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Summer 2006

## Jefferson Alumni Bulletin – Volume 55, Number 2, Summer 2006

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# ALUMNI BULLETIN Jefferson

JEFFERSON MEDICAL COLLEGE • THOMAS JEFFERSON UNIVERSITY • SUMMER 2006



## Soaring Ahead

Alumni President Lorraine C. King, MD, REN'77, builds new relationships in a familiar setting

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**Editor**  
Malcolm Clendenin

**Staff Writer**  
Nikki Senecal

**Design**  
JeffGraphics

**Bulletin Committee**  
William V. Harrer '62, Chair  
Lori Siegel DePersia '81  
John J. Gartland S'44  
John H. Moore Jr. GS'85  
Robert T. Sataloff '75

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Address correspondence to:  
Editor, Alumni Bulletin  
Jefferson Medical College of  
Thomas Jefferson University  
925 Chestnut Street, Suite 110  
Philadelphia, PA 19107-4216

215-955-7920  
Fax: 215-503-5084  
malcolm.clendenin@jefferson.edu  
www.jefferson.edu/jmc/alumni/bulletin.cfm

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# Message from the President



Robert L. Barchi, MD, PhD

## Defining the Future of Medical Education

“Clinical care is still  
our guiding principle as  
we redesign Jefferson’s  
curriculum to meet  
the changing needs of  
our students.”

From its very founding Jefferson Medical College has been dedicated to clinical care. In fact, this aspect of the curriculum distinguished Jefferson from every other medical school in existence in 1824. At that time, medical schooling consisted of attending two years of lectures, with the second year of lectures being a repetition of the first. At Jefferson, after a year of lectures, students were involved in the care of patients, under supervision. This enhancement of didactic lectures with clinical experience brought Jefferson a widespread reputation for educating excellent doctors.

Today, we look forward to creating a community of scholars—a campus that educates all members of the healthcare delivery team in one setting. Our goal is to train practitioners and scientists to work collaboratively. Once again, Jefferson will lead the way by training students from all three colleges to work together in the best interest of the patient. This training will prepare students for improved communications in the patient care setting. Such interactions will translate to optimum education as students learn the roles of other team members. Ultimately, this team approach will lead to the finest possible care for patients. A Jefferson education will continue to be distinctive and innovative.

At the vastly expanded Rector Clinical Skills Center, Jefferson’s outstanding faculty will teach clinical skills with the aid of standardized patient “actors,” simulated patients, and holographic operating rooms. This technology isn’t simply more “bells and whistles.” It offers our future clinicians the opportunity to study without burdening patients in need of medical care. Simulated patients—computer-programmed mannequins—can be used

to show problems that are sufficiently rare that there may be no patients exhibiting such symptoms in the hospital. Simulated outpatient clinics, operating rooms, inpatient hospital rooms, intensive care units, and emergency rooms will prepare students for their forays into the “real world.”

Clinical care is still our guiding principle as we redesign Jefferson’s curriculum to meet the changing needs of students, incorporate developments in technology, and update our teaching methods as healthcare advances. All of these changes and improvements continue to emphasize our focus on the training of outstanding clinicians.

Of course at this time of year, we anticipate our graduates entering the profession. They have been trained to provide the highest quality of medical care possible. But they have also been tutored in “quality caring”: to practice with compassion, to find creative ways to maximize the time and attention given to each patient, and to offer culturally competent therapy. They are prepared to be the architects of a healthier future; prepared to fix a public health system that is in disarray. Under the guardianship of these newly-minted Jefferson doctors, patients—and the discipline itself—will be well-cared for.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert L. Barchi". The signature is fluid and cursive.

Robert L. Barchi, MD, PhD  
*President*  
*Thomas Jefferson University*



# The Dean's Column



Thomas J. Nasca, MD'75

The word “complex” is given a precise definition by Mitchell Waldrop in his account of the evolution of complexity science:<sup>1</sup> a zone on the spectrum between order and chaos. This is the zone in which we physicians most often find ourselves.

Complex is not the same as complicated. The difference was described by David Leach at the Annual Educational Meeting of the Accreditation Council for Graduate Medical Education (ACGME).<sup>2</sup> Paraphrasing authors Zimmerman, Lindberg, and Plsek,<sup>3</sup> he gave as an example of complicated the placing of a man on the moon. There are numerous factors which must be taken into account, and scenarios for problems that must be anticipated, but ultimately the process can be mastered and the linear events put in order so as to achieve the landing on the moon and the safe return.

In a complicated manner, cause and effect can be predicted and the results are reproducible. Complicated systems are rule-based in the sense that events and people in these systems typically follow preset formulas to a significant extent. This enables us to make predictions about outcome.

In contrast, the delivery of healthcare is widely acknowledged to be a complex system. Each patient with chronic renal failure, for example, possesses subtle differences in physiological setting, reaction to medications, comorbid conditions, societal background, and psychological reaction. This means that while we can make generalizations about resource utilization in the care of these patients, we are very limited in what we can predict, and we cannot necessarily

reproduce one patient's success in another patient. Each must be treated uniquely.

Complex systems are typically adaptive: small changes that influence certain root adaptive drivers can propel these systems to adapt in the desired direction. For example, telling a teenager that he or she must achieve at least a B+ average may be met with resistance, whereas providing positive rewards (such as a desired vacation) may be met with the desired outcome. The key is to identify the drivers that propel change. Although intervening in a complex manner may produce unintended consequences.

**“Medicine is the most intensely human of professions.”**

The making of a physician is one of the most complex undertakings in our society. We take young people who share certain characteristics, but not all in equal measure. Intelligence, motivation, and a predisposition to altruism and empathy are characteristics that they all share, but their backgrounds, experiences, family life, and career goals differ significantly. We attempt to mold them into knowledgeable, technically skilled, and compassionate physicians who can practice their art in any system of care. We attempt to expand their innate ability to empathize and their instinct toward altruism.

The profession will demand that they perform in a superior fashion over careers spanning 40 to 50 years, despite the evolution of technology and changes in

## A Complex Undertaking

### Why Values Matter in Teaching

“The profession will demand that they perform superbly over careers spanning 40 to 50 years, despite the evolution of technology and changes in mankind’s knowledge.”

mankind’s knowledge. How do we produce individuals who can evolve over time to serve their patients? How do we help students make the transition from rule-based education (such as introductory science courses, in which mastery of certain facts and formulas virtually guarantees good results) to a principle-based career of adaptation and complexity?

The answer is to design educational and evaluation systems that remain rooted in values. We need to combine a rule-based approach to performance evaluation (which is indispensable, since practitioners cannot be effective if they don’t have a base of knowledge) with a principle-based approach. This will produce a self-aware, self-evaluating, continuously evolving physician.

### Three requirements for this kind of teaching

First, we must ensure that evaluation systems are equitable and trusted. We need each student to be able to predict his or her performance. Self awareness is the first step in the development of the reflective physician. Physicians must know what they know and what they don’t know.

Second, we must encourage the students to self-govern their professional expectations of each other. In this regard, our students have been outstanding. They have re-invigorated the Jefferson Medical College Honor Code which articulates goals of honesty, integrity, responsibility, and altruism. Our faculty have followed their leadership, giving new life to the Faculty Code of Professional Conduct, and adopting the Shared Code of Professional Values with the students as a

guiding set of principles to govern the interactions in our community.

Third, we must evaluate whether students manifest these professional values at the bedside. This begins in the first week of medical school, when they begin to interact with standardized patients. These “patients” provide students with feedback in the form of direct personal advice and through video-recorded sessions which the students review with faculty and peers. In this fashion, students learn to accept feedback and give feedback to colleagues – an essential part of professional responsibility.

Throughout medical school, they are evaluated not only on their knowledge and technical skill, but also on their humanism and their ability to relate to patients and families. The goal is to teach the student to self-evaluate his or her own performance in all of these areas. While it is true that we occasionally identify individuals who repeatedly behave in an unprofessional fashion and are removed from the school, disciplinary action is not the goal. Our goal is to mold and extend the shared values that already exist in this community. We want students to experience how these values apply in varied clinical environments.

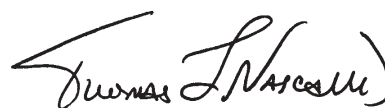
Values can give guidance to the long-term direction of medical education in the U.S., and to our system of care delivery. In healthcare, new data and new techniques continually become available, but the values provide a scaffolding. They keep the patient at the center of our thinking. Values can inspire us to go beyond what is required by rules, making our work a freely given

service, rather than a task. Values are a common bond that brings physicians together, and they are the basis for the social contract between medicine and society.

“Values are the basis for the social contract between medicine and society.”

“Why be concerned with values in education?” Theodore Hesburgh, PhD asked. “Because wisdom is more than knowledge, man is more than mind, and without values, man may be intelligent but is not fully human.” As most of us agree, medicine is the most intensely human profession in which one may be privileged to participate.

Sincerely,



Thomas J. Nasca, MD’75, MACP

*Senior Vice President,  
Thomas Jefferson University*

*Dean, Jefferson Medical College  
President, Jefferson University Physicians*

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# Construction Begins on Innovative Breast Care Center

Jefferson's exceptional services for breast cancer patients have grown at such a pace that its facilities are now located in several hospital buildings. As one of the largest breast imaging centers in the country, Jefferson conducts more than 35,000 studies each year. In order to bring all breast imaging and treatment options together for this extensive patient base, construction soon will begin on the first phase of the new Jefferson Breast Care Center in the 1100 Walnut Street Building.

The renovation of several floors of the Medical Office Building will bring all services into proximity, including a state-of-the-art diagnostic imaging facility with all new digital technology. This patient-centered facility will offer state-of-the-art equipment operated by highly trained clinicians.

Education will play a significant role in the new center. A large, well-equipped classroom will be available for patients, community members, and professionals. An educational website will help the patients navigate their experience. In addition, trained facilitators will be available to help patients understand the information they access.

The Jefferson Breast Care Center will offer further educational opportunities to science and medical students in the research and treatment of breast disease. The team approach to breast cancer care at the new center will also provide invaluable educational experiences for young clinicians and researchers. This aspect of the center integrates with the university's mission to train medical students as part of healthcare delivery and research teams.

At the new center, research managers will identify appropriate clinical trials for their patients, no matter where they fall on the spectrum of diagnosis or treatment. Breast cancer researchers at Jefferson currently run dozens of clinical trials each month. As we increase the number of participants in these trials, we can move our discoveries to the public more quickly and efficiently.

In fact, over the next five years, Jefferson will invest further effort into laboratory studies to determine which targeted drugs are best used in combination with conventional therapies, and to identify the optimal doses and appropriate sequence. Underlying Jefferson's investigation is the desire to understand the biological underpinnings and microenvironment of tumors to determine what makes some sensitive and others resistant to various cancer regimens. The goal is to find combined modality treatment with radiation therapy that most effectively discourages tumor growth and proliferation, with the fewest side effects, cell toxicity, and drug resistance complications. Jefferson is undertaking trailblazing research on genetic markers for breast cancer as well.

The Kimmel Cancer Center at Jefferson is one of a select group of National Cancer Institute-designated cancer centers in the country. Richard Pestell, MD, PhD, Director of the Kimmel Cancer Center at Jefferson, is pleased with the development of the new center: "I'm very excited about the opportunity to build upon Jefferson's tradition of accomplishment and to facilitate the translation of basic research discoveries into meaningful advances in patient treatment and care. The new Breast Care Center will enhance our progress." ♦

"I'm very excited about the opportunity to build upon Jefferson's tradition of accomplishment."

— Richard Pestell, MD, PhD

# Findings

## Ion Channels

# Clues to How Molecular Gatekeepers Work

One of the biggest mysteries in molecular biology is exactly how ion channels - the tiny protein pores through which molecules such as calcium and potassium flow in and out of cells - operate. Such channels can be extremely important; members of the voltage-gated ion channel family are crucial to generating electrical pulses in the brain and heart, carrying signals in nerves and muscles. When channel function goes awry, the resulting diseases - known as channelopathies, including epilepsy, a number of cardiomyopathies, and cystic fibrosis - can be devastating.

Ion channels are also controversial: there are two competing theories of how they open and close. Now, scientists at Jefferson have detailed a part of this intricate process, providing evidence to support one of the theories. A better understanding of how these channels work is key to developing new drugs to treat ion channel-based disorders.



**Above:** Sophisticated microscopes such as this one are helping Jefferson scientists understand how ion channels (tiny protein pores through which molecules such as calcium and potassium flow in and out of cells) operate.

**“When channel function goes awry, the resulting diseases - known as channelopathies - can be devastating.”**

Richard Horn, PhD, Professor of Physiology, explains that voltage-gated ion channels are large proteins with a pore that pierces the cell membrane. They open and close in response to voltage changes across the cell membrane, and the channels determine when and which ions are permitted to cross a cell membrane.

In the conventional theory, when an electrical impulse called an action potential travels along a nerve, the cell membrane charge changes. The inside of the cell (normally electrically negative), becomes more positive. In

turn, the voltage sensor, a positively charged transmembrane segment called S4, moves towards the outside of the cell through a small molecular gasket called a gating pore. This movement somehow causes the ion channel to open, releasing positively charged ions to flow across the cell membrane.

