Next-gen doctors and researchers

New center for sex parity in research

Hometown Helpers

Five faculty members devoted to their communities
On the Cover: Keith Ferdinand, MD (right), speaks with Sankofa plant specialist Bailey Hutchison (left) at the community garden in the Lower Ninth Ward. Photograph by Bryan Tarnowski
In this issue

Hometown Helpers
Five faculty members devote their careers to the communities where they grew up.

9 Next-gen doctors and researchers

12 X(WH)Y? New center to focus on sex parity in research

15 Class Notes

20 Standouts

First-year medical students (from left) Neha Arora, Nicole Cullen, Jessica Dang and Claire Ardiss check in with second-year student Tina Reddy, a volunteer for the White Coat Ceremony on Aug. 1, 2021.

PHOTOGRAPH BY CAROLYN SCOFIELD
The Key to Resilience

Well, there is no getting around it: We have had quite a year or two. Many have asked how we have been affected by challenges we have faced — including a global pandemic, Hurricane Ida (and Zeta in 2020), and a bird taking out the entire downtown power grid. And even more inquired: “How do we continue to be resilient and move forward amid these challenges?”

The key to this resilience is quite clear: Our people.

I have been a firsthand witness over the last years as they collectively cared not only for the Tulane community, but that of New Orleans and the world.

Our physicians and trainees remained on the frontlines treating patients. Med students who could have evacuated stayed to deliver supplies and food wherever it was needed. Scientists and graduate students deciphered the mysteries surrounding COVID-19 to develop new methods of testing, treatments and vaccines. And everyone continued research and care to advance the clinical enterprise in other areas, including neuroscience, cancer, cardiology and more.

Just like them, each of you have been forged by your personal Tulane experiences and are a better physician, scientist, community member and human for it. “Not for oneself, but for one’s own” is a visible part of who you are. And I am beyond proud to call you a part of the Tulane School of Medicine family.

Letter From Dean Lee Hamm

Advances: Innovation and outreach

Alumni couple gives $5 million for Presidential Chair

By Patrick J. Davis

A husband-and-wife team who first met as Tulane undergraduates on the way to becoming doctors is donating $5 million to create the university’s ninth Presidential Chair, which will be based at the School of Medicine.

The Drs. Philip and Cheryl Leone Presidential Chair Endowed Fund will support a medical school professor who will also hold a joint appointment in another school or unit and focus on areas such as public health, immunology, parasitology or anthropology.

Phil (A&S ’64, M ’68) and Cheryl (NC ’66, M ’69) Leone are retired pathologists and current members of the School of Medicine Board of Governors. They view their donation as an expression of gratitude to their alma mater and an important investment in medical education and innovation.

“Tulane University has played a major role in our lives and the lives of our family members,” Phil Leone said. “Our son graduated from Tulane, and Cheryl’s siblings earned undergraduate and graduate degrees from the university. Our education impacted us all personally and professionally in very positive ways, and we have always wanted to give back.”

“Endowing a Presidential Chair with an emphasis on interdisciplinary academic study allows us to contribute to the university in these challenging times,” Cheryl Leone added. “We hope our gift will strengthen the medical school and help train future physicians who can significantly advance the field of medicine.”

Presidential Chairs are a top priority for Tulane President Michael Fitts as he seeks to attract some of the world’s most renowned faculty members in multidisciplined areas such as biomedicine, coastal restoration, global health and more.

“The Leones are a true Tulane family, not only because they earned their degrees here, but for the many contributions they have made both in their own careers and now through this extraordinary commitment to advance interdisciplinary inquiry and instruction, which are so vital in addressing today’s multifaceted challenges in human health, the environment and other critical areas,” Fitts said.

Over the years the Leones have given prolifically to Tulane, particularly the School of Medicine. In 2015 they set up the Drs. Philip and Cheryl Leone Scholarship Endowed Fund to benefit medical students in financial need. In 2020 they donated $1 million to launch the Leone Learning Center, the primary teaching center for first-year medical students.

Alumni couple gives $5 million for Presidential Chair

By Patrick J. Davis

A husband-and-wife team who first met as Tulane undergraduates on the way to becoming doctors is donating $5 million to create the university’s ninth Presidential Chair, which will be based at the School of Medicine.

The Drs. Philip and Cheryl Leone Presidential Chair Endowed Fund will support a medical school professor who will also hold a joint appointment in another school or unit and focus on areas such as public health, immunology, parasitology or anthropology.

Phil (A&S ’64, M ’68) and Cheryl (NC ’66, M ’69) Leone are retired pathologists and current members of the School of Medicine Board of Governors. They view their donation as an expression of gratitude to their alma mater and an important investment in medical education and innovation.

“The Tulane University has played a major role in our lives and the lives of our family members,” Phil Leone said. “Our son graduated from Tulane, and Cheryl’s siblings earned undergraduate and graduate degrees from the university. Our education impacted us all personally and professionally in very positive ways, and we have always wanted to give back.”

“Endowing a Presidential Chair with an emphasis on interdisciplinary academic study allows us to contribute to the university in these challenging times,” Cheryl Leone added. “We hope our gift will strengthen the medical school and help train future physicians who can significantly advance the field of medicine.”

Presidential Chairs are a top priority for Tulane President Michael Fitts as he seeks to attract some of the world’s most renowned faculty members in multidisciplined areas such as biomedicine, coastal restoration, global health and more.

“The Leones are a true Tulane family, not only because they earned their degrees here, but for the many contributions they have made both in their own careers and now through this extraordinary commitment to advance interdisciplinary inquiry and instruction, which are so vital in addressing today’s multifaceted challenges in human health, the environment and other critical areas,” Fitts said.

Over the years the Leones have given prolifically to Tulane, particularly the School of Medicine. In 2015 they set up the Drs. Philip and Cheryl Leone Scholarship Endowed Fund to benefit medical students in financial need. In 2020 they donated $1 million to launch the Leone Learning Center, the primary teaching center for first-year medical students.
Rachel Levine, MD, assistant secretary for health at the U.S. Department of Health and Human Services, delivered a virtual keynote address at the Tulane School of Medicine diploma ceremony on May 22, 2021, in the New Orleans Ernest N. Morial Convention Center. Levine graduated from the school in 1983.

Dr. Rachel Levine speaks at Tulane School of Medicine diploma ceremony

BY CAROLYN SCOFIELD

Rachel Levine, MD, the new assistant secretary for health at the U.S. Department of Health and Human Services, and now an admiral of the U.S. Public Health Service Commissioned Corps, virtually returned to her alma mater as the keynote speaker for the Tulane University School of Medicine diploma ceremony on May 22, 2021, at the New Orleans Ernest N. Morial Convention Center. Levine has been a trailblazer throughout her professional career, most recently by becoming the first openly transgender federal official to be confirmed by the U.S. Senate.

“COVID-19 has been and continues to be the biggest public health crisis of the past century, impacting all of us in so many ways. A lesson of the pandemic is that we are all interconnected, and we need to ensure that a healthier future includes eliminating health disparities and promoting health equity,” Levine said prior to her address. “Starting with my time at Tulane, I’ve been fortunate to continue learning so much throughout my career. I look forward to sharing some of my stories and experiences with the next generation as they become doctors, researchers and innovators — ushering in a brighter future for our country and the world.”

Levine graduated from Tulane in 1983 and worked as a pediatrician, adolescent medicine specialist, and professor of pediatrics and psychiatry at the Penn State Hershey Medical Center for many years before her appointment as the state’s physician general.

Cancer Research

NEW TARGETED THERAPY

A new cancer treatment that uses engineered radioactive molecules to target prostate cancer cells and inhibit tumor growth extended survival for patients with advanced prostate cancer, according to recently announced results of the VISION trial.

