaughters.

Dr. Frederick "Rick" Lukash (A&S '69) wrote a book called *The Restore Point: The Safe and Sane Guide to a Lifetime of Lean for Kids, Teens and Families*.

Dr. Charles O'Mara has been appointed the associate vice chancellor for clinical affairs at the University of Mississippi Medical Center (UMMC). Before coming to UMMC, O'Mara, a vascular surgeon, was in private practice for more than 30 years.

'75 Dr. Pam Parra Beadle (I '77) recently received recognition for 36 years as an emergency physician by the American College of Emergency Medicine.

Dr. William S. Ball Jr. (R '77) was appointed University of Cincinnati interim vice president for health affairs and dean of the College of Medicine, effective November 1, 2014.

'78 Dr. Randall Lillich has a son, Paul, who just finished his emergency medicine residency this year and a daughter, Karen, who finished medical school at LSU Shreveport and began an OBGYN residency there.

'79 Dr. Gary Wiltz (A&S '75) is the incoming—and first African American—president of the Tulane Medical Alumni Association. Wiltz, a family medicine physician, has devoted his life to bringing care to the underserved. Now the chief executive officer of Teche Action Clinics, he has grown his practice from one run-down house to

In Memoriam

'38 Dr. Joe Dudley Talbot

'45 Dr. Herbert Cohen
Dr. John Durr Elmore

'47 Dr. Robert R. Gillespy Jr.
Dr. Billy Joe Parnell

'48 Dr. Frank T. Marascalco

'50 Dr. Noel Victor Ice

'51 Dr. Robert Ray Burch
Dr. William Glen Odom
Dr. James Hooper Stiles Jr.

'52 Dr. Joseph B. Perez

'53 Dr. Jerry A. Fortenberry
Dr. Charles W. Kelley
Dr. Charles T. McCarthy Jr.
Dr. Priscilla Ann Wells

'54 Dr. Oscar Joseph Bienuvenu Jr.
Dr. Robert Douglass Hill
Dr. Thomas D. Pruitt Jr.

'55 Dr. Doyle Keith Lansford
Dr. Rodrigo Altmann Ortiz

'56 Dr. John Blaine Hill

'57 Dr. John Edgar Harris
Dr. Warren Jay Lieberman

'58 Dr. Don Paul Barbe
Dr. Don Henry Burt
Dr. Joseph R. Patterson

'59 Dr. Samuel Joseph Simmons III

'60 Dr. Thomas Leonard Hardee Jr.
Dr. Brynjulv Kvamme
Dr. Henry Heine Payne Jr.
Dr. William L. White

'61 Dr. Will R. Blackburn

'62 Dr. Robert Bruce Matheny

'63 Dr. James Edward Spence

'64 Dr. Robert Lou Barrett

'65 Dr. Robert Cohen
Dr. Robert William Taylor

'66 Dr. Albert Edward Fant III

'67 Dr. John O. Oberpriller

'68 Dr. Jean C. Oberpriller

'71 Dr. Robert Clyde Hastings

'72 Dr. Melvin J. Schultz

'73 Dr. John Michael Hobart

'74 Dr. Michael James Higgins

'83 Dr. Walter Guy Efird III

'85 Dr. Addie Hilda Robinson

'95 Dr. Luis Enrique Remus III

'08 Dr. Robert Keith Moore

10 clinics that serve nearly 15,000 people from eight parishes.

'80 **Dr. Albert "Letch" Kline (A&S '76)** is a general/thoracic surgeon in a teaching capacity and chief of academic affiliations at Gulf Coast Veterans Health Care System in Biloxi, Mississippi.

Dr. Keith Perrin has been named the vice president and executive director of Children's Hospital Medical Practice Corporation in New Orleans.

Dr. John Schreiber is now the chief physician executive of Baystate Health Systems at the Western Campus of Tufts University School of Medicine.

Dr. Robert Kenney is currently serving as vice president of medical operations at the Baton Rouge General Medical Center in Baton Rouge, Louisiana.

'81 **Dr. Clifford Gevirtz** is the medical director of Somnia, Inc, the fourth largest anesthesia group in the nation. He has continued his academic work as co-editor of a new text: *The Role of Anesthesiology in Global Health*. He has also just come back from Guyana working with Project Lifebox, whose mission is to put pulse oximeters in every operating room in the Third World. His son, Theodore Gevirtz, is a member of the Tulane School of Liberal Arts, Class of 2017.