After the action potential is over, the cell's inside becomes negative again, and the membrane returns to its normal resting state.

The more recent and controversial theory proposed by Nobel laureate Roderick MacKinnon, MD of Rockefeller University holds that a kind

of molecular paddle comprised of the S4 segment and part of the S3 segment moves through the cell membrane, carrying S4's positive charges with it across the lipid. As in the conventional theory, the S4 movement controls the channel's opening and closing. The two theories differ in part because the paddle must move its positive charges all the way across the cell membrane. The conventional theory says that charges move a short distance through the gating pore.

In recent research at Jefferson, Dr. Horn and Christopher Ahern, PhD, a research assistant in the Department of Physiology, showed that the field through which the voltage sensor's charges moved is very short, lending support to the conventional model.

*continued on page 6*



Farber Institute for Neurosciences

# A Tie Between Obesity and Alzheimer's Disease



Sam H. Gandy, MD, PhD with technician Emily Sluzs

Preventing heart disease and diabetes are among the many reasons to lose weight, and Jefferson researchers are adding another: according to a recently released study, being overweight can increase the risk of developing Alzheimer's disease.

A team led by researchers from the Farber Institute for Neurosciences at Jefferson and Edith Cowan University in Joondalup, Western Australia has shown that being extremely overweight or obese increases the likelihood of developing Alzheimer's. They found a strong correlation between body mass index and high levels of beta-amyloid, the sticky protein substance that builds up in the Alzheimer's brain and is thought to play a major role in destroying nerve cells and in cognitive and behavioral problems associated with the disease.

"We looked at the levels of beta-amyloid and found a relationship between obesity and

circulating amyloid," says Sam H. Gandy, MD, PhD, Director of Jefferson's Farber Institute for Neurosciences. "That's almost certainly why the risk for Alzheimer's is increased," says Dr. Gandy, who is also professor of neurology, and biochemistry and molecular biology.

**"Heightened levels of amyloid in the blood vessels and the brain indicate the start of the Alzheimer's process."**

"Heightened levels of amyloid in the blood vessels and the brain indicate the start of the Alzheimer's process." The scientists reported their findings recently in the *Journal of Alzheimer's Disease*.

According to Dr. Gandy, evidence has emerged over the last five years that many of the conditions that raise the risk for heart disease such as obesity, uncontrolled diabetes, hypertension, and hypercholesterolemia also increase the risk for Alzheimer's. Exactly how such factors make an individual more likely to develop Alzheimer's remains a mystery.

The researchers measured body mass index and beta-amyloid levels in the blood. They also looked at several other factors associated with heart disease and diabetes, such as the inflammatory marker C-reactive protein, insulin, and high density lipoprotein in 18 healthy adults who were either extremely overweight or obese. They found a "statistically significant correlation" between body mass index and beta-amyloid.

The next step is to follow such patients over the long term to see how many do indeed

develop Alzheimer's. "We need to first develop a medicine that is effective in humans in lowering amyloid accumulation or generation," says Dr. Gandy. "We have those now in mice and we are testing them in humans. If we can develop such a medicine,

then the question will be, if we can lower amyloid, will that in fact prevent Alzheimer's?

"Ours is one of the first attempts to try to find out on both the pathological and the molecular levels how obesity was increasing the risk of Alzheimer's," says Dr. Gandy, who serves as chairman of the Alzheimer's Association's Medical and Scientific Advisory Council.

One implication of these findings could be that by losing excess weight and maintaining normal body weight, an individual might reduce the risk of developing Alzheimer's. However, this has not been proven, notes Dr. Gandy.

"What's especially interesting about this is that several studies are showing that even medical conditions in midlife may predispose to Alzheimer's later on," he says. "The baby boomers today should pay attention to this. Their medical risk factors today will play a role 30 years later. Think about weight, cholesterol, blood pressure, which could affect you long-term." ♦

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Molecular Gatekeepers *continued from page 5*

"Using a molecular tape measure with a very fine resolution – 1.24 Angstroms – we tethered charges to the voltage sensor," Dr. Horn explains. "When the tether is too long, the voltage sensor can't pull it through the electric field," meaning the electric field is highly focused.

"This is a further argument against the paddle model," he says, "because the thickness of the electric field is much smaller than predicted by that model. The measurement is unambiguous in terms of the relationship between length of the tether and how much charge gets pulled through the electric field.

Next, the researchers are unraveling the relationship between S4's movement and the gates that open and close the channels. ♦

## Orthopedic Research

# Fighting Artificial Implant Infections



Irving Shapiro, PhD

An estimated 11 million Americans have received at least one implanted medical device. More than 51% of these are used in orthopaedic or maxillofacial surgery; of these roughly a quarter are joint replacement prostheses. Hip and knee replacements account for 90% of these procedures with over 300,000 joint replacements performed in the United States annually.

One of the major causes of implant failure is infections associated with orthopedic implants. If bacteria grow on an implant, the device can't knit properly with bone. When this occurs, physicians give extensive antibiotic treatment and the old implant is replaced. The treatment can include cement containing antibiotics. "The hope is that the drugs in the glue will protect the implant, but that doesn't always work," Dr. Noreen Hickok, Associate Professor of Orthopedic Surgery, explains. She notes that while infections are infrequent, they can occur right after surgery from contamination during the operation, or can occur later, growing on the implant from a different source in the body, such as a bladder infection or a dental procedure. Infections associated with inserting a medical device can be devastating, painful, and cause prolonged disability, costing tens of thousands of dollars.

Researchers at Jefferson led by Irving Shapiro, PhD, Professor of Orthopedic Surgery, have found a way to create a permanent chemical bond between antibiotics and titanium,

a material used in orthopedic implants. The proof-of-principle study showed that an antibiotic can be connected to the titanium surface in an active form, and can kill bacteria and prevent infection. The work is a critical first step toward developing stable, bacteria-resistant implants to combat infection.

"The biggest benefit of this work is to keep the infection from ever starting," says Eric Wickstrom, PhD, Professor of Biochemistry and Molecular biology at Jefferson, who in collaboration with Hickok and Allen Zeiger, PhD, Professor of Biochemistry and Molecular Biology, developed the bonding method.

**"...an antibiotic can be connected to the titanium surface in an active form, and can kill bacteria and prevent infection."**

In their work, the scientists fastened the antibiotic vancomycin to titanium powder. The vancomycin could then immediately kill bacteria sensitive to vancomycin that landed on the titanium. The researchers tested whether vancomycin was indeed attached to the titanium surface using microscopy.

Next, they added a fragment of bacterial cell wall to see if the vancomycin on the powder could bind to its natural target. The tests proved that the vancomycin was bound and active.

Finally, they added bacteria and showed that titanium beads with vancomycin on the surface killed the bacteria. When the beads were exposed to more bacteria, the vancomycin continued to kill the new infection. The vancomycin was not only chemically bound, but aggressively curtailed re-infection as well.

"Our technique puts a bed of antibiotic nails on the surface of the implant," Dr. Wickstrom says. "The first time a bacterium lands on those nails, it dies." The researchers and their coauthors including Valentin Antoci Jr., an MD/PhD student at Jefferson, reported their results in the journal *Chemistry and Biology*.

"The recent results are another step toward our ultimate goal of preventing infections in battlefield fractures and hip and knee implants," Dr. Shapiro explains.

The researchers, including collaborators at the Rothman Institute at Jefferson and the University of Pennsylvania, are supported by a grant from the U.S. Department of Defense to develop techniques aimed at enhancing fracture repair and improved treatment of battlefield injuries.

"This technology bonding antibiotics to the implant surface is analogous to having land mines," says Jefferson orthopedic surgeon Javad Parvizi, MD, who treats implant-related

infections and works on the project. "Once the organism steps on the surface, the antibiotic mine explodes and kills the bacteria. It holds great promise for our patients."

Dr. Wickstrom says the same approach can be used for other antibiotics and other implants. "There are plastic devices—bladder catheters, implants for kidney dialysis, Hickman tubes, pacemakers—every implant you can think of is a magnet for bacteria," he says. "The idea of having a permanent chemical bond to the metal is a new approach. This can be used for every metal and plastic implant, with every antibiotic."

While the current work is proof-of-principle for binding titanium to an antibiotic, the research team has received a new grant for \$3 million from the National Institutes of Health for five years to investigate ways of encouraging bone growth on implants bearing permanent antibiotics.

"We're moving from just having a bacteria-killing surface to having one that prevents infection while promoting better bone-implant interactions. The idea is to have the implant last for many more years and avoid infection. We expect that the ideal chemical bonds will last for years, ideally as long as the implant." ♦

## Radiation Oncology

# Reducing Radiation's Side Effects

While chemotherapy and radiotherapy are the standard treatments for cancer, both take a toll on the body. Radiation can damage epithelial cells and lead to permanent hair loss, among other effects. Certain types of systemic chemotherapy can produce hearing loss and damage to a number of organs including the heart and kidneys.

Only one drug, Amifostine, has been approved by the FDA to help protect normal tissue from these side effects. Jefferson researchers are looking for other substances.

A team of Jefferson scientists, led by Adam Dicker, MD, PhD, Associate Professor of Radiation Oncology, and Ulrick Rodeck, MD, Professor of Dermatology, explored the molecular mechanisms responsible for cellular damage from radiation. They collaborated with a Houston-based drug company, C Sixty, using its radiation-protective agent, CD60\_DF1.

To test how well it worked, researchers turned to tiny zebrafish embryos, which are transpar-

ent and allow scientists to closely observe damage to organs produced by cancer treatments. Zebrafish usually have most of their organs formed by day three of development.

Scientists gave the embryos different doses of ionizing radiation as well as treatment by either Amifostine or CD60\_DF1. They found that CD60\_DF1 given before and up to 30 minutes after exposure to X-rays reduced organ damage by one-half to two-thirds. This level matched that of the drug Amifostine, which was the control in the study.

Researchers demonstrated that a microscopic nanoparticle can help fend off damage to normal tissue from radiation. The nanoparticle, a carbon-based structure known as a fullerene, acts like an "oxygen sink," binding to dangerous oxygen radicals produced by radiation. Dr. Dicker and his group see fullerenes as a potentially "new class of radioprotective agents."

Dr. Dicker explains that one way that radiation frequently damages cells and tissues

is by producing "reactive oxygen species"—oxygen radicals, peroxides, and hydroxyls. The

research team showed that zebrafish embryos exposed to ionizing radiation had more than 50 percent fewer reactive oxygen species compared to untreated embryos.

"We also showed that the fullerene provided organ-specific protection," Dr. Dicker notes. "It protected the kidney from radiation-induced damage, for example, as well as certain parts of the nervous system."

Next, the team would like to plan studies examining another animal model system to find out if fullerene not only protects the entire animal from radiation, but also examine organ-specific effects, for example studying whether the drug protects the lungs. They are also interested in exploring its ability to prevent some of the long-term side effects of radiation, such as fibrosis in the leg. The scientists want to determine better ways to target the agent to protect specific tissues and organs. ♦

## Vascular Surgery

# Developing a New Vascular Bypass Graft

Vascular surgeons at Jefferson are developing a novel vascular bypass graft that has the potential of helping thousands of patients, including those suffering with atherosclerosis.

Paul DiMuzio, MD, VS'95, Assistant Professor of Surgery and Radiology, has received grants

**"Creation of his new graft starts with saphenous vein taken from tissue transplantation donors."**

from the National Institutes of Health and the American Heart Association to create an innovative graft that would bypass blood vessels in the heart and legs clogged by atherosclerosis.

When bypass surgery is required, surgeons usually use the patient's other nondiseased blood

vessels as the bypass graft. They use ones that can be spared such as the saphenous vein.

"Unfortunately, the saphenous vein is frequently unavailable for use because it is diseased, is too small, or previously has been used for sur-

gery," said Dr. DiMuzio. "Plastic grafts are used instead, but the results are far less favorable."

His goal is to create a new, readily available graft that performs better than the currently used plastic grafts. Creation of his new graft starts with saphenous vein taken from tissue

transplantation donors. Because blood vessel transplants may be rejected by recipients, however, Dr. DiMuzio has developed a two-step process to get around this problem.

The new method begins by removing the foreign cells from the donated blood vessels. This leaves a "skeleton" of the vessel which has a much reduced chance of rejection. Second, this blood vessel skeleton is repopulated with the patient's own cells to form the new graft. Dr. DiMuzio is developing methods to use the patient's own stem cells as a source for graft creation. It is hoped that this new graft will function as well as the patient's own blood vessels. ♦



# OnCampus

## Dicker To Direct Translational Research Program of the RTOG

Associate Professor of Radiation Oncology **Adam P. Dicker, MD, PhD**, an internationally respected researcher in such areas as the epidermal growth factor receptor, nanoparticles, and brachytherapy for prostate cancer, has been appointed Vice Chair for Translational Research for the Radiation Therapy Oncology Group, the nationwide collaborative effort in which major programs in radiation oncology conduct clinical research.