The international phase III clinical trial, which was co-led by Tulane medical oncologist Dr. Oliver Sartor, is the first to use this approach to demonstrate improvements in survival for prostate cancer patients.

Researchers compared 177Lu-PSMA-617, a targeted radioligand therapy, to the current standard of care for men with metastatic castration-resistant prostate cancer (mCRPC). Radioligand therapy combines a targeting compound that binds to markers expressed by tumors and a radioactive isotope, causing DNA damage that inhibits tumor growth and replication. This approach enables targeted delivery of radiation to the tumor, while limiting damage to the surrounding normal tissue.

“These are exceptionally strong data. This practice-changing trial is unequivocally important because it demonstrates an improvement in overall survival for patients who have very few alternative treatment options,” Sartor said.

Sartor was co-principal investigator on the trial, which was sponsored by Endocyte Inc., a Novartis company. Sartor is senior author of the abstract that was presented at the June meeting for the American Society of Clinical Oncology.

In 2020, the Tulane National Primate Research Center in Covington, Louisiana, added 10,000 square feet to its primary laboratory building. The new space includes five new investigator laboratories, an open workspace for up to 25 staff members and five private faculty offices. The $5.2 million renovation also includes a freezer room, conference room, flow cytometry core lab and six tissue culture rooms.
GRADEN NAMED ASSOCIATE DEAN, DIO

Paul Gladden, MD, associate professor of orthopedics and former program director of the orthopedics residency program, has been promoted to associate dean for Graduate Medical Education and DIO (Designated Institutional Official for the Accreditation Council for Graduate Medical Education).

Gladden joined Tulane in 2009, and has served as the assistant dean for GME and assistant DIO; director of the orthopedics residency; chief of orthopedics Trauma Service and Surgery at University Medical Center–New Orleans (UMCNO); and a surgeon for the U.S. Marshals and the New Orleans Police Department. He is also the associate chief academic officer for UMCNO.

The School of Medicine looks forward to Gladden’s service in these new roles and responsibilities.

Gladden succeeds Jeffrey Wiese, MD, who stepped down as DIO after having served for over 15 years.

Equity, diversity and inclusion

Student-run curriculum committee aims to make lasting culture shift

Following the murder of George Floyd and the nation’s unrest and calls for social justice that erupted afterward, Kevin Krane, MD, professor of medicine and vice dean for academic affairs at the School of Medicine, asked the school’s curriculum committee — on which he serves as chair — if they would support a student-run committee to provide input on the curriculum from a student perspective regarding equity, diversity and inclusion issues.

“The goal was to have this liaison committee participate in reviewing curricular content and provide feedback and offer recommendations to the larger curriculum committee to enhance learning about racial and social justice,” Krane said. The student-run Racial and Social Justice in Medical Education (RSJME) liaison committee was created as a result.

Krane enlisted the leadership of third-year MD/MPH student Marcus Moses, who at the time served as president of the School of Medicine’s Student National Medical Association, to initiate the process of gathering members and creating recommendations.

Moses has “an innate skill set in running things and doing it in a way that brings people together and gets things done,” Krane said.

The committee is made up of nine students, including Moses, and six to nine faculty members, who compiled a comprehensive list titled “Recommendations on Creating an Anti-Racist Academic Environment.”

The committee recommended to expand the offering of the “Social Contexts in Medicine” program to all medical students. The program features seminars that expose students to community medicine concepts and social determinants of health and is currently offered as an elective to first- and second-year medical students, who are eventually paired with patients for home visits.

“It allows medical students to step out of their traditional healthcare provider role,” Moses said, “… and into the perspective of a social worker to help the patient understand their medications and general health education, and getting the medical students to understand the social forces that equally impact a person’s health,” Moses said.

The sustainability subcommittee of RSJME recommended the continuous refinement of the school’s curriculum, along with facilitating real-time racism reporting pertaining to curricular content.

“What we really wanted was a mechanism to address insensitive lecture content presented by an instructor that doesn’t provide any clear explanation or that doesn’t necessarily sit well with (students),” Moses said.

Additionally, the hiring of a faculty member or designating a current faculty member to support the school’s Office of Medical Education with EDI and social justice topics and the development of accountability measures were recommended.

Krane said the set of recommendations “exceeded his expectations” and the curriculum committee is already in the process of implementing some of them.

“It’s really important that all of us need to be on board with the ability to take care of people in terms of the diversity and the backgrounds that we see, and to be able to do it in an appropriate, inclusive way. And this is part of making better physicians,” Krane said.

Moses said it’s “empowering” to be on the committee and to help contribute to an overarching “culture shift” at SOM.

“This is only the beginning, and we look forward to the years to come. And after we leave (SOM), I think our biggest goal is just to make sure that as we move forward, we’re creating something that is sustainable, and something that’s going to last the test of time, and that doesn’t dissolve.”

Graduate Medical Education
Tulane’s Master of Science in Bioethics and Medical Humanities cultivates human values in medicine

BY JILL DORJE

Upon his arrival at Tulane in 2017, David Doukas, MD, the James A. Knight Chair of Humanities and Ethics in Medicine, director of the Program in Medical Ethics and Human Values (PMEHV), and professor of family and community medicine at Tulane’s School of Medicine (SOM), began assembling a program for medical ethics and medical humanities instruction in the central Gulf Coast.

“The first thing necessary was internally recruiting faculty with expertise in medical ethics and humanities scholarship and teaching for the PMEHV — and I was extremely pleased to attract over 30 scholars from Tulane and other New Orleans institutions into the program,” Doukas said.

With these rich resources identified and in place, he began the process of creating a new Master of Science in Bioethics and Medical Humanities program, offered through SOM’s Biomedical Sciences Graduate Program. Doukas, executive director of the MS program, then recruited his colleague Stephen Hanson, PhD, associate professor in the Department of Family and Community Medicine, to be the MS program director of graduate studies. The first cohort of students began the program in May 2020.

The MS program admits post-baccalaureate students who are interested in obtaining another terminal degree such as medicine or public health, medical professionals who wish to increase their knowledge and expertise in healthcare ethics, and students pursuing the dual MD/MS degree. The dual degree program is very compact, as it incorporates the 33 credit hours required for the master’s degree into the first two years of the MD program, using elective time slots already in the Tulane SOM curriculum. Students choose one of two tracks, bioethics or medical humanities.

“In the bioethics track we give students theory in order for them to make sense out of ethical questions. Then we talk about the specific ethical problems that are happening in clinical and research interactions. The medical humanities track asks, what are the ways that we can understand what we’re doing in medicine that are neither strictly questions of ethics, nor strictly questions of science? What can we understand through the arts and by looking at what we have done in many years of doing medicine?” Hanson explained.

The MS curriculum consists of four core courses that are required for all students, three additional core courses for each track and 12 hours of electives. Though a dual degree program is a challenging workload, second-year MD/MS student and mother of two Kristen “Nicke” Worth believes the program to be extremely beneficial.

“One of the most important experiences for a future doctor is to discover more about yourself. When I took The Doctor as Author course, I realized that I wanted to delve into literature and writing. I love the stories of heroes in the medical profession. Those stories are very inspiring and made me want to be a better doctor and a kinder person.”

Doukas has great expectations for the future of the Master of Science in Bioethics and Medical Humanities program. “I want the MS Program and Program of Medical Ethics and Human Values to be seen as a resource, a jewel of medical ethics and humanities teaching and scholarship – for Tulane, New Orleans and the Gulf Coast.”

“Nicke” Worth believes the program to be extremely beneficial.