'84 **Dr. Gregory White (A&S '78)** is currently working for Bert Fish Medical Center in New Smyrna Beach and living in Daytona Beach Shores, Fla.

'86 **Dr. Michael Baron (PHTM '86, R '87)** is the chair of the CSMD Committee—a controlled substance monitoring database oversight committee for the State of Tennessee Department of Health.

'87 **Dr. Jasjit S. Ahluwalia (PHTM '87)** became dean of the Rutgers School of Public Health in April 2014.

Dr. Alec Hirsch (A&S '83) is in general surgery practice with **Dr. Michael Puyay (M '83)** at Women's Hospital in Baton Rouge, Louisiana. They are adjunct assistant professors and participate in third year surgical clerkships for LEAD students.

Dr. Mark Lowitt served as vice chairman and residency program director of the University of Maryland Department of Dermatology for 11 years. He has since been in solo private practice and has been voted a *Baltimore Magazine* "Top Doc" for the past seven years. His wife Nancy is an associate dean at the University of Maryland School of Medicine and they have three children (24, 21, and 18) and many, many pets.

'88 **Dr. John Wiener** was promoted to professor of surgery and pediatrics at Duke University School of Medicine.

'92 **Dr. Karen DeSalvo (PHTM '92, R '94, R '96)**, acting U.S. assistant secretary for health with the U.S. Health and Human Services Department, received a Weiss Humanitarian Award at a ceremony on Nov. 5, 2014, from the New Orleans Council for Community and Justice. DeSalvo is also the first woman to be honored by the Medical Center of Louisiana Foundation with the "Spirit of Charity" award.

Dr. Chester M. Nakamura joined the Florida Health Medical P.C. in January 2015. He will continue to practice as an internist at his private office.

'93 **Dr. Shannon Penick Pryor** was installed as president of the Montgomery County (Maryland) Medical Society on April 30, 2014.

'94 **Dr. Christopher Dorvault**, radiologist, has been named the new chief of staff at West Florida Healthcare. Dorvault has been a member of the medical staff of West Florida Hospital since 2004, serving as chairman of radiology since 2005. He has also served on several integral hospital committees as well as chaired others. Dorvault has been the recipient of several hospital awards, including the winner of the Frist Humanitarian Physician Award in 2008 at West Florida Healthcare, and was nominated again in 2013. The Frist Award is the highest honor a physician may receive within the HCA organization, West Florida Healthcare's parent company.

'95 **Dr. Brian Stafford (PHTM '95)** left his position as the Anschutz Family Chair of Perinatal and Infant Psychiatry at Children's Hospital in Colorado to receive further training in eco- and depth-psychology. In 2012 he opened a practice of Eco-Psyche-Artistry in Nosara, Costa Rica. He recently relocated to Ojai, California, and has begun his new business, Wilderness Is Medicine. He guides medical providers to nature-based emotional wholeness and healing, to a rediscovery of the enchantment of the natural world and through the hero's journey to innate leadership and wisdom.

'96 **Dr. Stephanie Y. Talton-Williamson (R '99)** is now serving as one of the physicians at the new Tampa General Medical Group Family Care Center. She is board certified in internal medicine.

'98 **Dr. Debra Houry (PHTM '98)** is director of the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention. Houry comes to CDC from the Emory University School of Medicine where she was an associate professor within the Department of Emergency Medicine and an attending physician at Emory University Hospital and Grady Memorial Hospital. Houry has served as the director of the Emory Center for Injury Control at Emory/Rollins School of Public Health.

'03 **Dr. David Pula** recently completed service in the U.S. Army, relocated and opened an orthopaedic sports medicine practice in Buffalo, New York.

'09 **Dr. Emily Brown Rostlund** is in her fourth year of pathology residency at Northwestern University School of Medicine. She has two daughters, Hanna and Sylvia.

'10 **Dr. Jonathan Menachem** is a second year cardiology fellow at the University of Pennsylvania.

Dr. Jason Polichinski (TC '06) is serving as an active duty Army neurologist in Landstuhl, Germany. He married his wife, Renee, in February 2014.

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