Adam P. Dicker, MD, PhD

“Dr. Dicker’s primary goal will be to increase efforts in cancer informatics.”

In his new role, Dr. Dicker will oversee all of the translational research conducted through RTOG. A primary goal will be to increase efforts in cancer informatics. “We’re entering an age of personalized medicine,” he explains, “and we’re trying to make predictions based on molecular

signatures as to which patients may benefit from a particular therapy, and which patients could experience toxicity. Our ability to translate laboratory findings to the clinic depends on developing a better understanding of genomics and protein and molecular signatures. It’s an exciting time to be conducting medical research, bridging the laboratory and clinic.”

## Movement Disorders Program

A Movement Disorders Program has been established within the Department of Neurology to bring together experts in this challenging field. More than 40 million Americans—nearly one in seven—are affected by movement disorders, which include Parkinson’s disease, Huntington’s disease, tremor, ataxia, dystonia, and gait disorders. The program is directed by faculty members **Tsao-Wei Liang, MD** and **Daniel Erik Kremens, MD, JD**.

Movement disorders affect the abilities to initiate and coordinate movements. Symptoms can include trembling, shaking, or gait disorders, making it difficult to perform routine activities like getting out of a car, bathing, speaking, or feeding oneself. Because the symptoms can be difficult to distinguish, accurate diagnoses are difficult to make and require highly trained specialists.

Jefferson’s program will provide patients with innovative treatment options and the opportunity to participate in clinical studies of new therapeutic agents.

## Corbin Honored for Efforts Against Youth Violence

**Theodore Corbin, MD**, Clinical Instructor in Emergency Medicine, has been awarded a Physician Advocacy Fellowship from the Center on Medicine as a Profession at Columbia University. He will benefit from this fellowship while continuing to serve as Medical Director of the Violence Prevention Program in Jefferson’s Department of Emergency Medicine and assistant director of the residency program.

A large number of the emergency room cases in urban hospitals stem from youth violence. Dr. Corbin has been active in this area on many fronts. He is working with the Philadelphia chapter of Physicians for Social Responsibility on strategies to lessen youth violence, and to improve access to quality care when incidents do occur.

The mission of Columbia’s Physician Advocacy Fellowship is to inspire doctors to advocate for the public interest, and to promote advocacy as a core value and skill in physicians. Columbia’s center hopes to assist leaders like Dr. Corbin to more effectively address issues such as racism, violence, disparities in healthcare access, and environments that adversely affect health.

“Dr. Corbin is working on strategies to lessen youth violence, and improve access to quality care when incidents do occur.”



Theodore Corbin, MD



Tsao-Wei Liang, MD



Daniel Erik Kremens, MD, JD



James Evans, MD



Marc Rosen, MD



Joseph S. Gonnella, MD

Dr. Corbin serves along with other physicians, public health professionals, social workers, public school administrators, members of the district attorney's office, police officials, and community activists on the Philadelphia Youth Fatality Review Team, which meets monthly to review youth homicides in Philadelphia. He is also a member of the Health Care Collaborative, a group of individuals representing local emergency departments. The group collects data on injured youths and uses it to improve services for these patients.

### Brain Tumors and Skull Base Tumors Are Now Removed through a Minimally Invasive Approach

Jefferson experts in cranial base surgery and endoscopic neurosurgery are now removing skull base tumors through the nose and nasal sinuses instead of the traditional, more invasive surgery that required opening up the brain and skull. Co-directors of this program are **Marc Rosen, MD**, Assistant Professor of Otolaryngology-Head and Neck Surgery, and **James Evans, MD**, Assistant Professor of Neurosurgery.

"This gives us a new way to treat patients with benign or malignant brain, cranial base, or sino-nasal tumors," noted Dr. Rosen. "By sharing expertise across disciplines, we have been able to dramatically improve patient outcomes and reduce the length of hospital stays."

Traditionally, cranial base tumors have been removed by opening large holes in a patient's skull and removing facial bones. Jefferson's multidisciplinary team instead applies a more high-tech approach which is less destructive. Less time is spent in the operating room, and because less time for healing is required, patients can also begin radiation and chemotherapy sooner than they could with conventional surgical procedures.

The surgeons first use a thin endoscope with a camera attached to enter a patient's nose and sinuses, allowing them to approach the tumors without external incisions.

Guided by the scope coupled with enhanced computer navigation, the surgeons open small holes in the base of the skull and membrane covering the brain. The tumors are removed either in one piece, or broken up into smaller pieces if the tumors are too large.

"This is a radical departure from conventional surgery," Dr. Rosen noted. "A whole range of conditions can be managed by this method and it is sure to be the standard of care in the future."

These procedures are complimented by Jefferson's expertise in stereotactic radiosurgery, equipped with capabilities such as Novalis Shaped Beam surgery. Faculty members are also advancing the field in skull base reconstruction following tumor removals, and the use of robotic surgery.

### Cancer Program Receives Top Honor from the American College of Surgeons

Thomas Jefferson University Hospital has received a three-year approval with commendation for its cancer program from the American College of Surgeons Commission on Cancer, its highest possible recognition. This high rating is based on such factors as the ability to provide comprehensive state-of-the-art services and equipment; a multidisciplinary, team approach to the coordination of cancer care; and a cancer data management system, or cancer registry, capable of recording and analyzing cancer trends by primary site, demographics, and outcomes.

"The entire cancer team at all levels of the organization should be proud of this important accomplishment, providing the highest quality of care to our cancer patients at Jefferson," says **Richard Pestell, MD, PhD**, Director of Jefferson's Kimmel Cancer Center and Chair of Cancer Biology.

### Gonnella To Chair International Committee

**Joseph S. Gonnella, MD**, Director of the Center for Research in Medical Education and Healthcare, has been appointed Chairman of the Advisory Committee of Foreign Experts of Tianjin Medical University in China for three years. This committee plays a major role in fostering the university's key discipline which integrates traditional Chinese medicine with Western medicine.

## Women in Surgery: A Perspective from Faculty Member Morris Kerstein, MD

Today half of all students entering medical schools across the country are women. Yet women still remain a statistically underrepresented group in surgery. According to a study from Johns Hopkins Hospital, although male and female surgeons receive the same training, academic advancement after training is statistically less likely for women. The authors suggest that more attention needs to be placed on mentoring. That's where Jeff faculty member Morris Kerstein, MD comes in.

He was recently honored by the Association of Women Surgeons, which was founded in 1981 as an outgrowth of the American College of Surgeons and now has more than 1,700 members. This past fall Dr. Kerstein, a Professor of Surgery at Jeff, was recognized for his advocacy of women in surgery and mentoring of women trainees. In addition to teaching at Jefferson, Dr. Kerstein is Chief of Staff at the V.A. Medical Center in Wilmington, Delaware, and is a former Rear Admiral in the U.S. Navy.



Morris Kerstein, MD, with his award.

**“Come to me and say,  
‘I want to be a surgeon.  
Now help me.’ Faculty  
enjoy helping that way.”**

Dr. Kerstein says, “I looked out over the crowd attending the award banquet and was startled to realize how many of the attendees I knew from mentoring them during their careers. It’s a very rewarding feeling to mold someone who will continue on.”

Dr. Kerstein’s varied career has taken him around the world. “I enjoyed the thinking aspect of medicine, but surgery allows you to actively participate too. The stress takes a different form than in internal medicine. In surgery, once you make a decision, you find out quickly whether you were right or wrong.”

Graduating from medical school in 1963 and entering the Navy, Dr. Kerstein was part of a surgical team that operated in Vietnam battle zones under extreme circumstances in self-transportable, inflatable hospitals. After two years, his chiefs gave him the chance to tour Eastern Europe teaching trauma surgery. Eventually he returned to Boston to finish his residency, where one of his mentors urged him toward academic surgery and helped him secure a prestigious fellowship in Sweden.

Next stop was Yale University School of Medicine, where he was appointed Assistant Professor. He still held a government appointment, and the State Department sent him to Lebanon, Jordan, and Egypt to teach trauma surgery, as he had in Eastern Europe.

At the age of 42, Dr. Kerstein was recruited to Tulane University in New Orleans as Chief of Vascular Surgery and the youngest tenured professor. The government came calling again: asking if he could go to Beirut to fill in for a few weeks.

“We had mortar fire every morning and every night, but not during the day,” he remembers of the war-torn city in the early 1980s. “So in the middle of the day we operated and tried to evacuate casualties.”

He came back to the States and moved up the ladder in academic surgery until being stricken with chest pain during an operation. “It was a heart attack...After it happened again, it was clear I was finished in surgery.”

The thought of an early retirement didn’t entice Dr. Kerstein. Fortunately the opportunity as Chief of Staff at the Wilmington V.A. opened up. He continues to teach and mentor medical students and house staff. His wife, Margaret Schwedler, MD, is an Associate Professor of Anesthesia and Director of the Surgical Center at Jefferson.

Dr. Kerstein never set out to become an advocate for women in surgery. “I never thought that women in my field could be any different than men,” he states. He believes the

biggest reason why fewer women enter surgery is that there are fewer female role models. Another stumbling block is the widespread assumption that if a woman is admitted into a surgical program, she will quit surgery in order to care for her family. Yet according to the American College of Surgeons, more than 60% of practicing women surgeons are married and 40% have children.

As a mentor, Dr. Kerstein believes that “men currently in this field must make themselves available to women who are starting out. My only advice to a woman considering surgery is to follow your heart. Come to me and say, ‘I want to be a surgeon. Now help me.’ As faculty, we are obligated to do that.”

He adds without even hesitating, “And we enjoy doing it.” ♦



## David Lepper Leads Fundraising

After a national search, David R. Lepper has been named Senior Vice President for Development for Thomas Jefferson University Hospital and

Thomas Jefferson University. This post oversees all fundraising and alumni relations efforts.

Mr. Lepper brings more than 27 years of experience to Jefferson. He was most recently at Wayne State University School of Medicine where he was Executive Director, Development and Alumni Affairs. In that role he managed a \$115 million campaign for the institution. Additionally, his responsibilities included the coordination of fundraising activities with the Detroit Medical Center, the Karmanos Cancer Institute, and the Children’s Hospital of Michigan.

Before joining Wayne State in December 2002, Mr. Lepper served as Chief Development Officer for Focus: Hope, a Detroit-based not-for-profit civil and human rights organization. Prior to that, he planned, led, and completed a \$100 million capital campaign for the Karmanos Cancer Institute in Detroit.

Mr. Lepper began his fundraising career at the United Way in Detroit where he ultimately served as Campaign Director. ♦



**Parents Day** on March 10 welcomed families of the second-year class to Jefferson. The big crowd included many alumni and postgrad alumni whose children are carrying on a family tradition. Other parents were getting to know the Jeff community for the first time. The day was an opportunity to meet their children's professors and enjoy a return to the classroom (without the pressure of exams!). Parents and offspring attended lectures by Dale Berg, MD, Co-Director of the Rector Clinical Skills Center; Richard Wender, MD, FP'82, the Alumni Professor and Chair of Family Medicine; and Pauline Park, MD'82, Assistant Professor of Surgery. These were followed by student presentations, lunch, tours of the campus, and time to check out the vibrant neighborhood of Center City Philadelphia.



Gerard Berry Jr. '08 with his grandmother, Anne Doro, his mother, Anne Berry, and Dean Thomas J. Nasca, MD'75, MACP. Gerard's father is JMC'75.



Kristina Pao '08, one of the student co-chairs of the event, with her father David Pao, MD, OPH'73.



A. Lee Osterman, MD, Professor of Orthopedic and Hand Surgery, with his daughter Meredith '08 (a student co-chair of the event), and his wife Elissa Topol.



Craig Haytmanek, MD'72 with his son Craig '08; and classmate Philip DiGiacomo, MD'72 with his son Philip '08.



Alumni parents and their children gathered in front of The Gross Clinic, the renowned painting by Thomas Eakins, an artist who studied anatomy at Jefferson. Dean Nasca is at left and President Barchi is at right rear. A guided tour of Jefferson's Eakins Gallery was provided.



University President Robert L. Barchi, MD, PhD welcomed guests.

# Class Notes

'43

**Adolph Friedman** retired in 1998 from a consultation practice in endocrinology. Since then he has been working as the Historian of the Endocrine Society two days a week.

'47

**Bruce Van Vranken** is retired and living in Southern California. He is semi-active in management at his old medical group in Glendora.

'48

**Charles Foster** is looking forward to going to Argentina with Elderhostel. On this trip he is determined to learn the tango.

'49

**Paul Hartstein** retired 15 years ago after practicing family medicine for 40 years. He now enjoys gold and silver artistry and creating jewelry. His advice to retiring physicians: "Discover another talent lying dormant in want of expression!"

**Sheldon Rudansky** practiced urology for 43 years, including a tenured period as Chairman of the Department of Urology at Nassau-Winthrop University Hospital in Mineola, NY. Since retirement, he has remained active as a physician advisor in case management.