“One of the most important experiences for a future doctor is to discover more about yourself. When I took The Doctor as Author course, I realized that I wanted to delve into literature and writing. I love the stories of heroes in the medical profession. Those stories are very inspiring and made me want to be a better doctor and a kinder person.”

KIRSTEN “NICKE” WORTH
MD/MS STUDENT

The student experience

OVERCOMING GLOBAL CHALLENGES

Second-year School of Medicine student Kennis Htet escaped political unrest to continue his medical education at Tulane.

An international student, Htet is a native of Myanmar, a country of Southeast Asia with an unstable political history. After earning a bachelor’s degree in political science in 2019, he prepared to enter Tulane’s medical school, all the while aware of potential for political upheaval in Myanmar.

“For most of my life, it’s always been under a military dictatorship. So to be able to come to the United States, to pursue an education, it’s a once-in-a-lifetime opportunity,” Htet said.

After Htet’s first year at SOM, his father, who was still living in Myanmar, was diagnosed with cancer, so Htet took a year off from school to care for him. The father eventually passed away; on the day of the funeral, the Myanmar military overthrew the government and installed their own dictator.

The funeral was still ongoing when cellphone service died, and attendees began to panic and leave. Amid the family’s grieving, “everything got shut down, there were tanks and military vehicles everywhere,” Htet said.

Continued on page 19
1. Jacey Jones, MD, guides people on being their own best health advocates.
2. Adrian Baudy, MD, delivers his Doc’s Hot Sauce to Ms. Beasley’s catering.
4. Deepa Bhatnagar, MD, (left) pictured with Leigh Deshotels, MD, chief resident for the Internal Medicine Residency Program, recruits physicians to Tulane.
5. Lisa Morici, PhD, whose research includes testing a COVID-19 adjuvant, educates communities about the importance of vaccines.
Five faculty devote their careers to the communities where they grew up.

A common way people connect in New Orleans is by asking the question, “Where’d you go to high school?” For these five faculty members of Tulane University School of Medicine, the answer is probably a campus familiar to anyone local. They all grew up in the 504 area code, and that connection to the Crescent City helps these physicians and researchers relate to their patients and the problems they’re hoping to solve.

by CAROLYN SCOFIELD

THE ‘TRUSTED VOICE’
Cardiologist Keith Ferdinand, MD, didn’t grow up wanting to be a doctor, but he saw firsthand the struggles his family, friends and neighbors faced growing up in the Lower Ninth Ward, the higher rates of death and illness brought on by cardiovascular disease, and the stress caused by living in an underserved community.

“The Lower Ninth Ward has been fractured by two major storms — Hurricane Betsy in 1965, in which I spent two days on a roof with my family and lost my paternal grandfather, and Hurricane Katrina, which devastated most of the city, but especially the Lower Ninth. It has never recovered.”

Ferdinand taught at Emory University after Katrina, but family brought him back home. Those are the ties that keep him here — the patients who knew him from his teenage years at St. Augustine High School and the elders now under Ferdinand’s care, who in fact grew up with his parents. He always tries to work those direct connections into the conversation when he’s talking with his patients.

“I think the doctor-patient relationship should be an intimate, personal relationship,” Ferdinand says. “Not just an exchange of data and decision-making based on medication concern but talking to one or the other.”

The trust Ferdinand built in the community proved invaluable when the SARS-CoV-2 virus began spreading around New Orleans. The COVID-19 pandemic exposed major health equity issues, unequally affecting people of color, and putting them more at risk of getting sick and dying from the virus. Ferdinand felt an obligation to do something, so he served on multiple committees including Gov. John Bel Edwards’ COVID-19 Health Equity Task Force, the Community Engagement Alliance Against COVID-19 Disparities and panels for the National Institutes of Health.

“Wherever I could, I used my trusted voice to stimulate my people to seek early testing. And when vaccination became available and was proven safe, I used my trusted voice to suggest that, despite all the rumors, all the misinformation on the internet, I was a trusted source they could believe who was telling them something that would help them get better.”

A PART OF AN AMAZING COMMUNITY
Growing up in the New Orleans area comes with a deep understanding of the highest highs and lowest lows. Internist Deepa Bhatnagar, MD, grew up in Kenner and attended St. Martin’s Episcopal School in Metairie, and weekends found her at Saints games. Bhatnagar was in her third year of residency at LSU.
New Orleans when Katrina devastated the city. She evacuated to Houston but quickly returned to the place that raised her.

“I feel like this community has shaped me into what my values are, what I find to be important in life,” Bhatnagar says.

As program director for the Internal Medicine Residency Program, Bhatnagar now recruits physicians from across the world to work and learn in her hometown.

“Wherever you are, come here and work with us to take care of the patients that we have here in the city,” Bhatnagar said. “Come down here and take care of this community. It’s one of the most amazing communities to be able to care for and be a part of, not just within the hospital walls, but outside, too.”

**AN AUTOMATIC UNDERSTANDING**

What brought Jacey Jones, MD, back to her hometown for residency were the patients depending on Tulane’s care.

“I was so blown away by Tulane’s commitment to serving this community,” Jones said, “having that knowledge that these are my people, this is my city. The patients we take care of at Tulane, in particular, are under-resourced and medically complicated and sick and very deserving of a high level of care that they often don’t otherwise get outside of our doors. That was a big draw for me, having been from here.”

Both of Jones’ parents are doctors, and she followed their lead after attending St. Mary’s Dominican High School. She said growing up in her New Orleans East neighborhood and understanding the challenges and the reasons to celebrate help her connect with patients.

“There’s such a massive psychological space between the doctor who is talking to you over your bedside, and you being the sick patient ... it’s like a chasm of psychological space,” said Jones.

“The other thing I think is nice about being from here is I have an automatic understanding of how New Orleans works in that New Orleans is a weird place to be, and not necessarily always a super functional place. ... Anything to help you bridge that space, whether it’s talking about the Saints, or talking about the Mardi Gras parade they just had, I think it’s very helpful.”

**DOCTOR AND ENTREPRENEUR**

Nephrologist and hypertension specialist Adrian Baudy, MD, knows he can’t simply tell his patients to cut out all the spicy and salty foods that are contributing to their health issues. The time of year when Louisiana crawfish are available is practically its own season, celebrated alongside the seasons of football, Carnival and festivals. Hypertension patients who like using hot sauce on their foods still need to watch their sodium intake, so Baudy, a St. Augustine High School graduate, remembered what he learned in his grandfather’s kitchen.

“My grandfather would take peppers off the bush and put them in a jar of vinegar,” said Baudy.

Baudy started experimenting with different flavors and used his father as a taste tester. They settled on a recipe a week before his father died of sudden cardiac arrest.

“I’m always inventing and tinkering, and he told me this is the best idea I’ve ever had,” Baudy said. “When he died, I knew that was kind of a push that I should want to help other people from losing family members early.”

Doc’s Hot Sauce has since expanded to creating salt-free barbecue sauce and a collection of seasonings.

“We’re selling to several different countries now, and that’s really a great feeling that you can expand what you can do for people, because I can only see so many patients,” said Baudy. “When I can help someone’s uncle or mother or grandparent and I get these emails back from the family, that’s the best way to make a difference.”

**ANSWERING THE CALL**

Microbiologist, immunologist and associate professor Lisa Morici, PhD, whose projects include testing a COVID-19 adjuvant, headed West after graduating from Mandeville High School, but missed her family back home on the North and South shores of Lake Pontchartrain. Morici came back to do her postdoctoral studies at Tulane School of Medicine and was two years in when Katrina hit. She didn’t want to leave New Orleans or Tulane when both needed people to stay and help with the recovery.

New Orleans’ status as a hot spot at the beginning of the COVID-19 pandemic reminded her of that disaster 16 years ago, and the community once again needed Morici’s expertise. She spoke to a number of community groups about the importance of the vaccines. “When we had a town hall for the Hispanic Chamber of Commerce of Louisiana, I made a point of saying I was born and raised in Louisiana,” said Morici. “I didn’t want them to see me as an outsider telling them what to do, but as someone who loved our community and wanted to see it recover and thrive.”

**NO PLACE LIKE HOME**

There are countless ways to connect in New Orleans, whether it’s letting the good times roll or knowing what it means to miss the city. These five physicians and researchers have experienced the good and the bad here, the milestones and sentinel events that will forever leave a mark on this community and its people. No matter where they went to high school, all can answer — there’s no place like home. *
New classes of physicians and researchers-to-be consider the role of health care in a pandemic-weary world

BY FAITH DAWSON
FIRST-YEAR MEDICAL STUDENT AMANDA BARBER
PHOTOGRAPHED BY RUSTY COSTANZA
At Tulane School of Medicine, incoming classes aren’t just learning to live around coronavirus restrictions—they recognize that COVID-19 has signaled a new way to look at health care.

The pandemic has apparently prompted more people to pursue careers in health care so that they can have a role in solving such global medical crises. Applications to the MD program at the School of Medicine rose 35% after the pandemic started, resulting in 17,228 applications for the 190 spots in the Class of 2025.

The increase was also evident in the School of Medicine’s PhD program in biomedical sciences, which received more applications for fall 2021 than it does in a typical year. This year’s 130 applications yielded 28 first-year PhD students (and one deferred enrollment), about 8% more than usual.

Casually known as the “Fauci effect” after Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases and presidential adviser, the increase in medical school applications is a nationwide trend: According to the Association of American Medical Colleges (AAMC), med school applications rose 17% on average.

Shephaly Soni of Houston was working as an epidemiologist in an infection prevention program at a children’s hospital in 2020. She was already considering different paths for her healthcare career when she became responsible for that facility’s COVID-19 response.

“When the pandemic started, I already had pretty complex challenges in infectious diseases among the burn population [at the hospital],” she said. “COVID-19 posed additional problems that became the forefront of my life for 18 months. Managing the response for staff and patients at my facility meant that I got to see how my role as an epidemiologist and infection preventionist could be beneficial in the hospital setting. The pandemic also showed me that there were certain limitations to my role and illuminated my desire to focus more on the patient care side of the issue.”

Soni is now starting her first year as a medical student at Tulane.

**TALENTED, DEDICATED AND READY TO SERVE OTHERS**

The MD class of 2025 is almost evenly split between women and men. They hail from around the United States and seven other countries, coming from as far away as Nigeria and Kyrgyzstan. Some are pursuing additional degrees at Tulane, such as a Master of Business Administration or a Master of Public Health.

The Class of 2025 displays all of the traits that represent Tulane the best,” said Lee Hamm, MD, senior vice president and dean of the School of Medicine. “They are talented and well-rounded individuals and intellectually curious and dedicated learners. In the face of the pandemic, they have demonstrated their resilience and perseverance as well. We are pleased at the record number of applications we received for spots in this class, and are proud to move forward with almost 200 individuals who personify Tulane’s mission.”

They have already logged, collectively, more than 150,000 volunteer hours.

“Students choose Tulane for a variety of reasons,” including location, said Bennetta Horne, assistant dean and director of the Office of Multicultural Affairs at the School of Medicine. “I think probably what attracts a lot of students to Tulane is our commitment of service: Service underlies everything that we do. It speaks volumes that all of our students that are eventually accepted to Tulane come to us with service in their background. They could go anywhere to get a medical education. So I think that the community focus is a huge draw.”

Horne added that connections to the university’s School of Public Health and Tropical Medicine and School of Social Work also mirror Tulane’s commitment to the New Orleans community and Southeastern Louisiana.

“[About 20% of Tulane medical] students either have an MPH or they obtain one while they’re there,” said Soni, who already holds an MPH. “It made me feel like my skill set and perspective were going to be valued and integrated into the curriculum. I also really wanted a place that was going to mirror the values that I had at my job: working tirelessly for vulnerable populations, looking at more than just the medical perspective, collaboration with multidisciplinary teams, very service oriented.”

The location was part of the draw for first-year student Amanda Barber of Temple Hills, Maryland, a recent master’s
degree recipient and a reserve member of the U.S. Army, who is attending Tulane on an Army Health Professions Scholarship. Before she entered medical school, Barber met a physician who was a Tulane alumnus; the acquaintance spoke warmly about New Orleans and the university itself. Intrigued, Barber began researching Tulane on her own.

“I was seeing a lot of things that I could relate to as a potential applicant, things that I had done, such as AmeriCorps, Division One athletics. The fact that students do a lot of community service and that’s a huge part of who they are — I could resonate with who [Tulane was] accepting,” she said.

Barber’s interest in Tulane School of Medicine started before the pandemic. But while COVID-19 developments unfolded, she saw the importance of healthcare providers in real time, giving her a “greater drive to finish” her master’s degree so she could move on to medical school.

She intends to pursue OB/GYN and looks forward to participating in student-run clinics while at Tulane, but leaves the door open to new learning experiences. “Knowledge is really power,” she added.

AN EMPHASIS ON RESEARCH

In a typical year, Tulane’s interdisciplinary PhD in biomedical sciences brings in about 20 students. This year, 29 accepted admission to the program, although one student deferred enrollment. Even at 28, including two students who will also be earning an MD, it’s one of Tulane’s largest incoming PhD classes in that program.

The class includes a Fulbright scholar from Zimbabwe.

“That’s actually pretty impressive for a relatively small program; over the last five or six years, we’ve had six international Fulbright Scholars,” said Diane Blake, PhD, co-director of the Graduate Program in Biomedical Sciences. “We give our students individual attention, so they don’t feel lost. I think we’re building a reputation of being very supportive to these international Fulbrights.

“We got an excellent group of students this year,” she added, giving credit to significant support from Dean Hamm and Executive Dean Patrick Delafontaine, MD; an emphasis on applicants’ previous research experience; and multiple applicant interviews by the faculty committee.

Khoa “Andy” Nguyen, an MD/PhD candidate from Houston, is entering the second year of his PhD program at Tulane. An assistant in the lab of Associate Professor of Medicine Matthew Burow, PhD, Nguyen reflected on what it meant to start research work on molecular and cellular oncology at a time when more people recognize the importance of scientific research to address global health crises with speed.

“There was an incredible effort, not just in the U.S., but throughout the world, of scientists and other medical professionals banding together, working together, and coming up with a vaccine. And it’s a perfect real-world example of why I chose to go the way I did in terms of career and education, because I want to be a part of that,” said Nguyen, who hopes to continue to pursue oncology as a physician-scientist.

MAKING EDUCATION MORE ACCESSIBLE

Practical considerations may have also played a role in many students’ decisions to enroll in school this year. The AAMC waived or discounted some of its fees for 2021, making the MCAT exam and the American Medical College Application Service more affordable for applicants. Lack of job security in the workforce may have prompted other applicants to continue their education.

School of Medicine’s PhD program dropped its GRE requirement. And in 2020 and 2021, more research funds flowed into labs nationwide, allowing investigators to hire more graduate assistants.

Director of Admission Michael Woodson said the increase in applications was more difficult for the admission committee to manage at first, but the pandemic offered up new opportunities, such as virtual interviews.

Now that the students are on campus, “We’re making sure this year that we have those in-person connections so they can bond as a class.”

The pandemic may serve to strengthen the bond of their main shared experience — to serve others.