**Conrad Zagory** and his wife Mare continue to spend 10 months of the year in Puerto Vallarta, Mexico. They have been retired since 1990 and are enjoying the slow pace of life south of the border.

'51

William Reifsnyder retired as Medical Director of the Highlands (a continuing care retirement community) in Wyomissing, PA,

and was succeeded by **Lewis Winans '71**. Dr. Reifsnyder now helps out with a caregiver support group at his church.

'52

Jerome Lebovitz, after 50 years of "practice and fighting with the HMOs and Medicare," left private practice and joined the Pittsburgh Medical Associates of Mercy Hospital. He now works three days a week with no responsibility except to his patients. "I have loads of new stories!"

**Albert Wilkinson Jr.** retired from clinical practice of pediatric surgery, but continues to work in children's health with the Association of Florida Children's Hospitals. He has just completed a book, soon to be published, on children's health and children's hospitals.

'54

**Howard Field** of Philadelphia has left practice in order to study medical history and ethical problems of today's medicine.

'55

**Robert E. Berry** of Roanoke, VA has been elected Second Vice President of the American College of Surgeons.

'56

**Joseph Bard** retired at the end of 2003, and misses "terribly" the practice of medicine, but not the business of medicine.

**Charles Stahl** will serve a second three-year term as a Jefferson Medical College Alumni Trustee on the Thomas Jefferson University Board of Trustees.

**Noyes Yale** is fully retired after 30 years of practice in internal medicine. He lives in Avon, CT.

'57

**Martin Blechman** retired from clinical practice, but is active with the Diabetes Foundation. He is working to improve diabetic education, helping indigent diabetics get their medications, and seeing that diabetic children get to camp.

**Nicholas Spock** retired after 40 years of family practice, including a three-year tour of duty with the US Air Force in Athens, Greece. He continues to be active with hunting, serving an eight-year term as Game Commissioner, as well as fishing and gardening.

'58

**Bartram Horowitz** is Chief of Rheumatology at the Maricopa Medical Center in Phoenix, AZ, where he is teaching as well as caring for patients.

**Robert G. Somers** has stepped down as Chairman of Surgery at Albert Einstein Medical Center after 20 years. He continues a full time practice in breast surgery.

'59

**Joseph Besecker** has found a second career working with **AI Cook '64** as a research analyst for a financial firm after retiring from clinical practice.

**Joseph W. Eschbach** was awarded the Amgen International Prize for Therapeutic Advances in Nephrology at a congress in Singapore in June 2005. He received the award for making fundamental contributions to the identification of erythropoietin and its therapeutic use for correcting anemia in patients with chronic kidney disease, resulting in a markedly improved quality of life.

**Walt McConnell** is currently working on a movie version of his book *Malignant Decisions* co-authored with Doug Campbell, formerly of the *Philadelphia Inquirer*.

'61

**Jerry Harrell** continues to work part time at a mission eye clinic in Mombasa, Kenya.

**James A. Walsh** is a radiologist at the US Naval Hospital in Beaufort, SC. Among his patients are many Marine recruits from Parris Island. "I can't believe I was ever that young!"

'62

**John Capelli** maintains a part time clinical practice in nephrology and transplantation as Senior Vice President of Medical Affairs for Lourdes Health System. He has oversight responsibilities in Medical Affairs for Our Lady of Lourdes Medical Center in Camden, NJ, and Lourdes Medical Center of Burlington County in Willingboro, NJ.

**Stephen Gosin** is Division Director of General Surgery at Shore Memorial Hospital in Somers Point, NJ. He practices general and vascular surgery with his son **Jeffrey S. Gosin '89**. Dr. Gosin still enjoys piloting his plane in his spare time and now has eight grandchildren.

'63

**George Cohen** received the De Guigne Award in March 2005 from the Mills-Peninsula Hospital Foundation for making a significant difference in the quality of healthcare in the community. Dr. Cohen has served as Chief of Staff and Director of

Jefferson Medical College  
Alumni

SEPTEMBER 29-30

# '06 Weekend



- Class Clinics
- Women's Forum
- Alumni Banquet, including presentation of the Alumni Achievement Award to Monica Morrow, MD'76.
- State of the College address by Dean Thomas J. Nasca, MD'75, MACP
- Taste of Philadelphia Luncheon at Jefferson
- Campus tours with JMC Student guides
- CME program
- Trips to Philadelphia attractions featuring local cultural and historic attractions – activities for the whole family
- Reunion class receptions and dinners at the historic Loews Philadelphia Hotel, a Philadelphia landmark
- Live entertainment Saturday night with open bar
- Recognition of class fundraising successes

**Hotel guest room blocks have been set aside for the Weekend, but we advise you to reserve early.**

- Loews Philadelphia Hotel  
215-627-1200
- Inn at the Union League  
215-587-5570
- Holiday Inn Express Midtown  
(kids stay free, up to age 18)  
215-735-9300

When making your reservation, request the special Jefferson hotel rate.

Questions?  
215-955-9100

toll free: 1-877-JEFF-GIFT

events@jefferson.edu





Watch your mailbox  
in July for the  
official Alumni  
Weekend invitation!

## Class Reunions 2006

All reunion dinners will be held at the Loews Hotel,  
1200 Market Street, on Saturday, September 30.

**1946** - 60 year

Reunion Chair: *Randall McLaughlin, MD*  
Class Agent: *James Mackell, MD*

**1951** - 55 year

Reunion Chair: *Daniel Erhard, MD*  
Class Agent: *Daniel Erhard, MD*

**1956** - 50 year

Reunion Chair: *Thomas Doneker, MD*  
Class Agent: *Eugene Bonacci, MD*

**1961** - 45 year

Reunion Chair: *Stanton Smullens, MD*  
Class Agent: *Stanton Smullens, MD*

**1966** - 40 year

Reunion Chairs: *James Burke Jr., MD;*  
*John Salvo, MD*  
Class Agents: *Gregory Adams, MD;*  
*Timothy Michals, MD*

**1971** - 35 year

Reunion Chair: *Stephen Silver, MD*  
Class Agents: *James Barone, MD;*  
*Terrence Carden, Jr., MD*

**1976** - 30 year

Reunion Chair: *Scott Goldman, MD*  
Class Agent: *Larry Glazerman, MD*

**1981** - 25 year

Reunion Chairs: *Rudolph DePersia, MD;*  
*Lori DePersia, MD*  
Class Agent: *John Angstadt, MD*

**1986** - 20 year

Reunion Chair: *Gregory Mokrynski, MD*  
Class Agent: *Bernard Lopez, MD*

**1991** - 15 year

Reunion Chair: *John Comber, MD*  
Class Agents: *John Comber, MD;*  
*Una Brewer, MD; Lina O'Brien, MD*

**1996** - 10 year

Reunion Chair: *TBD*  
Class Agents: *Brett Sokoloff, MD;*  
*Nicholas LoPresti, MD*

**2001** - 5 year

Reunion Chair: *Nicholas Ruggiero, MD*  
Class Agent: *Jennifer Bakker, MD*

## Mark Your Calendar!

### August 4

Freshman Family Welcome

An informal get-together for entering students and their families on Friday of Freshman Orientation Week.

White Coat Ceremony for the incoming class at Jefferson Medical College

### February 6, 2007

Career Day for second and third year medical students

Overview of different specialties, introduction to the Match procedure, and inside views of over 30 specialties from alumni.

### February 28 - March 7, 2007

Alumni/faculty ski trip, Big Sky, Montana - see page 17

### Ongoing

Mentor Program for first and second year students - ongoing throughout the academic year. Students visit alumni in their offices, to learn more about different types of practice.

Host Program for fourth year medical students - ongoing from November through March of the academic year. Students spend one or two nights with alumni in the cities where they are interviewing for residencies.

Events hotline 215-955-9100

Toll-free 1-877-JEFF-GIFT

events@jefferson.edu



## Alumni Winter Ski and CME Trip

Alumni and faculty of Jefferson Medical College met in Park City, Utah from February 5 to 10 for this year's winter trip, led by Dean of the Medical College **Thomas J. Nasca, MD'75** and Senior Associate Dean **Joseph L. Seltzer, MD'71**. With guests and family members included there were over 70 Jeffersonians in attendance. The Continuing Medical Education consisted of lectures on topics ranging from psychiatric evaluation of adults to common injuries of professional dancers. All talks were given in the early mornings and late afternoons to leave plenty of time for skiing and other winter activities in the Park City area. "The weather was spectacular," reports Dr. Seltzer, with every day sunny and temperatures nearing 40 degrees. Many attendees enjoyed visiting the Salt Lake City Olympic Park and Olympic Museum which is located in Park City. "This seemed very timely as the Torino Games started the day we returned home," Seltzer explains. Attendees are already talking about the 2007 trip.



## Go Phillies Go!

March 16 in Clearwater, Florida: Philadelphia Phillies take on the Toronto Blue Jays in a spring training game - and Jefferson was in the stands. More than 40 alumni and friends joined past Phillies team physician Phil Marone, MD'57 to cheer on the team. Dr. Marone is Jefferson's Associate Dean for Alumni Relations and Executive Director of the Alumni Association. In addition to a thriving orthopedic practice, he was the Phils team doc for 27 years. Guests were treated to inside stories about the team - including that 1980 World Series championship.

Cardiovascular Services at Peninsula Medical Center, Finance Director of the local IPA Medical Group, and CEO of a nine person cardiology practice on the San Francisco Peninsula.

**Linford K. Gehman** practices family medicine in a rural community of Virginia and West Virginia. Dr. Gehman and his wife, a nurse, have two children and three grandsons.

**Irving Ratner** is the Chief of the Orthopedic Service at the Lourdes Medical Center in Burlington, NJ, and has been elected President of the Board of the Institute of Medicine and Public Health of the Medical Society of New Jersey.

## '64

**Marion K. Yoder** has been doing *locum tenens* work since retiring from full time pediatric practice in Goshen, IN in 2003.

**John Whitecar** continues to practice hematology-oncology in Columbus, MS. He is proud to announce that his daughter **Colleen Whitecar** is the third Whitecar to graduate from Jefferson. "Black and blue runs in our veins."

## '65

**Thomas H. Malin** has retired from orthopedic surgery in Camp Hill, PA, and now is doing recruit histories and physicals for the Defense Department at a local processing center, "very" part time.

## '67

**Bill Ferguson** worked in community psychiatry in Seattle for his entire career. He is now working as a consultant to nursing homes.

## '66

**Carl Reams** is planning retirement in 2006, after spending his entire professional career at Geisinger Medical Center in Danville, PA.

**Richard Ulrich** is a retired Colonel with the US Air Force, still practicing ophthalmology four days a week in private practice, and still driving the same '66 VW Bug from Philly.

## '69

**Barry S. Smith** is semi-retired, but still works as a consultant to Baylor Healthcare System in Dallas and Baylor College of Medicine in Houston. Dr. Smith serves on the American Board of Physical Medicine and Rehabilitation and is Chair of the Oral Exam Committee.

## '70

**James B. Carty Jr.** is Chief of Ophthalmology at Bryn Mawr Hospital and Jennersville Regional Hospital, and an assistant surgeon on the cataract and primary eyecare service at Wills Eye Hospital. He is currently the only physician elected to equity membership on the New York Stock Exchange.

**Parker M. Seymour** recently retired after 30 years of full time clinical practice of emergency medicine at Chestnut Hill Hospital in Philadelphia. He still continues as business manager for his group practice of nine physicians and one nurse practitioner.

## '71

**Ronald Hoffman** is working on an Executive Master's in Health Care Management at Harvard University. He was recently appointed Director of the Ear Institute of New York Eye and Ear Infirmary.



## Alumni Spotlight

### Runowicz Leads the American Cancer Society

**Carolyn Runowicz '77** is now serving as President of the nation's largest voluntary health agency, the American Cancer Society.

She is the first breast cancer survivor to become ACS President. Director of the Carole and Ray Neag Comprehensive Cancer Center at the University of Connecticut School of Medicine, in Farmington, Runowicz also holds an endowed professorship there in experimental oncology.

"I'm delighted to have this role as an ambassador for the ACS," Runowicz says. She has been involved with the society for more than 20 years. She adds, "It's an honor for me to be a part of the national cancer leadership during such an exciting time in cancer research. New targeted therapies are available for patients with cancer. Clinical trials have also shown that we now have drugs that actually prevent cancer. We are standing at the cusp of a new era in cancer care."

Dr. Runowicz has also held leadership positions in many other national organizations. She was the first woman president of the Society of Gynecologic Oncologists. As a representative for the American College of Obstetricians and Gynecologists, Runowicz has testified before the U.S. Senate. She currently serves on the National Cancer Institute's Scientific Review Group.

She has been chair of the Gynecologic Committee of the National Surgical Adjuvant Breast and Bowel Project, a huge nationwide clinical trials cooperative requiring coordination among 1000 hospitals and 5000 doctors.

Runowicz was recently appointed by President Bush to serve as a member of the National Cancer Advisory Board for a six-year appointment.