Barber said she wanted to “be more useful as a provider because of the pandemic. Seeing everything playing out, I said, wow, we really need healthcare providers. And I’m glad that I’m working towards this.”

130 applications

29 spots

1 Fulbright Scholar

11 have earned master’s degrees

12 participated in Tulane’s summer research rotation

4 foreign countries represented: India, China, Nigeria, Zimbabwe
A new center is on a mission to convince doctors and researchers that sex differences are a fundamental biological variable in disease and medicine.

BY KEITH BRANNON
PHOTOGRAPH BY RUSTY COSTANZA
The classic signs that most people recognize as symptoms of a heart attack — chest pains, sweating, shortness of breath and a tingling sensation in the extremities — are typical mainly for men.

That’s because for years doctors evaluated patients based on guidelines developed by studying only men. Women can experience those symptoms, but they are just as likely to have other, more subtle signs like heartburn, upset stomach, nausea, vomiting or neck pain.

“Studies have shown that when women come to the emergency room for pain or a suspicion of a myocardial infarction, they are more likely to be discharged. Physicians do not believe they have had a heart attack because their symptomatology is different than men. Their symptoms are not typical,” said Franck Mauvais-Jarvis, MD, professor of medicine and director of the Diabetes Discovery and Sex-Based Medicine Laboratory at Tulane University School of Medicine. “Except they are typical — for women.”

Even though clinical guidelines have changed to recognize sex differences in heart attacks, research shows that women are less likely to immediately go to the hospital when they experience symptoms and are more often misdiagnosed. A 2015 study in the journal Circulation found that 1 in 8 women under 55 experiencing a heart attack didn’t have symptoms classified by the universal definition of myocardial infarction.

EXAMINING BIOLOGICAL DIFFERENCES

The differences go beyond symptoms. Angiograms for male heart attack patients are more likely to clearly show blockages in larger coronaries while women tend to have more dysfunction in smaller vessels that may not show an obstruction on a scan.

“The biology of the disease is not the same,” Mauvais-Jarvis said.

It’s a familiar refrain for Mauvais-Jarvis. As one of the nation’s leading researchers in sex differences in endocrinology and medicine, he has spent decades making the case that sex is a foundational, biological variable in disease. He has published dozens of studies and
commentaries calling for clinicians and researchers to consider differences in sex as a standard practice from basic science to patient care. Now, he is taking his mission across Tulane University.

He is leading the newly launched Tulane Center of Excellence in Sex-Based Biology and Medicine (TCESBM), an interdisciplinary center that will work with researchers across the university to explore how biological sex modifies biology, health, disease and medicine.

“What clinicians know about the diagnosis, treatment and prevention of disease originates from studies overwhelmingly conducted on male cells, male mice and men. Historically, for multiple reasons, including the purported safety of women and their offspring, women of childbearing age were excluded from clinical trials,” Mauvais-Jarvis said. “As a result, medical research and care have been centered on male physiology. We assumed that male and female cells and animals were biologically identical, and evidence-based medicine was defined by clinical trials performed predominantly in men.”

WHY SEX PARITY MATTERS
The National Institutes of Health called for sex parity in clinical trials in 1993. Almost three decades later, half or more of research participants in NIH-funded clinical studies are now women. In 2016, the NIH extended the requirements into preclinical science so that all investigators applying for grants had to balance male and female cells and animals in their research.

TCESBM will be a resource to advance these goals and educate doctors about why they matter. It will include researchers from the schools of Medicine, Public Health and Tropical Medicine, and Science and Engineering.

“Our perspective is that biological sex is a genetic modifier of health and disease, and that failure to understand these distinctions is also a failure to fully understand the mechanisms of interest. We believe that the incorporation of appropriately designed studies on sex differences in metabolism and other fields will accelerate discovery and enhance our ability to treat disease.”

Franck Mauvais-Jarvis, MD

otherwise not be asked: What are the forces that are more protective in one sex than in another, and can those forces be harnessed for better therapy?”

The focus on sex as a biological variable is different than gender, which is a social construct. The researchers have focused on understanding these issues for cisgender communities. The center will also explore how gender identity can be a factor in health disparities and treatment.

A COVID-19 STUDY
TCESBM leadership includes associate directors Marie Krousel-Wood, MD, MSPH, associate provost for the health sciences; Sarah Lindsey, PhD, Barbara S. Beckman Professor in Pharmacology; and Jill Daniel, PhD, Gary P. Dohanich Professor in Brain Science at the School of Science and Engineering.

TCESBM will also focus on how biological sex influences COVID-19 and ways to reduce deaths. Studies have shown that the coronavirus is more deadly for men than women, and that men are twice as likely to need critical care. As of August 2021, men made up 55% of all COVID-19 deaths in the United States.

Women generally mount greater inflammatory, antiviral and immune responses than men during viral infections, which contributes to better clearance of viruses, including SARS-CoV-2. Tulane endocrinologist Dragana Lovre, MD, leads one of the center’s first research projects to explore whether hormone therapy can help lower inflammation in adults in the hospital with severe cases of COVID-19.

“COVID-19 deaths result from an inappropriate immune response leading to cytokine storm and resulting in multiorgan failure,” said Lovre, assistant professor of medicine. “The main female steroids, estradiol and progesterone, exhibit potent immuno-modulatory and anti-inflammatory actions. We think that a short treatment with the combination estradiol and progesterone, administered early and as a prevention in addition to standard care, will prevent or mitigate the cytokine storm and increase antibody production.”

She plans to enroll 120 patients in the study to see if the therapy improves outcomes for both men and women.

In addition to overseeing research, the new center will launch an extensive education program including boot camps, seminars, workshops and an annual symposium on best practices for incorporating sex differences in research. Lindsey, who oversees enrichment programs at the center, is working to integrate sex differences education at all levels throughout Tulane.

“We want to target medical students because there isn’t a lot of training on how diseases progress differently or drugs work differently in men and women. And then we also want to reach graduate students because the NIH is putting a huge emphasis on investigating funding projects that require you to include males and females in animal studies or even cell studies,” she said. “And we also want to give undergraduate students an introduction into why it’s important, and not just with a focus on medicine, but for everything — sociology, anthropology and other disciplines. There’s an important need to recognize how things are different by sex and gender.”

*
1950s
Martin “Zeke” J. DuCote Jr., MD (M ’59), retired June 30, 2018, after 54 years of practicing urology in Lafayette, Louisiana. As of Sept. 9, he has been married 60 years to his wife, Rebecca. He has four children, six grandchildren and one great-granddaughter. Ducote is currently enjoying retirement as well as good mental and physical health.

1960s
Robert (Bob) P. Goldfarb, MD (M ’62), recently retired from a neurosurgery practice in Tucson, Arizona. Zane Franklin Pollard, MD (M ’66), is one of 18 physicians from Eye Consultants of Atlanta — the largest ophthalmology practice in Georgia — to rank among Castle Connolly’s “Top Doctors.” He was recognized as one of Atlanta’s Top Doctors in the July 2021 issue of Atlanta magazine. Pollard is a board-certified ophthalmologist specializing in pediatric ophthalmology and adult strabismus. He is a member of the American Academy of Ophthalmology, the American Association for Pediatric Ophthalmology and Strabismus, and the American Ophthalmological Society. Pollard joined Eye Consultants of Atlanta in 1974.

Russell W. Steele, MD (M ’67), of New Orleans, received the 2019-20 award for the best teacher in pediatrics, as selected by the Owl Club at Tulane School of Medicine. He has now published more than 400 articles in peer reviewed journals.

1970s
Michael F. Murphy MD, PhD (M ’70, R ’71, G ’80), is currently chief medical and scientific officer of Worldwide Clinical Trials. He lives in Pennsylvania.