A strong advocate for research to improve treatments, early detection, and the prevention of cancer, she has been involved in research studies on ovarian cancer, cervical cancer, epithelial cancer, and more. Runowicz has published in a myriad of scholarly journals including the American Journal of Obstetrics and Gynecology, Journal of Clinical Oncology, and Cancer.

Runowicz is the author of several books for the public, including *The Answer to Cancer*, which she co-wrote with her husband, Sheldon H. Cherry, MD. Her goal with this book was to help men and women understand their personal risk profiles, giving them concrete steps they can take to reduce their risk. Her other books include *To Be Alive: A Woman's Guide to a Full Life After Cancer and Women and Cancer: A Thorough and Compassionate Resource for Patients and Their Families*.

### King to Pilot JMC Alumni Association

In her 35 years at Jefferson, **Lorraine C. King, MD, REN'77**, the incoming President of the JMC Alumni Association, has formed many close friendships with fellow alumni, something she values very highly. Active in the association since the early 1990s, she is the first woman postgrad alumna to lead it. She officially takes office at the Alumni Annual Business Meeting on April 19.

There were few women at the institution when she came as an intern in 1971. She says of those "interesting and challenging" years that "they formed an invaluable foundation for my professional career as a reproductive endocrinologist."

Lorraine completed Jefferson's first two-year NIH approved post-grad fellowship in reproductive endocrinology. This was under the tutelage of Drs. Abraham Rakoff and Savino D'Angelo – both revered faculty members. Her research in prostaglandin was presented at the Endocrine Society. The opportunity to work with Dr. Rakoff until 1982 was "a privilege," she says, that shaped the rest of her career. She reminisces about her friends and former mentors at Jefferson who made indelible marks on her life, like Dr. John Montgomery, Dr. Paul Bowers, and Dr. Joseph Rogers. Dr. King has remained on Jefferson's medical and teaching staff ever since her fellowship.

Her goal for the Alumni Association is to reignite the alumni's passion for the university. Lorraine feels Jefferson has always been a close knit family, but believes the crisis in medicine – rising costs of malpractice insurance and litigations coupled with insurance reimbursement woes – is creating a divide among colleagues. She hopes to expand communications with the alumni, keeping them informed of the changes and growth in the university, and working to increase alumni participation which can aid the university's progress.



In addition to her professional career, Lorraine's passions include her toy poodle, Remy, and flying. She holds a multi-engine instrument rating and flies a Beechcraft Bonanza – her favorite pastime. "I truly look forward to the challenges of being Alumni President."

## Submissions

Send your Class Notes to:

Editor, Alumni Bulletin  
Jefferson Medical College  
925 Chestnut Street, Suite 110  
Philadelphia, PA 19107-4216

215-955-8238 Fax: 215-503-5084

or via our website at:

[www.jefferson.edu/jmc/alumni/bulletin.cfm](http://www.jefferson.edu/jmc/alumni/bulletin.cfm)





## Named to Endowed Chair at duPont

**Sharon S. Lehman, MD'85** has been named to the Robison D. Harley, MD Endowed Chair of Pediatric

Ophthalmology at the Alfred I. duPont Hospital for Children, Wilmington, DE. She is also Chief of the Division of Pediatric Ophthalmology within the Department of Surgery at duPont, and holds a Jefferson faculty appointment as Associate Professor of Pediatrics and Ophthalmology. Dr. Lehman has been widely published in pediatric and ophthalmology journals.

Lehman was invested as chair in a ceremony at the hospital on March 2. The event also honored Dr. Harley, who, through his will, created a charitable trust that will provide ongoing support for the Division of Pediatric Ophthalmology, as well as for research in molecular genetics. He is the editor of Harley's Pediatric Ophthalmology, a premier textbook in the field, and a past President of the American Association of Pediatric Ophthalmology and Strabismus.

## On Oprah Today...

**Jill E. Jacobs '85**, an Associate Professor and Director of Cardiac Imaging at NYU, appeared on a segment of Oprah, "The Number One Killer of Women Revealed," which aired on October 19, 2005. A cardiac CT angiogram had been performed on Oprah's best friend Gayle King. Dr. Jacobs interpreted the results on the show.

Currently, Dr. Jacobs's research focuses on developing optimized cardiac CT and coronary CT angiography studies. She is a reviewer for several journals, including Radiology, AJR, and Abdominal Imaging. She is also a member of the Abdominal Section of the Editorial Board for the peer-reviewed journal Critical Reviews in Computed Tomography.

## '72

**Anthony J. Calabrese** continues to practice gastroenterology. He sail fishes and plays clarinet and saxophone in the Bayside Big Band, and in a rock'n'roll band named Stevie V and the Heartattackers.

## '73

**Peter C. Amadio** is still full time at the Mayo Clinic, but now spends about half of that in research, administering his own NIH grants and chairing the Orthopedic Research Division.

## '74

**John S. J. Brooks** moved to Pennsylvania Hospital in 2004 as Chairman of Pathology, and has recently been named President-Elect of the American Society of Clinical Pathologists.

**John Lubicky** is leaving Chicago after 18 years to escape the congestion and traffic of the big city and to finish his career at a full-service children's hospital. He will become Professor of Orthopedic Surgery at Indiana University School of Medicine at the Riley Hospital for Children.

**C. Anita Robinson** is an Associate Professor and Chair of Adolescent Medicine in the Department of Pediatrics at the Uniformed Services University of the Health Sciences in Bethesda, MD. She also serves on the Board of Directors of the Society of Adolescent Medicine.

## '76

**Richard Bearoff** is Medical Director/Managing Member of First Avenue Occupational Medicine in King of Prussia, PA.

**Charles Finch** has been Director of International Health at Morehouse School of Medicine in Atlanta for almost

17 years. He has raised seven children with his wife, who is a registered nurse at Grady Hospital.

**Mark Gerner** earned his MPH in occupational medicine from the Medical College of Wisconsin in December 2005.

**Ned Kalin**, the Hedberg Professor and Chair of the Department of Psychiatry at the University of Wisconsin Medical School, was presented the Edward A. Strecker Award for his contributions to clinical psychiatry.

**John Lammie** is looking forward to returning home to Fayetteville, NC after a one-year assignment in Iraq.

**John Nevalis** is presently Chief of Orthopedic Surgery at Mercy Suburban Hospital, as well as an attending at Montgomery Hospital in Norristown, PA.

## '77

**Dennis Herman** is currently a medical director at Horizon Healthcare in New Jersey, and is enrolled in a master's program at St. Joseph's University.

## '78

**Harry Chaikin** is the 2006 President of the Medical Staff of AtlantiCare Regional Medical Center in Atlantic City, NJ. He recently welcomed into his practice **Christina McAdams '98**. Dr. Chaikin continues to be an avid bicyclist.

**Carol Love** reports that in addition to 25 years in family medicine in Germantown, she is now President of the Board of Camp Linden, the Philadelphia Ethical Society's Outreach Program. It brings kids from

the inner city to the country, where Carol too enjoys the woods and streams.

## '79

**Thelma Comissiong** has been practicing internal medicine on St. Thomas, VI for the past 15 years. She is the Medical Director of St. Thomas's only hospital, Roy Schneider Hospital, a position she has held for six years.

**Sandra Willingmyre** continues as Clinical Director of Internal Medicine at CAMcare Health Corporation, a federally qualified health center, which will soon be expanding into Paulsboro and Lindenwold, in addition to its four offices in Camden City, NJ.

## '80

**Michael A. Murphy** recently graduated from law school and has been admitted to the Oregon bar. His emphasis will be on trusts, estates, and asset protection.

## '83

**Gregory Mazanek** has left his cardiology practice in Youngstown, OH, where he had been since 1989. He has joined the Care Group in Indianapolis and is practicing out of Methodist Hospital, citing "better hours, fewer lawyers."

**Leonard Zon** of Boston was elected to the Institute of Medicine of the National Academies, an honor given to only a few leaders nationwide. The institute's mission is to provide unbiased information and advice concerning health and science policy to policymakers, professionals, leaders in every sector of society, and the public at large.

## '84

**Anthony Furnary** was chosen by the Wall Street Journal as an honoree in its annual international Technology Innovation awards, in the biotech-medical category. Dr. Furnary and his research team developed the Portland Protocol, an insulin drip therapy for diabetic patients in need of open-heart surgery.

**Gregory Gordon** is happily practicing family medicine in Fairless Hills, PA with three other physicians. He has been married almost 25 years to his wife Roberta, and they have three children.

**Ken Yonemura** has relocated from Syracuse, NY to work in the Department of Neurosurgery at the University of Utah in Salt Lake City.

## '85

**Harvey Madonick** is practicing emergency medicine at Community Medical Center in Toms River, NJ.

**Manuel Meza** was recently named Radiologist-in-Chief at Childrens Hospital of Pittsburgh.

## '86

**Andrew Bradbury** is a Colonel serving as an Army National Guard Idaho State Surgeon. He just completed a tour of duty as Brigade Surgeon for the 116th Brigade Combat Team in Kirkuk, Iraq. He still practices emergency medicine in Pocatello, ID.

**W. Carter Bradford** is an Associate Professor and Chief of the Division of Breast Oncology at the H. Lee Moffitt Cancer Center of the University of South Florida.

**Luisa Lehrer** reports from "the increasingly built-up Jersey suburbs" that she is still practicing anesthesiology, still sings, and values her other creative pursuits.

## '90

**Andres Aldrete** lives in Carmel Valley, CA, practicing emergency medicine at Community Hospital of the Monterey Peninsula. He enjoys spending summers with his wife, Cecily, and their two children in Florida.

## '91

**John Comber** has worked in the Abington Emergency Trauma Center since graduation from residency in 1994. He now lives in Hatboro, NJ with his wife, **Amy Gehris Comber, PhD'92**, and their three children.

## '93

**John A. Kline Jr.** is the Chief of Rehabilitation Medicine at Wilkes-Barre General Hospital, Brain Injury and Spasticity Director at the John Heinz Institute of Rehabilitation Medicine, and Vice President and Rehab Director at Mercy Special Care Hospital.

## '94

**Jatinder P. Ahluwalia** has joined the faculty at Southern Illinois University School of Medicine as an Associate Professor of Internal Medicine, specializing in gastroenterology.

**Peggy Avagliano** reports that she and her husband, Peter, and their four children are well. Peggy has become the first female partner at Atlantic Medical Imaging in Egg Harbor, NJ and is the head of women's imaging there.

## '95

**Miya Asato** is an Assistant Professor of Pediatrics at the University of Pittsburgh. She studies neurological imagery to research the effects of epilepsy on brain development and behavior.

**Dan Tershak** and wife **Vivian Mao '95** are in private practice in Roanoke, VA. Their family continues to grow with the birth of third child Elisabeth Hayley on December 9, 2005.

## '96

**Suri N. Appa** has become a partner in the Southern California Permanente Medical Group, practicing vitreoretinal surgery in Yorba Linda, CA.

**Justin Nast** is currently on active duty in the Air Force serving in Europe. He, his wife **Elizabeth Durkin '97**, and their two children are enjoying the three-year tour.

**Andrew Woldorf** is pleased to announce that he started his own private retina practice in Columbia, SC in September 2005.

## '97

**Veda N. Giri** has been named Director of the Prostate Cancer Risk Assessment Program at Fox Chase Cancer Center. The program offers education and screening. She will continue her responsibilities as an attending physician in the medical oncology department, treating patients with prostate or breast cancer.

**Svena Julien** joined the faculty of the Feinberg School of Medicine, Northwestern University, in Chicago as Assistant Professor in the Department of Ob-gyn, specializing in maternal-fetal medicine.

## '99

**Kevin W. Johnson** will separate from the US Air Force in June '06 and practice pediatric emergency medicine in Dayton, OH.

**Elizabeth Louka** is very excited about starting a new ob-gyn practice at Delaware County Memorial Hospital in Drexel Hill, PA with **Richard Gersh OBG'96** and **Rebecca Gould OBG'03**.

**Steven Wagner** has joined Parlee and Tatem Radiologic Associates of Doylestown Hospital as an interventional radiologist.



## Gift of Health

The **Beach Scholarships** are just one example of funds at work at Jefferson. Edward Beach, the son of James Beach, MD 1895, established a trust which supports numerous students through the Dr. James D. and Jennie M. Beach Memorial Scholarships. This year's recipients are shown here with faculty and staff. Edward Beach knew how much his father valued his Jeff education, and these scholarships give future generations the same benefit.

**'00**

**Evan Shapiro** is excited to have joined the practice of Michigan Spine and Pain after finishing his residency in anesthesiology and a fellowship in pain management.

**'01**

**John Birknes** is completing his residency in neurosurgery at Jefferson. He and his wife Emily welcomed their second child, Lora Rheinfrank Birknes, in July 2005.

**Allison Kolody** is happy to announce her marriage to Todd Buonocore in May 2005 in Wilmington, DE. JMC alumni in attendance included **Brent Passarello '97, Chris Cox '98, Heather Zinzella '99, Bryan Ambro '99, Christine DeBenedictis Ambro '01,**

**Lisa Grunebaum '01, Carrie Glenn-Mastro '01, and Angela McGovern '01.** Allison lives in Wilmington, DE where she is a member of the med-peds faculty at Christiana Hospital.