Alan “Scott” Kellermann, MD (M ’71, PHTM ’78), recently joined the County of Nevada, California, as public health officer. Kellermann is currently an adjunct professor at the University of San Francisco and an assistant clinical professor at California Northstate University College of Medicine in Elk Grove. He is a senior consultant for the Centers for Research in Emerging Infectious Diseases (CRED), through the National Institutes of Health and University of California–Davis. In 2001, he and his wife, Carol, relocated to Uganda to work with the

The sun rises over Tulane’s downtown campus the day after Hurricane Ida, Aug. 30, 2021. The campus includes the hospital, School of Medicine, and other buildings devoted to health sciences.
Batwa pygmies. Over the next decade, he founded the 175-bed Bwindi Community Hospital. He also founded the Uganda Nursing School–Bwindi and the Batwa Development Program, with a focus on educating Batwa children. Kellermann has written chapters for medical textbooks and published multiple articles in medical journals regarding tropical diseases. He has been honored with multiple awards, including Tulane School of Public Health and Tropical Medicine’s Outstanding Alumnus, and the Wisdom in Action Unsung Hero of Compassion Award presented by the Dalai Lama. In 2017-2018, he was a Fulbright Scholar, teaching tropical medicine in Africa.

John S. Van Bodegom, MD (M ’71), retired from an internal medicine practice in Washington in 2012. After a four-year stint as a health plan executive in Rochester, New York, Robert “Bob” J. Holzhauer, MD (M ’72), decided to return to much sunnier San Luis Obispo, California, and to the practice of allergy and clinical immunology, this time as part of Allergy Partners, the largest single-specialty practice of allergy/immunology in single-specialty practice Partners, the largest time as part of Allergy clinical immunology, this California, and to the San Luis Obispo, (M ’72), decided to resume visiting his grandchildren.

James H. Diaz Jr., MD, DrPH (A&S ’71, M ’75, PHTM ’90, PHTM ’95), was elected a fellow of the American Society of Tropical Medicine and Hygiene in 2018. In 2019, his six-chapter section of ectoparasitic infectious diseases was published in Mandell, Douglas & Bennett’s Principles & Practice of Infectious Diseases, 9th Edition. In 2020, he was recertified as a specialist in occupational and environmental medicine. He lives in the New Orleans area.

Bonnive Litwin Sidoff, MD (M ’78), retired in 2020 after practicing emergency medicine at Providence Portland Medical Center in Oregon. She is enjoying retirement and has five grandchildren and an active lifestyle. She is currently trying her hand in the art field.

David R. Silvers, MD (A&S ’72, M ’79), recently joined the practice of Metropolitan Gastroenterology Associates in the New Orleans area.

1980s

Frederick (Fred) Charles Flandry, MD (A&S ’77, M ’81, R ’86), in active practice as a senior attending surgeon at the Hughton Clinic in Columbus, Georgia. He was previously chief of staff at Columbus Regional Medical Center and Jack Hughton Memorial Hospital. He served in leadership positions for the American Academy of Orthopaedic Surgeons and other organizations and continues to serve as an oral board examiner for the American Board of Orthopaedic Surgery. He will be installed as president of the Medical Association of Georgia at its October House of Delegates Meeting, after three years as chairman of the board.

Rachel Leland Levine, MD (M ’83), the assistant secretary for health in the Department of Health and Human Services, was previously chief of geriatrics, gastroenterology and palliative care at the University of California–San Diego. She is grateful for the training in medicine and public health and in leadership (as president of the Owl Club) she received at Tulane.

1990s

Mark A. Wren, MD (M ’91, PHTM ’91), recently developed the caregiver matching app/portal www.seniorcareonline.com and serves as virtual preceptor for Tulane MD/MPH students. He is the medical director of a palliative care program in Arkansas and served as president of Texas Physical Medicine & Rehabilitation (PM&R) Society. He is also currently on the board of trustees for the Arkansas Medical Society. Wren was a speaker at the Encompass National Medical Director Conference on Telemedicine Applications in PM&R in March 2021.

John R. Dorris, MD (M ’92), was recently featured in Becker’s ASC Review as one of “32 total joint ASC physicians to know.” Dorris currently practices in Athens, Georgia.

Joel Edward Goldberg, MD (M ’92), works at Brigham & Women’s Hospital in Boston and is on the faculty at Harvard Medical School as a colorectal surgeon. In addition to his practice, he has a busy research program and is involved in national committees (ASCRS, SSAT) and regional societies.
Gifts matter

Alumnus’ gift helps Tulane pursue ‘progressive’ research

When he interviewed to become a medical student at Tulane University School of Medicine, Ken Janson (M’69, R’73, ’77) was profoundly struck by how Tulane regarded him as a multifaceted individual rather than a series of test scores. Over the years, Janson has repaid the School of Medicine in kind — developing a rich and multifaceted connection of his own as an alumnus, parent, philanthropist and leader. After completing his medical degree and two residencies at the School of Medicine, Janson went on to serve as a captain in the U.S. Air Force, to practice as a surgeon and urologist, and ultimately to co-found one of the largest urology groups in the country. But he never forgot that first impression.

“Really, from that very first interview process, I felt a sense of personal touch, that they wanted to get to know me. It was a major inflection point in my life — it really was,” recalled Janson.

Years later, when his daughter Kristin Janson Redmond (M’05, PHTM’05) became a medical student at his alma mater, “I [wondered] how much is me or unique and how much is consistent with the institution and carries through the test of time, and she very much echoed my sentiments,” Janson said. “It really opened my eyes to the fact that this was more than my personal impression. Anecdotal, one-time events don’t necessarily mean all that much, but [it does] if you have a similar situation 30 years later.”

Janson became a devoted supporter of the School of Medicine and joined what was then known as the School of Medicine Dean’s Council. Today, he chairs the School of Medicine Board of Governors. It’s a role he takes seriously.

“With the establishment of this endowed fund, her legacy will live on by helping provide support to the very trainees she cared for so dearly,” said Gabby Navar.

In 1988, Luis Gabriel “Gabby” Navar, PhD, and his wife, Randa, moved from Birmingham, Alabama, to New Orleans, where Navar had been appointed as professor and chair of the Department of Physiology and where he would co-found the Hypertension and Renal Center of Excellence, serving as co-director from its inception in 2001 until 2020.

Over the years, Randa Navar happily opened her home to give a warm welcome to the graduate students and fellows who studied in the Department of Physiology, especially international trainees. She treated them like family and many times allowed them to lodge in her home until they found accommodations. She even opened her home to a former fellow who was displaced after Hurricane Katrina for several months until appropriate accommodations were available.

“With the establishment of this endowed fund, her legacy will live on by helping provide support to the very trainees she cared for so dearly,” said Gabby Navar. “We are where we are because of Randa … we are very fond of her,” said one School of Medicine alumnus. “She was loved by all and will be greatly missed.”

To make a gift to the fund, contact Jean-Paul Perrilliat at jpperril@tulane.edu or (504.460.6713).
Aaron J. Charles, MD (M ’96, R ’01), was recently featured in the June 2021 issue of Maryland’s The Daily Record for his work at the Greater Baltimore Medical Center and Gilchrist, a nationally recognized, nonprofit leader in serious illness and end-of-life care. Charles found his career path with geriatrics and hospice care during a geriatric fellowship with Johns Hopkins. He currently manages care for seriously ill senior citizens unable to visit doctors’ offices as a medical director with Gilchrist’s Elder Medical Care at Home Program. Charles also advocated for bringing COVID-19 vaccines to homebound seniors.

2000s

Richard Elliot Fagley, MD (M ’02, R ’05), was recently featured in the Altoona Mirror for his work fighting COVID-19 on the frontlines. Fagley is an anesthesiologist who leads the Critical Care Unit’s COVID-19 response at Virginia Mason Medical Center in Seattle. Wayne B. Lin, MD (M ’03, R ’06), celebrated his 10-year anniversary as a rheumatologist for Southern California Permanente Medical Group. He enjoys fatherhood with his 4-year-old daughter Christine and currently resides in Newport Beach, California. Jessica K. Laursen, MD (NC ’99, M ’06, R ’10), was recognized in November 2020 by Continental Who’s Who as a top pediatric ophthalmologist in the field of medicine in acknowledgment for her devotion to patient-centered health care at Kaiser Permanente. Laursen currently serves as a clinical professor, teaching courses in devolvement and ophthalmology and sees patients in the Kaiser Permanente Department of Ophthalmology in the San Diego area, specializing in the care of children’s eyes and strabismus.

Angel Koonce Johnson, MD (M ’08, PHTM ’08), was recognized in February 2021 by Magnolia Health and Centene Corp. with a national award for clinical excellence. Johnson practices at the Hattiesburg Clinic-Purvis Family Practice Clinic in Purvis, Mississippi. Practitioners are selected for the Summit Award for Excellence in Care based on their exemplary performance in a number of quality measures.

2010s

Wesley A. Clark, MD (R ’11), was recently featured in Becker’s ASC Review as one of 32 total joint ASC physicians to know. Clark currently practices in Marrero, Louisiana.

Christopher (Chris) D. Malone, MD (M ’11), is currently assistant professor of radiology in the interventional radiology section at the Mallinckrodt Institute of Radiology at the Washington University School of Medicine in St. Louis.

Andrea Ramos Richards, MD, MPH (M ’15), began a three-year family medicine residency at Alton Memorial Hospital in Alton, Illinois, on July 1. Richards has resided in the St. Louis area for most of her life, and now lives with her husband, three children and two cats. She is an exercise enthusiast, having completed two marathons and several half marathons, in addition to being an avid baker and musician. Richards was born in Lima, Peru, and lived there until she was 7. As a member of the Peruvian American Medical Society, she has traveled to underserved areas in Peru for medical mission trips.

Dr. E. “Wes” Wesley Ely Jr. (A&S ’85, M ’89, PHTM ’89) wrote Every Deep-Drawn Breath: A Critical Care Doctor on Healing, Recovery, and Transforming Medicine in the ICU, which was published in September 2021. Ely is a pulmonary and critical care medicine physician and the Grant W. Liddle Chair in Medicine at Vanderbilt University Medical Center in Nashville, Tennessee.
Nidal Abi Rafeh, MD (F '13), is a highly trained interventional cardiologist at North Oaks Cardiology Clinic in Hammond, Louisiana. He is world-renowned for his expertise in the performance of complex and high-risk chronic total occlusion percutaneous coronary intervention (CTO PCI).

Pritesh H. Gandhi, MD (R '15), the chief medical officer at the Department of Homeland Security, was appointed by President Joe Biden. Gandhi guides the administration’s response to disasters ranging from pandemics to acts of terrorism. Gandhi is a public health-trained and board-certified internal medicine specialist.

Peter A. Gold, MD (SLA ’12, M ’16), graduated from his orthopedic surgery residency at Long Island Jewish Medical Center in New York in June 2021 and will soon start a fellowship in knee and hip arthroplasty at The Rothman Institute in Philadelphia. He continues to provide resources to underserved New Orleans youth via the Strong City organization (mystrongcity.org).

### In Memoriam

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>’47</td>
<td>Herman H. Gray, MD</td>
<td></td>
</tr>
<tr>
<td>’48</td>
<td>Jerome L. Heard, MD</td>
<td></td>
</tr>
<tr>
<td>’49</td>
<td>Augustus E. Anderson, MD</td>
<td>Robert H. Barnes, MD</td>
</tr>
<tr>
<td>’50</td>
<td>Robert W. Brown, MD</td>
<td>Robert L. Magee, MD</td>
</tr>
<tr>
<td>’51</td>
<td>George E. Bennett, MD</td>
<td>Harry C. Frye, MD</td>
</tr>
<tr>
<td>’52</td>
<td>Richard Shelton Hollis Sr., MD</td>
<td>Elizabeth C. Jones, MD</td>
</tr>
<tr>
<td>’53</td>
<td>James K. Goodlad, MD</td>
<td>George C. Olive Sr., MD</td>
</tr>
<tr>
<td>’54</td>
<td>Robert O. Chadwick Sr., MD</td>
<td>H. Glen Henderson, MD</td>
</tr>
<tr>
<td>’55</td>
<td>William L. Geary, MD</td>
<td>Frank J. Malta, MD</td>
</tr>
<tr>
<td>’56</td>
<td>Lewis W. George, MD</td>
<td>Frank L. Gruber, MD</td>
</tr>
<tr>
<td>’57</td>
<td>Lawrence P. O’Meallie, MD</td>
<td>Ellsworth J. Sacks Jr., MD</td>
</tr>
<tr>
<td>’58</td>
<td>Charles Oliver Arnold II, MD</td>
<td>Melvyn F. Kossover, MD</td>
</tr>
<tr>
<td>’59</td>
<td>Clarence M. Rittelmeyer, MD</td>
<td></td>
</tr>
<tr>
<td>’60</td>
<td>Luther W. Richardson Jr., MD</td>
<td>Robert T. Russell, MD</td>
</tr>
<tr>
<td>’61</td>
<td>Schales L. Atkinson, MD</td>
<td>D. Eugene Blickenstaff, MD</td>
</tr>
<tr>
<td>’63</td>
<td>J. Thomas Fitch Sr., MD</td>
<td></td>
</tr>
<tr>
<td>’65</td>
<td>Edsel J. Aucoin, MD</td>
<td>Stuart A. Frank, MD</td>
</tr>
<tr>
<td>’67</td>
<td>Raymond P. Cush, MD</td>
<td>Robert J. Hamburger, MD</td>
</tr>
<tr>
<td>’68</td>
<td>Jack H. Blalock, MD</td>
<td></td>
</tr>
<tr>
<td>’69</td>
<td>Jose J. Figueroa, MD</td>
<td></td>
</tr>
<tr>
<td>’70</td>
<td>Robert P. Young, MD</td>
<td></td>
</tr>
<tr>
<td>’71</td>
<td>Glenn E. Lambert, MD</td>
<td>Jeffery J. Tucker, MD</td>
</tr>
<tr>
<td>’72</td>
<td>Christine Robinson Baguley, MD</td>
<td>Jay D. Kravitz, MD</td>
</tr>
<tr>
<td>’74</td>
<td>Lawrence A. Osborn, MD</td>
<td></td>
</tr>
<tr>
<td>’75</td>
<td>William J. Graham, MD</td>
<td></td>
</tr>
<tr>
<td>’79</td>
<td>Michael A. Henry, MD</td>
<td>Louis J. Provenza, MD</td>
</tr>
<tr>
<td>’80</td>
<td>John J. Shea III, MD</td>
<td></td>
</tr>
<tr>
<td>’82</td>
<td>James E. Lynch, MD</td>
<td>Karen Overfield Theriot, MD</td>
</tr>
<tr>
<td>’87</td>
<td>Elizabeth A. Kinsley, MD</td>
<td></td>
</tr>
<tr>
<td>’07</td>
<td>Adam M. Van Den Boom, MD</td>
<td></td>
</tr>
<tr>
<td>’09</td>
<td>Suzanne Zeitouni, PhD</td>
<td></td>
</tr>
</tbody>
</table>

Continued from page 5

### Overcoming Global Challenges

“During all this time, COVID-19 was still rampant through the entire country,” he added.