**'02**

**Scott Engel** is completing his fourth year in plastic and reconstruction surgery at St. Louis University.

**Ellen (Hartmann) Chirichella** married Christopher Chirichella in 2004. She completed her internal medicine residency at Brown, where she is now a hematology/oncology fellow. She lives in Mattapoisette, MA. In April, she traveled to Kenya to practice oncology.

**Rita Pechulis** began a pulmonary/critical care fellowship at Temple University this past summer.

**'03**

**Daniel Popowich** is "loving" his third year of general surgery residency at Northwestern University School of Medicine in Chicago. He recently married Cristina Shell in Princeton, NJ.

**'04**

**Ann Maley** reports that she is "enjoying the second year of residency much more than the first." She had a great time seeing **Jon Kei '04, Joe Talotta '04, and Jessica Hutchinson '04** at the wedding of **Christina Cabrara '04** and **Tyler Muffly '04.**

**Postgraduate**

**Lawrence Berman AN'92** recently joined the medical staff at Crisp Regional Hospital in Cordele, GA, in anesthesiology.

**Guillermo Garcia-Manero HO'99** was promoted to Associate Professor of Medicine with tenure at the University of Texas M.D. Anderson Cancer Center.

**Charles Intenzo RO'86** was promoted to Professor of Radiology at Jefferson.

**Barry Mangel IM'91** was named Chairman of the Department of Medicine at WellStar Kennestone Hospital in Marietta, GA.

**Steven Moss R'99** now lives in Atlanta where he is part of a 37-member radiology group at Northside Hospital.

**Make your gift online at [www.jefferson.edu/jeffgiving](http://www.jefferson.edu/jeffgiving) or call toll free 1-877-JEFF-GIFT or mail this form to JMC Alumni, 1020 Locust Street M-41, Philadelphia, PA 19107.**

**Jefferson Medical College ~ 58<sup>th</sup> Annual Campaign**

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- Jefferson Associates (\$5,000 - \$9,999)
- Jefferson Society (\$2,500 - \$4,999)
- Sustaining Member (\$1,250 - \$2,499)

- Samuel D. Gross Associates (\$600 - \$1,249)
- McClellan Merit Society (\$300 - \$599)
- Century Club (\$100 - \$299)

Enclosed is my gift in the amount of \$ \_\_\_\_\_ Designate my gift to:  Unrestricted  Scholarships/Financial Aid  
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In addition to working to rebuild New Orleans, **Swati Shah** practices with Crescent City Physicians, Inc. out of the Touro Infirmary and is a part time student at the School of Public Health at Tulane. She graduated from Jefferson Medical College in 1995, and did her residency at Tulane in ob/gyn.

# The Ninth Ward, New Orleans: An Alumna Rebuilds After Katrina

*Adapted from a journal by Swati Shah, MD'95*

## Friday, August 26, 2005

A beautiful summer day in New Orleans, sunny and perfect for a bridal shower for my girlfriend getting married in two days. I worked a half-day with the Tulane residents in their ob-clinic at Touro Infirmary, assisted my partner with a scheduled c-section at noon, and signed out to her for the weekend. I never imagined that might be my last day working in the residents' clinic nor did I know that I might never see my office again.

“I never imagined that Friday might be my last day working in the residents' clinic nor did I know that I might never see my office again.”

## Saturday, August 27, 2005

Hurricane Katrina loomed in the Gulf, 200 miles offshore from New Orleans with a projected path towards my beloved town. My mother was visiting for the wedding, and we quickly made plans to evacuate. I talked to my call partners, one who I spoke to in Chicago and thought I was foolish to evacuate and the other who was on call and said to me, “Go. It's the right thing to do.”

## Sunday, August 28, 2005

At approximately 6:00 am, Hurricane Katrina hit the Gulf Coast, with a radius of over 200 miles and wind speeds as high as 175mph. We watched the news from Baton Rouge while we had power. The winds had howled all night, and I wondered how my patients who lived in New Orleans and relied on public transportation had fared. I wondered what emergency plan the Tulane house staff had implemented for this hurricane. I remembered my own days of residency at Tulane when the hurricane emergency call plan was rather loosely organized, and I

didn't evacuate. In fact, in the ten years I've lived here I never evacuated until Katrina came along.

Then, the flooding began and the news of the broken levees spread like waves from the ocean. My city was consumed; more than 80% of it had some flooding. All utility services were out of commission. As the problems continued to grow and help continued to fail to arrive, hospitals shut down. Other physicians drove around in SUVs checking on and rescuing patients and fellow professionals. I wondered about my patients, now likely scattered to the four corners of the earth.

## Friday, September 2, 2006

I arrived in Houston. The text messaging with office staff began in a flurry. Some of my medical assistants were in line for the Red Cross at the Astrodome in Houston while others were in Georgia; each of them came

“I wondered about my patients, now likely scattered to the four corners of the earth.”

across patients from our practice wherever they were. Upon my arrival, I wanted to work, especially given my interest in public health. As someone said, “You need to recover before you can help others.” Meanwhile, the city of New Orleans was shut down. Citizens were forced to evacuate, while the rest of the nation watched helplessly.

*continued on next page*



### Six weeks later, I returned to New Orleans...

and joined forces with my hospital and fellow doctors to help provide healthcare services to our city. Touro Infirmary was and still is the only hospital to provide full services within the city limits since we completely reopened on October 12, 2005. My corporation set up a temporary office for the 11 (of 12) returning ob/gyns. We retrieved patient phone numbers from the computers. We called our patients – or tried to – to see if they had their babies, and we refilled their birth control prescriptions. The hospital did radio, tv, and newspaper ads promoting our reopening, but it was still difficult to get the word out. Another ob/gyn and I even placed signs in the neutral grounds around town, as if we were helping an election campaign.

Unfortunately, my practice population lived in areas that had suffered some of the worst flooding and devastation. My patients came from the Lakefront area and the infamous Ninth Ward. It still makes me so sad to think of my patients, many of them single mothers, with limited means and resources, struggling wherever they may be today.

Of my two offices, the one in the Upper Ninth Ward suffered the least damage. Having only sustained flooding from a couple of inches of water, the building was fairly intact. It had not been looted. However, without power and with the sewerage systems backing up, the office needed a complete overhaul. Mold grew rapidly in our warm semitropical climate. I lost my books, my papers; I couldn't even recall what to claim to the insurance company. The other Lakefront office, where I took care of most of my elderly patients, was submerged under an estimated 12 feet of water for 2 weeks. My patient records became paper mache. I felt so disheartened when I saw the water marks

“It is quite humbling that my patients come back from such a distance for their health care.”

above the door at that office. I kept thinking about those elderly people and I wondered how in the world could they return and rebuild their lives in retirement here.

Slowly but surely, my patients are returning to our city. First the working members of the city returned and managed to find places to live, with their grown children, in rentals in a different part of town, or with friends. As the schools reopened, families began to return and my adolescent patients came back. In other cases, as people come to town to meet with their insurance adjusters, they come to see me for their annual exams or to have me investigate a medical problem. Patients have made day trips from as far as Atlanta and Baton Rouge to see me. It is quite humbling that my patients come back from such a distance for their healthcare.

Those patients who were not in a position to return immediately have requested records from many different states: Texas, Mississippi, Georgia. Others call from as far away as Illinois to tell me about the delivery of their babies. One of my patients called to check on me and the office staff; she just wanted to make sure we were okay. I reassured all of them that I was back and would be available to help them out should they return to New Orleans.

I've gone back into my Ninth Ward office a few times, never alone, always with someone. Crime is not a problem, but faulty wiring, damaged buildings, and vermin infestations make these trips too dangerous for one person. EMS services are still severely restricted, especially in damaged areas. I return to save as much material from this office as I can, but there is a limit to how much fits into my car.

With time, we have recreated our office. Most of my staff returned. I was fortunate; other offices and other doctors had very few members of their staff return. We have all banded together of necessity. I share an office now with five other doctors. My medical assistant and I use one bookshelf as our desk. I have three two-drawer plastic carts to hold my supplies, prescription pads, consent forms, and so forth. My patients have been understanding of the chaos they are experiencing it themselves.

My friends, neighbors, and my patients are returning in greater numbers every week to repopulate the city and their beloved neighborhoods. None of us are sure if the levees will be rebuilt to last us through this next hurricane season, which begins June 1. Nor do we know what this season will bring us. What we do know is that we are here. My office in the Ninth Ward is being gutted and completely renovated for me to return to serve the community, with any luck by this summer. Our patients and fellow doctors are making it back, and we are all spreading the news of our return, by newspaper, bus ads, word of mouth and more. We have a long road ahead of us. ♦

Email: [sshah@tulane.edu](mailto:sshah@tulane.edu)

#### Photos, above:

1. Waiting room gutted: In her Lakefront district office, the water level rose several feet. The building remained flooded for two weeks.
2. Partially gutted: Renovations have begun on Dr. Shah's Ninth Ward Office.
3. Mardi Gras revelers made do. Costumes were constructed from everything from military meal packaging to the ubiquitous blue tarp.

# In Memoriam

**Paul E. McFarland '36** died October 28, 2005. He saw service in the U.S. Medical Corps during WWII. He practiced in Phoenix, AZ for 40 years. He is survived by his wife, Isabel, and a son.

**Russell E. Allyn '37** died November 17. He was a Fellow of the American College of Surgeons. He was Chief of Urology, Harrisburg Hospital, 1950-1981, and President of the Medical Staff, 1963-1964. He is survived by his wife, Mary, and two daughters.

**William T. Douglass Jr. '37** died October 7, 2005. He was a Fellow of the American College of Surgeons. He practiced at the Harrisburg Polyclinic Hospital where he served as President of the Staff in 1966. He is survived by two sons and two daughters.

**Daniel Wilner '37** died on December 30, 2005. He served as Chief of Radiology at Children's Seashore House, Atlantic City, NJ and at Burdette-Tomlin Memorial Hospital, Cape May Courthouse, NJ until 1986. He was the author of a four volume textbook, *Radiology of Bone Tumors and Allied Disorders*. He is survived by his wife, Dorothy, two sons, and a daughter.

**Martin Cooperman '38** died February 2, 2006. He played a guiding role at the Austen Riggs Psychiatric Center, Stockbridge, MA for two decades. He was an Assistant Professor of Psychiatry at the University of Massachusetts Medical School, and a Fellow of the American Psychiatric Association. A Navy Captain, he survived the sinking of a U.S. aircraft carrier during WWII.

He is survived by his wife, Leona, two daughters, and a son.

**Caesar A. DeLeo '38** died October 21, 2005. He practiced internal medicine in the Scranton, PA area for 42 years. He was a longtime member of the medical staff at Moses Taylor Hospital in Scranton. He is survived by his wife, Jeannette, two daughters, and a son. **Caesar "Scoop" DeLeo** is Jefferson '87.

**Pincus Sobie '38** died October 19, 2005. He practiced in Rochester, NY. He was on staff at the Genesee Hospital, Rochester, NY as a senior attending in medicine. He was a Clinical Instructor of Medicine, University of Rochester School of Medicine, with a special interest in geriatrics. He is survived by his wife, Agnes, and son **Stephen** who is Jefferson '82.

**Richard C. Kaar '40** died January 13, 2006. After military service in WWII, he managed a general medical practice in Milton, PA. He was on staff at Evangelical Community Hospital, Lewisburg, PA. He is survived by his wife, Jane, and two sons.

**Ray W. Kehm '40** died January 13, 2006. He practiced in York, PA and was a Fellow of the American College of Surgery. He served as Chairman, Department of Surgery, York Hospital, York, PA, 1965-1970. He is survived by his wife, Cynthia, and two daughters.

**Henry V. Ratke '41** died February 16, 2006. He was a Fellow of the American College of Surgeons. After military service, he practiced in Williamsport, PA where he was Chief of Surgery at both Divine Providence and Williamsport

Hospitals. He is survived by five daughters and three sons.

**Rhinard D. Parry '43** died December 12, 2005. He practiced in Easton, PA until his retirement in 1987. He is survived by a son and a daughter.

**Carl S. Miller J'44** died November 6, 2005. He practiced at Harrisburg Hospital, Harrisburg, PA and at Good Samaritan Hospital, Lebanon, PA. He served as President of the Lebanon County Medical Society in 1960. He is survived by his wife, Lois, a son, and a daughter.

**G. Frank Owen Jr. S'44** died December 14, 2005. After retiring from the U.S. Air Force, he was a staff physician at the O'Berry Center, Goldsboro, NC. He then became a staff physician at Cherry Hospital, Goldsboro, NC, retiring from practice in 1999. He is survived by three daughters.

**Norman J. Quinn Jr. '48** died January 13, 2006. He was Chief of Pediatrics, Montgomery Hospital, Norristown, PA. He served Jefferson as a Class Agent, Alumni Trustee, and in 1982, President of the Alumni Association. He was instrumental in rescuing the monumental statue of Samuel D. Gross, now displayed at Jefferson, when it was in limbo at the Smithsonian Institution in Washington, DC. He is survived by four daughters and a son.

**R. Alan Schofield '48** died on August 25, 2005. Dr. Schofield had practiced pathology and was a resident of the Pottstown, PA area for many years. He is survived by his wife, Rosemarie, daughter, and a son.

**Howard L. Shaffer '48** died November 20, 2005. He

practiced in New Wilmington, PA. A Fellow of the American Academy of Family Practice, he was a past President of the Medical Staff at Jameson Hospital, New Wilmington, PA. He served in the Army during WWII and in the Air Force Medical Corps during the Korean War. He is survived by two sons. Son **Lawrence** is Jefferson '79.

**Howard Mazer '49** died January 19, 2005. He practiced in Bridgeton, NJ but suffered a brain aneurysm in 1989 which led him to found the Delaware Valley Stroke Council. He is survived by his wife, Toby (a Jefferson employee), a son, and a daughter.

**Weir L. King '50** died September 21, 2005. He founded the St. Lawrence Family Medical Center, Limekiln, PA where he practiced until 1985. He is survived by his wife, Helen, a daughter, and a son.

**Howard E. Strawcutter '50** died October 6, 2005. He practiced in Lumberton, NC, founding the Lumberton Urology Clinic and practicing there until his retirement in 1986. He was a past national President of the American Medical Peer Review Association and state chair of the North Carolina Health Coordinating Council. He created a healthcare program at the local jail which won state and national recognition. He is survived by his wife, Dorothy, two sons, and a daughter.

**Richard D. Bertolette '57** died February 14, 2005. He practiced in Reading, PA until retiring in 1995. He is survived by his wife, Fae, two daughters, and a son.



**Max J. Stierstorfer Jr. '53** died October 30, 2005. He practiced general medicine in Allentown, PA. He also served as Chief Physician of the Allentown School District and Clinical Director of Medicine at the Allentown Bureau of Health. He was a member of the Lehigh County Medical Society and the Pennsylvania Medical Society. He won a National Endowment of the Humanities scholarship to study medical ethics. He is survived by his wife, Phyllis, three daughters, and a son.

**Jack L. Ward '53** died October 25, 2005. He practiced in Trenton, NJ. He contributed chapters in two psychiatric books and was published in several journals. He is survived by his wife, Cynthia, four sons, and a daughter.

**David Chesen '54** died March 13, 2005. He was a staff physician at Abington Memorial Hospital, Abington, PA. He is survived by his wife, Geraldine, a son, and a daughter. Son **Neil** is Jefferson '83.

**Robert D. Cordier '55** died December 15, 2005. He practiced in Rosedale, CA for 15 years. In a career change, he became an occupational medicine physician in Sacramento, CA. He is survived by his wife, Elaine, five sons, and four daughters.

**Robert M. Pearl '56** died November 9, 2005. After graduation, he served in the Army. He had a successful otolaryngology practice in Pasadena, TX for 43 years. He is survived by his wife, Reva, a son, and a daughter.

**Richard B. Freeman '57** died July 26, 2005. He was an Associate Professor of Medicine at the University of Rochester and headed the nephrology unit. A Fellow of the American College of Physicians, he also served as President of the Renal Physicians Association and was well published in his field of expertise. He is survived by his wife, Margaret, a daughter, and two sons. Son **Richard Jr.** is Jefferson '83.

**Charles D. Hastings '57** died September 14, 2005. He joined Kaiser Permanente in Santa Clara, CA where he practiced until retirement. He served as President of the Santa Clara Heart Association and the Santa Clara Diabetes Society. He is survived by his wife, Suzanne, three sons, and two daughters.

**Simon Kravitz '57** died February 5, 2006. He lived and practiced in Elkins Park, PA. He is survived by his wife, Annette, and three sons.

**William F. Bauer '58** died January 30, 2005. He practiced in Pittsburgh and was on staff at Western Pennsylvania Hospital, St. Clair Memorial Hospital, and St. Margaret Memorial Hospital. He is survived by his wife, Suzanne, a son, and a daughter.

**Fred C. Cristofori '60** died November 20, 2005. After serving in the Navy, he practiced internal medicine in Bowie, MD for 44 years. He is survived by three sons.

**Norman F. Fisher '62** died September 19, 2005. He practiced pediatric ophthalmology in San Jose, CA. He served as Director of the Strabismus

Clinic at Stanford University Hospital from 1968 to 1982. He is survived by his wife, Judith, two daughters, and a son.

**Irving S. Colcher '68** died September 25, 2005. He served as Chief of Pediatrics at Sacred Heart Hospital, Norristown, PA. He was a Fellow of the American Academy of Pediatrics, President of the Valley Forge Pediatric Society, and Chairman of the Child Abuse Committee of Montgomery County. He is survived by his wife, Barbara, three sons, and a daughter.

**Thomas J. McGlynn Jr. '69** died January 31, 2005. He was a Clinical Professor of Medicine at Wright State University College of Medicine, and was on staff at Good Samaritan Hospital, Dayton, OH. He is survived by his wife, **Judy** (MT'68), and three sons.

**Norman F. Sokoloff '69** died October 29, 2005. He practiced in Sunnyvale, CA for 25 years. He also had multiple business interests and was a pilot. He is survived by his wife, Ilene, a son, and a daughter. Son **Bret** is Jefferson '96.

**Allan M. Lenetsky '72** died January 19, 2006. He had practiced nephrology in Santa Fe, NM since 1982. He is survived by his wife, Sally, three sons, and a daughter.

**Richard I. Perzley '73** died May 15, 2005. He practiced with the Carolina Permanente

Director of the Pediatric Care Center, Kingston, NY. He is survived by his wife, Sally, and two daughters.

## Postgraduate

**D. Russell Perry Jr. PD'49** died September 12, 2005. He practiced pediatrics in Winston-Salem, NC for 40 years before retiring. He is survived by his wife, Nancy, three daughters, and a son.

**Laurence J. Adams NS'59** died on May 8, 2005. He practiced neurosurgery in Lancaster, PA. He is survived by his wife, Marguerite.

**Martin H. Feldman N'66** died December 28, 2005. He was Chief of Neurology at the Allen Pavilion, New York-Presbyterian Hospital, and was a Professor of Neurology at Columbia University College of Medicine. He is survived by his wife, Lynne, and two sons.

**Murray Klein PM'81** died December 12, 2005. He was in private practice in Cherry Hill, NJ. He is survived by his wife, Dr. Claudia Petruncio, and three sons.

**Christine S. O'Donnell ORS'88** died November 2, 2005. She practiced at Lower Bucks Hospital and St. Mary Medical Center, Levittown, PA. She is survived by her husband, Robert Donaghy, a son, and a daughter.

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# MatchDay

## Hospital Appointments for the Class of '06

### California

#### Cedars-Sinai Medical Center

Martinez, Gregory S.  
*Internal Medicine*

#### Harbor-UCLA Medical Center

Waggoner, Joshua D.  
*Internal Medicine*

#### Kaiser Permanente-San Francisco

Lee, Alex T.  
*Medicine-Preliminary*

#### Loma Linda University

Lyon, Kristopher L.  
*Emergency Medicine*

Sheridan, Joshua M.  
*Emergency Medicine*

#### Naval Medical Center-San Diego

Frederick, James R.  
*Transitional*

Haberern, Jennifer L.  
*Internal Medicine*

Hammel, Nathan C.  
*Orthopaedics*

#### Sutter Medical Center-Santa Rosa

Quan, Christopher H.  
*Family Practice*

#### UCLA Medical Center

Zafar, Puja H.  
*Obstetrics/Gynecology*

#### University of California Davis Medical Center-Sacramento

Huang, Andrew H.  
*Plastic Surgery*

#### University of California-San Francisco

Lee, Alex T.  
*Anesthesiology*

#### University of California Davis Medical Center

Micks, Elizabeth A.  
*Obstetrics/Gynecology*

#### University of California San Diego Medical Center

Jones, Daniel S.  
*Internal Medicine*

Lalani, Gautam G.  
*Internal Medicine*

#### University of California Irvine Medical Center

Davies, Catherine L.  
*Obstetrics/Gynecology*

### Colorado

#### St. Mary's Family Practice

Beck, Paul V.  
*Family Practice*

### Connecticut

#### University of Connecticut Health Center

Garozzo, Stephanie A.  
*Obstetrics/Gynecology*

Shah, Hitesh M.  
*Emergency Medicine*

#### Yale-New Haven Hospital

Fischer, Jonathan I.  
*Emergency Medicine*

Riley, Alan F.  
*Pediatrics*

Tollefson, Kirsten E.  
*Psychiatry*

### Delaware

#### Christiana Care

Albert, G. Evan  
*Surgery*

Bowman, Kevin L.  
*Transitional*

Deutsch, Joseph M.  
*Internal Medicine*

Galati, Joanna M.  
*Transitional*

Kochert, Erik I.  
*Emergency Medicine*

O'Brian, Jeffrey J.  
*Medicine-Preliminary*

Pearsall, Matthew F.  
*Medicine-Preliminary*

Pelli, Jennifer A.  
*Medicine-Pediatrics*

Pellini, Brian M.  
*Surgery*

### District of Columbia

#### Georgetown University

Mehta, Milap P.  
*Ophthalmology*

#### Georgetown University Hospital

Charalambopoulos, John  
*Internal Medicine*

Koprivnikar, Jamie L.  
*Internal Medicine*

#### NCC-Walter Reed Army Medical Center

O'Brien, Frederick P.  
*Orthopaedics*

#### Providence Hospital

Harris, Daniel F.  
*Family Practice*

#### Washington Hospital Center

Colombo, Morgana L.  
*Medicine-Dermatology*

### Florida

#### Naval Hospital-Jacksonville

Bresler Tussey, Natalie B.  
*Family Practice*

### Illinois

#### Northwestern McGaw/CMH

Guha, Koel  
*Pediatrics*

#### Northwestern McGaw/NMH/VA

Flynn, Colleen M.  
*Internal Medicine*

#### Southern Illinois University School of Medicine & Affiliate Hospitals

Winokur, Ronald S.  
*Otolaryngology*

#### Swedish Covenant Hospital

Mehta, Milap P.  
*Transitional*

#### University of Chicago Hospital

Brown, David M.  
*Otolaryngology*

Patel, Shruti B.  
*Internal Medicine*

### Kansas

#### University of Kansas School of Medicine-Wichita

Johnson, Derrick L.  
*Family Practice*

### Kentucky

#### University of Kentucky Medical Center

Pentlicky, Sara B.  
*Obstetrics/Gynecology*

Ragsdale, John W.  
*Medicine-Pediatrics*



#### University of Louisville School of Medicine

Schiffman, Suzanne C.  
*Surgery*

### Louisiana

#### Louisiana State University Health Science Center-Shreveport

Kelley, Nancy E.  
*Neurology*

### Maine

#### Maine Medical Center

Hall, Timothy J.  
*Anesthesiology*

Little, James H.  
*Emergency Medicine*

Sarett, Renee M.  
*Emergency Medicine*

### Maryland

#### Johns Hopkins Hospital

Tuli, Richard  
*Radiation Oncology*

#### University of Maryland Medical Center

Bennis, Aimee C.  
*Internal Medicine*

Haas, Joseph S.  
*Internal Medicine*

### Massachusetts

#### B.I. Deaconess Medical Center

Hansen, Matthew R.  
*Anesthesiology*

Khullar, Onkar  
*Surgery*

#### Baystate Medical Center

Dews, Sarah L.  
*Medicine-Pediatrics*



**Boston University Medical Center**

Amirnazmi, Solmaz  
*Medicine-Preliminary*  
Boland, Patrick M.  
*Internal Medicine*  
Whitecar, Colleen J.  
*Radiology-Diagnostic*