The coup was followed by violent protests and strikes, and Htet questioned his return to the United States and to Tulane. The military had closed the airport and roads leading to it. He considered escaping across the border in secret, a consideration born of experience and necessity.

Even though the pandemic was beginning to cancel air travel, Htet was able to board a relief flight to Malaysia, and eventually reached New Orleans, where he resumed his studies this summer.

Nonetheless, Htet has since been contributing to a website called Myanmar Clinical Guidance, for which he helps translate and write. “I think there are multiple ways of helping people in need, even though you’re not physically present with them,” he said.

Meantime, Tulane provides a welcoming atmosphere for international students and any challenges they face.

“I have very supportive and nurturing colleagues and mentors at Tulane medical school. I have a phenomenal advocate for international students, and I really appreciate that,” Htet said.

 “[New Orleans] is where most of my adult life has been. This is like my home and my community.”
Tony Hu, PhD, the Weatherhead Presidential Chair in Biotechnology Innovation, leads the School of Medicine’s new Center of Cellular and Molecular Diagnosis.

Q. What is the goal of the new center?
This center has four key components: biomarker discovery, technology development, data management and clinical validation.

The philosophy of our research lab: We don’t focus on just a single disease; rather, we work on the technology behind it. If we understand what’s the clinical need for a particular disease, we try to identify the right biomarker, the signature of this disease.

In our group, the technology covers multiple diseases like tuberculosis, HIV, Ebola and cancers — pancreatic cancer and lung cancer. Our publications are pretty diversified but always come from a very unique technical platform.

We’re working on expanding the center. Technology is developing rapidly. At the same time, we need to establish and grow our assay validation process. This is only made possible by closely collaborating with clinicians, listening to the issues they face and developing technologies targeting those issues. In addition, we have a pressing need for data management because now we have a lot of data collected for a better interpretation.

Q. What drew you to Tulane?
We’re trying to fill a gap. We also need a nourishing environment. If we want to further this center and generate a marketable product, which is highly translational, we need support from a medical school. All the ideas come from frequent conversations with clinicians. At Tulane we have an excellent clinician team; they can tell us what is the urgent need for certain biomarkers. Also, the primate center, specifically focused on infectious diseases — that’s our top interest; we can synergize very well in both validating our detection assays and identifying the new generation of biosignatures. Tulane also has an excellent biomedical engineering department, and the scientists there can expand our [capacity] for sensor development. Such a multidisciplinary environment is very important for us; this center cannot thrive on its own.

Q. You started out as materials science engineer. How did you switch to translational research?
In 2013 I had an opportunity to attend a conference in Italy, when translational research was a trending topic but still new to many scientists. Toward the end of the conference a special group of guests came on stage: a group of children from 4 to 9 years old. They dressed in white like angels. They looked like and smiled like normal children, but they were all HIV-positive. When I looked at their innocent faces, my heart was saddened. These children were deprived of joy and health the moment they were born and there is no telling when their life journey ends.

I had been in a school setting for almost 30 years. I asked myself: Is there any piece of knowledge I learned from a textbook, from a class, that can help any one of them? I knew how to write a paper and I knew how to write a grant, but I didn’t know how to save a patient. After coming back, I reformed my research platform.

The blood test is also critical for some cancer diseases like pancreatic cancer or ovarian cancer — those cancers are really difficult to detect using imaging methods, as the locations are often very awkward. But the blood test doesn’t have the same restrictions.

Q. How does your research translate to help individuals?
It depends on the clinical needs. A highly sensitive test using blood is very important for certain infectious diseases, such as TB. Right now the gold standard for tuberculosis diagnosis still relies on sputum, but it’s not accurate enough. In developing countries, sputum tests can only cover 40% of patients. But blood tests could cover up to 95%, based on our preliminary data. That’s why the blood test is essential for TB diagnoses.

Q. You started out as materials science engineer. How did you switch to translational research?
In 2013 I had an opportunity to attend a conference in Italy, when translational research was a trending topic but still new to many scientists. Toward the end of the conference a special group of guests came on stage: a group of children from 4 to 9 years old. They dressed in white like angels. They looked like and smiled like normal children, but they were all HIV-positive. When I looked at their innocent faces, my heart was saddened. These children were deprived of joy and health the moment they were born and there is no telling when their life journey ends.

I had been in a school setting for almost 30 years. I asked myself: Is there any piece of knowledge I learned from a textbook, from a class, that can help any one of them? I knew how to write a paper and I knew how to write a grant, but I didn’t know how to save a patient. After coming back, I reformed my research platform.

The blood test is also critical for some cancer diseases like pancreatic cancer or ovarian cancer — those cancers are really difficult to detect using imaging methods, as the locations are often very awkward. But the blood test doesn’t have the same restrictions.

Q. How does your research translate to help individuals?
It depends on the clinical needs. A highly sensitive test using blood is very important for certain infectious diseases, such as TB. Right now the gold standard for tuberculosis diagnosis still relies on sputum, but it’s not accurate enough. In developing countries, sputum tests can only cover 40% of patients. But blood tests could cover up to 95%, based on our preliminary data. That’s why the blood test is essential for TB diagnoses.

Q. What drew you to Tulane?
We’re trying to fill a gap. We also need a nourishing environment. If we want to further this center and generate a marketable product, which is highly translational, we need support from a medical school. All the ideas come from frequent conversations with clinicians. At Tulane we have an excellent clinician team; they can tell us what is the urgent need for certain biomarkers. Also, the primate center, specifically focused on infectious diseases — that’s our top interest; we can synergize very well in both validating our detection assays and identifying the new generation of biosignatures. Tulane also has an excellent biomedical engineering department, and the scientists there can expand our [capacity] for sensor development. Such a multidisciplinary environment is very important for us; this center cannot thrive on its own.

Q. You started out as materials science engineer. How did you switch to translational research?
In 2013 I had an opportunity to attend a conference in Italy, when translational research was a trending topic but still new to many scientists. Toward the end of the conference a special group of guests came on stage: a group of children from 4 to 9 years old. They dressed in white like angels. They looked like and smiled like normal children, but they were all HIV-positive. When I looked at their innocent faces, my heart was saddened. These children were deprived of joy and health the moment they were born and there is no telling when their life journey ends.

I had been in a school setting for almost 30 years. I asked myself: Is there any piece of knowledge I learned from a textbook, from a class, that can help any one of them? I knew how to write a paper and I knew how to write a grant, but I didn’t know how to save a patient. After coming back, I reformed my research platform.
REUNION WEEKEND
2022

has been rescheduled due to COVID-19 safety protocols

SAVE THE DATE
MARCH 25-26, 2022


Reconnect with classmates, friends and Tulane in New Orleans.

We can’t wait to celebrate with you!

Please contact Cynthia Hayes, Executive Director, Tulane Medical Alumni Association, at 504.988.6248 or chayes@tulane.edu for more information.

BE A LEADER
at Tulane University
School of Medicine

The 1834 Society honors the school’s most dedicated supporters. Members are committed to supporting every aspect of the school’s mission—educating tomorrow’s medical leaders, performing innovative research and healing individuals and communities through patient care.

Join the 1834 Society today.
tmaa.tulane.edu/1834

Annual gifts of $2,500 or more to the School of Medicine enroll you as a member of the 1834 Society.

Please contact Ally Bradley, Assistant Director, School of Medicine Annual Giving, at 504-247-1833 or 1834society@tulane.edu for more information.
School of Medicine students who are receiving their diplomas for Spring 2021 cross the floor at the New Orleans Ernest N. Morial Convention Center on May 22, 2021.