**Lemuel Shattuck Hospital**

Rinzler, Elliot S.  
*Transitional*

**Massachusetts General Hospital**

Boland, Genevieve M.  
*Surgery*

**Massachusetts General Hospital/Harvard Combined**

Campe, Carson B.  
*Orthopaedics*

**New England Medical Center**

Chaknos, Constantine M.  
*Internal Medicine*

**Michigan**

**University of Michigan Hospitals-Ann Arbor**

Barron, Jane E.  
*Medicine-Pediatrics*

**Wayne State University/Detroit Medical Center**

McCormick, Michael E.  
*Otolaryngology*

**William Beaumont Hospital**

Burch, Kristie J.  
*Emergency Medicine*

**Minnesota**

**University of Minnesota**

Greenberg, Joseph J.  
*Surgery-Preliminary*

**Missouri**

**Barnes-Jewish Hospital**

Hahm, Albert K.  
*Internal Medicine*

**New Hampshire**

**Dartmouth-Hitchcock Medical Center**

Adkinson, Joshua M.  
*Surgery-Preliminary*

Muffly, Matthew K.  
*Anesthesiology*

Sussman, Louis S.  
*Medicine-Preliminary*

**New Jersey**

**Monmouth Medical Center**

Laterra, Robert L.  
*Orthopaedics*

**St. Barnabas Medical Center**

Zahaczewsky, Michael L.  
*Radiology-Diagnostic*

**UMDNJ/Robert Wood Johnson-Camden**

Barrall, Elizabeth  
*Emergency Medicine*

**UMDNJ/Robert Wood Johnson-Piscataway**

Yoon, Richard G.  
*Internal Medicine*

**New York**

**Beth Israel Medical Center**

Vashi, Reena A.  
*Radiology-Diagnostic*

**Einstein/Jacobi Medical Center**

Khadpe, Jay  
*Emergency Medicine*

**Einstein/Montefiore Medical Center**

Maniar, Shreya P.  
*Psychiatry*

**Mt. Sinai Hospital**

Lerner, Daniel S.  
*Radiology-Diagnostic*

Moulton-Levy, Natalie M.  
*Dermatology*

**Mt. Sinai School of Medicine**

Burleigh, Kathryn E.  
*Ophthalmology*

**New York Presbyterian Hospital-Cornell**

Evans, Adam S.  
*Anesthesiology*

Fleischut, Peter M.  
*Anesthesiology*

Kline, Andrea L.  
*Pediatrics*

**New York Presbyterian-Columbia Presbyterian Hospital**

Mohazzebi, Mahbod  
*Pediatrics*

**New York University Downtown Hospital**

Lerner, Daniel S.  
*Medicine-Preliminary*

**New York University School of Medicine**

Anolik, Robert T.  
*Dermatology*

Bragin, Ilana N.  
*Internal Medicine*

Mattoo, Aditya  
*Internal Medicine*

**North Shore University-Manhasset**

Singh, Vijay A.  
*Medicine-Preliminary*

**St. Luke's-Roosevelt Hospital**

Geracimos, Darin J.  
*Emergency Medicine*

Willis, Lucy K.  
*Emergency Medicine*

**St. Vincent's Catholic Medical Center**

Singh, Vijay A.  
*Radiology-Diagnostic*

**SUNY Health Sciences Center-Stony Brook**

Kulkarni, Prashant P.  
*Medicine-Preliminary*

**SUNY Health Sciences Center-Brooklyn**

Jakus, Jeannette R.  
*Pediatrics-Preliminary*

**University of Rochester/Strong Memorial Hospital**

Zavage, Michelle E.  
*Physical Medicine & Rehabilitation*

**Winthrop-University Hospital**

Wayock, Christopher P.  
*Obstetrics/Gynecology*

**North Carolina**

**Duke University Medical Center**

Antonelli, Jodi  
*Surgery-Preliminary & Urology*

Jazwinski, Alison B.  
*Internal Medicine*





## Ohio

### Case Western Reserve University

Schumacher, Mariah A.  
*Ophthalmology*

### Case Western/University Hospitals-Cleveland

Rubin, Cory J.  
*Otolaryngology*

### Wright Patterson Medical Center

McCann, Edward T.  
*Internal Medicine*

## Oregon

### Oregon Health & Science University

Boyer, Nathaniel M.  
*Internal Medicine*

Furr, Maxwell C.  
*Otolaryngology*

## Pennsylvania

### Abington Memorial Hospital

Diepold, Julia A.  
*Family Practice*

Mathers, Keith J.  
*Medicine-Preliminary*

Tuli, Richard  
*Medicine-Preliminary*

### Albert Einstein Medical Center

Anolik, Robert T.  
*Transitional*

Burleigh, Kathryn E.  
*Transitional*

Chen, Michael W.  
*Transitional & Radiology-Diagnostic*

Ohsie, Linda H.  
*Transitional*

Patel, Prakash A.  
*Transitional*

Schumacher, Mariah A.  
*Transitional*

Vashi, Reena A.  
*Transitional*

Weinstein, Jeffrey L.  
*Transitional & Radiology-Diagnostic*

Woldow, Adam B.  
*Transitional*

Wuthrick, Evan J.  
*Transitional*

### Allegheny General Hospital

Goldwasser, Brian E.  
*Internal Medicine*

Yeck, Jennifer A.  
*Emergency Medicine*

### Bryn Mawr Hospital

Bowman, Kevin L.  
*Radiology-Diagnostic*

Marone, Louis A.  
*Radiology-Diagnostic*

### Chestnut Hill Hospital

Mee, Caroline M.  
*Family Practice*

Yuan, David T.  
*Family Practice*

### Childrens Hospital of Philadelphia

Cam, Kristin M.  
*Pediatrics*

### Conemaugh Valley Memorial Hospital

Jones, Michael C.  
*Transitional*

### Crozer-Chester Medical Center

Sunn, Gabriel H.  
*Transitional*

### Drexel University College of Medicine

Dunn, Tricia L.  
*Emergency Medicine*

Neavyn, Mark J.  
*Emergency Medicine*

Podolsky, Erica R.  
*Surgery*

Pugh, Brian F.  
*Emergency Medicine*

Sargent, Syreeta M.  
*Emergency Medicine*

### Frankford Hospitals

Marone, Louis A.  
*Transitional*

Whitecar, Colleen J.  
*Transitional*

### Graduate Hospital

Cheng, Jocelyn Y.  
*Medicine-Preliminary*

Moulton-Levy, Natalie M.  
*Medicine-Preliminary*

Nallamshetty, Hema S.  
*Medicine-Preliminary*

Nelson, Corey K.  
*Medicine-Preliminary*

### Hershey Medical Center/ Pennsylvania State University

Chi, Jamin C.  
*Anesthesiology*

Keck, Terrah M.  
*Pediatrics*

### Hospital of the University of Pennsylvania

Blume, Joshua A.  
*Psychiatry*

Donegan, Derek J.  
*Orthopaedics*

Herz, Amy L.  
*Orthopaedics*

Lee, Georgia A.  
*Obstetrics/Gynecology*

Mahon, Katherine M.  
*Family Practice*

O'Donnell, Margot M.  
*Psychiatry*

Oppenheim, Laura  
*Family Practice*

Park, Lauren R.  
*Pathology*

Patel, Prakash A.  
*Anesthesiology*

Pearsall, Matthew F.  
*Anesthesiology*

Prowler, Matthew L.  
*Psychiatry*

### Lancaster General Hospital

Canale, Sharon M.  
*Family Practice*

Cardona, Michelle A.  
*Family Practice*

Kandiah, Nishanthi  
*Medicine-Preliminary*

Mielnik, Anne L.  
*Family Practice*

### Lankenau Hospital

Muffly, Matthew K.  
*Medicine-Preliminary*

Nogami, Suzanne S.  
*Obstetrics/Gynecology*

Sahu, Joya  
*Medicine-Preliminary*

Scott-Schmidt, Heather R.  
*Internal Medicine*

### Latrobe Area Hospital

Murray, Jill M.  
*Family Practice*

### Lehigh Valley Hospital

Steerman, Samuel N.  
*Surgery*

### Mercy Catholic Medical Center

Yentzer, Brad A.  
*Transitional*

Zahaczewsky, Michael L.  
*Transitional*

### Mercy Hospital

Jones, Michael C.  
*Radiology-Diagnostic*

### Pennsylvania Hospital

Carpenter, Pamela J.  
*Obstetrics/Gynecology*

### Reading Hospital/ Medical Center

Hansen, Matthew R.  
*Transitional*

### St. Christopher's Hospital

Keafer, Sarah L.  
*Pediatrics*

### Temple University

Mathers, Keith J.  
*Ophthalmology*

### Temple University Hospital

Kestner, Christopher J.  
*Orthopaedics*

Kumar, Aneesha  
*Emergency Medicine*

Tien, Elizabeth C.  
*Psychiatry*

### Thomas Jefferson University

Amenta, Peter S.  
*Neurological Surgery & Surgery-Preliminary*

Baylson, F. Ariella  
*Obstetrics/Gynecology*

Bowers, Rory A.  
*Internal Medicine*

Cheng, Jocelyn Y.  
*Neurology*

Close, Jeremy D.  
*Family Practice*

Comeau, Jason A.  
*Surgery*

Didomenico, Paul J.  
*Otolaryngology*

Galler, Avi S.  
*Surgery-Preliminary*

Grogan, Melany K.  
*Medicine-Preliminary*

Hall, Erin K.  
*Psychiatry*

Hess, Bryan D.  
*Internal Medicine*

Immordino, Laura S.  
*Internal Medicine*

Jun, John Y.  
*Anesthesiology & Medicine-Preliminary*

Kandiah, Nishanthi  
*Anesthesiology*

Kaufman, Adam B.  
*Internal Medicine*

Khoury, John S.  
*Medicine-Preliminary & Neurology*

Knight, Michelle R.  
*Obstetrics/Gynecology*

Kulkarni, Prashant P.  
*Anesthesiology*

Lazar, Melissa A.  
*Surgery-Preliminary*

Nallamshetty, Hema S.  
*Radiology-Diagnostic*

Nelson, Corey K.  
*Anesthesiology*

O'Brian, Jeffrey J.  
*Anesthesiology*

Pfeiffer, Michael P.  
*Internal Medicine*

Ricci, Emily K.  
*Obstetrics/Gynecology*

Rittenhouse, David W.  
*Surgery*

Sahu, Joya  
*Dermatology*

Saxena, Arjun  
*Orthopaedics*

Scott, Kevin C.  
*Family Practice*

Serper, Marina  
*Internal Medicine*

So, Wingkan W.  
*Obstetrics/Gynecology*

Sunn, Gabriel H.  
*Physical Medicine & Rehabilitation*

Swartz, Kristine  
*Family Practice*

Tiliakos, Alexandra M.  
*Internal Medicine*

Trayes, Kathryn M.  
*Family Practice*

Wagner, Michael J.  
*Pathology*

Woldow, Adam B.  
*Dermatology*

Wuthrick, Evan J.  
*Radiation Oncology*

**Thomas Jefferson Univ./  
duPont Children's Hospital**

Barsotti, Benjamin B.  
*Pediatrics*

Bove, Mary E.  
*Pediatrics*

Defelice, Magee L.  
*Pediatrics*

Gabriele, Elizabeth  
*Pediatrics*

Leaf, Morgan E.  
*Pediatrics*

**University of Pittsburgh  
Medical Center**

Biggs, Jason M.  
*Emergency Medicine*

Chen, Joy S.  
*Internal Medicine*

Henry, Charlotte A.  
*Pathology*

Hughes, Nolan P.  
*Psychiatry*

Kaiser, Erin M.  
*Pediatrics*

O'Connell, Bryan D.  
*Internal Medicine*

Shah, Sapana J.  
*Pediatrics*

Tomas, Jeffrey J.  
*Surgery-Preliminary & Urology*

**Western Pennsylvania  
Hospital**

Amirnazmi, Solmaz  
*Radiology-Diagnostic*

**Wills Eye Hospital**

Ohsie, Linda H.  
*Ophthalmology*

**York Hospital**

Christman, Nichole L.  
*Family Practice*



## Rhode Island

### Brown University

Lee, Grace M.  
*Internal Medicine*

McGowan, Christopher E.  
*Internal Medicine*

Merriam, Priscilla  
*Internal Medicine*

Pradhan, Deepak R.  
*Internal Medicine*

Shipe, Ryan G.  
*Internal Medicine*

### Rhode Island Hospital- Brown University

Jones, Christopher A.  
*Medicine-Preliminary*

Sackton, Dana H.  
*Pediatrics*

## South Carolina

### Greenville Hospital System

Pfenning, Kara J.  
*Obstetrics/Gynecology*

## Texas

### San Antonio Uniformed Serv. Health Education Center- Brooke Army Medical Center

Brackbill, Andrew J.  
*Internal Medicine*

Feathers, Todd W.  
*Orthopaedics*

### Valley Baptist Medical Center

Moslener, Matthew D.  
*Family Practice*

## Virginia

### Eastern Virginia Medical School

Sholtzow, Melissa J.  
*Pediatrics*

### University of Virginia

Harle, Heather D.  
*Neurology*

Pennock, Erin  
*Neurology*

### Virginia Commonwealth University Health System

Katz, Daniel J.  
*Internal Medicine*

Leicht, Amanda E.  
*Internal Medicine*

Senecal, Kathryn E.  
*Pediatrics*

## Washington

### University of Washington Affiliate Hospitals

Grogan, Melany K.  
*Anesthesiology*

Neborsky, Rebecca K.  
*Family Practice*

Schlansky, Barry L.  
*Internal Medicine*

## Other

Carlotti, Gina M.  
*Residency Deferred*

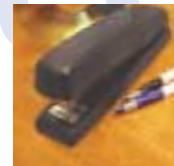
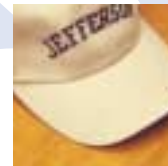
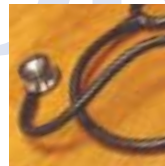
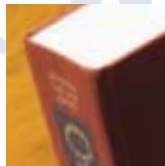
Prince, Tamara D.  
*Undecided*

Tsuda, Naoya V.  
*Residency Deferred*

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