


Fall 2017

The Bulletin: Sidney Kimmel Medical College at Thomas Jefferson University, Volume 66, Issue 2, Fall 2017

Follow this and additional works at: https://jdc.jefferson.edu/alumni_bulletin

 Part of the [History of Science, Technology, and Medicine Commons](#), and the [Medical Education Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

"The Bulletin: Sidney Kimmel Medical College at Thomas Jefferson University, Volume 66, Issue 2, Fall 2017" (2017). *The Bulletin (formerly the Jefferson Medical College Alumni Bulletin)*. Paper 321.
https://jdc.jefferson.edu/alumni_bulletin/321

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in The Bulletin (formerly the Jefferson Medical College Alumni Bulletin) by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

FALL 2017

The Bulletin

Sidney Kimmel Medical College
at Thomas Jefferson University

The Future of Education



CELEBRATING THE FUTURE OF EDUCATION.



Cover photo by Heather Mahon



Jefferson Alumni Bulletin
Fall 2017
Volume 66, Number 2

Executive Vice President:
Elizabeth A. Dale, EdD

**Associate Vice President,
Alumni Relations:**
Cristina A. Geso

**Senior Director,
Communications:**
Mark P. Turbiville

Editor: Eugene C. Myers

Design: SwivelStudios Inc

Bulletin Committee
William V. Harrer, MD '62 *Chair*
James Harrop, MD '95
Cynthia Hill, MD '87
Larry Kim, MD '91
Phillip J. Marone, MD '57, MS '07
Joseph Sokolowski, MD '62

Address correspondence to:
Editor, *Alumni Bulletin*
Office of Institutional Advancement
Thomas Jefferson University
125 S. 9th Street, Suite 700
Philadelphia, PA 19107-4216

215-955-6890
alumni@jefferson.edu
Fax: 215-503-5084
Giving.Jefferson.edu
Alumni Relations: 215-955-7750

The Jefferson community and supporters are welcome to receive the *Alumni Bulletin* on a regular basis; please contact the aforementioned address. Postmaster: send address changes to the aforementioned address. ISSN-0021-5821

Copyright © Thomas Jefferson University. All rights reserved.

Published continuously since 1922.

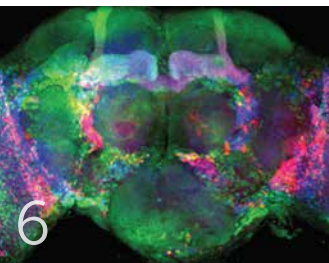
Inside

8 Introducing the New Jefferson
One Name. Two Legacies. Infinite Possibilities.

12 The PhiladelphiaU Story
A History of Change and Innovation

20 Two Alumnae, One Vision
A New Home Base for All Graduates

**24 Second Opinions for Docs,
Second Chances for Patients**
*The Jefferson Angioplasty Center Helps Cardiac
Patients Avoid Open Heart Surgery*



2 DEAN'S COLUMN

6 FINDINGS
Molecule May Help Maintain Brain's Synaptic Balance

7 THE FAMILIES WE CHOOSE
A Message from Elizabeth Dale

28 ON CAMPUS

32 BASIL HARRIS, MD '02
Merging Medicine, Engineering, and Design to Revolutionize Digital Healthcare

34 BIG THINGS, SMALL BEGINNINGS
Jefferson Surgeons Are Exploring New Therapies That May Make Standard Cancer Treatments Even More Effective

37 TIME CAPSULE

40 CLASS NOTES

42 IN MEMORIAM

45 BY THE NUMBERS



Life, the Universe, and Social Responsibility

“Class of 2017, on this milestone day—*your* day—ticking of time intercedes. Ticking of time may even be top of mind for some of you. This training thing feels like it’s been going on forever, and still no end in sight!

On May 23, 2017, SKMC Dean Mark Tykocinski, MD, shared the following comments at Jefferson’s 193rd commencement ceremony. His remarks appear here in lieu of his usual column.

For me, too, time has been top of mind of late. There’s nothing like an out-of-the-box, never-done-before merger of two universities—endless timelines—to get one thinking about time! The institutional clock. The professional clock. The personal clock.

Last September, the CEO of a Dublin-based pharmaceutical training facility opened a session with this provocative statement: “The person who will live a thousand years has already been born.” Well, that certainly caught my attention—and seeded the topic for today: time trajectories, and why an SKMC graduate should even care.

Let’s start with the grand panorama: We’re getting an ever more precise fix on origins of the universe, origins of life on Earth. Turns out the rate of universe expansion has been underestimated, meaning we’re closer to the end than we thought. Another new find: Life originated on our planet much earlier than we thought—3.7 billion years ago, to be precise—a mere 800 million years after Earth came into being. Meaning: Life popped up super quick, raring to go!

But life spans intrigue me more than beginnings and endings.

Harriet, a giant Galapagos land tortoise collected by Charles Darwin in 1835, lived about 175 years. A sea turtle in the Guangzhou Aquarium is believed to be 400 years old. If any of you budding investigators sort out the science behind that longevity and apply it to us, I guarantee you fame and fortune!

In April, Emma Marano died in northern Italy at 117, the last human survivor of the 19th century—albeit only the fifth-longest life ever verified. Far short of a thousand years, but safe to say that life-span norms in the 120 range are now within sight, almost certainly during your practicing lifetimes.



As physicians, we reflexively think: chronic disease management. But we must consider deeper—and more difficult—questions. What will longer life spans really mean for your patients, their lives, their roles in society? For society itself?

Let’s talk science. Longevity could influence the kinds of experiments scientists choose to do. Not long ago, an amazing piece of engineering, the Large Hadron Collider, shook the physics world when it confirmed the existence of the elusive particle that explains mass. This discovery

was the culmination of a 20+ year journey. Interestingly, the physicists who embarked on this journey did so before all the technical challenges of their powerful toy had been solved. They had an abiding faith that their ingenuity would somehow solve the remaining issues on the fly. They also bet they’d be around to see the payoff.



Mark L. Tykocinski, MD

Vice Chancellor and Provost,
Thomas Jefferson University

Anthony F. and Gertrude M. DePalma Dean,
Sidney Kimmel Medical College

Longevity would reinforce more bets like this—fostering more scientific patience. Think NASA and space exploration. New Horizons hurtled three billion miles through space, for nine-and-a-half years, before revealing the marvels of distant Pluto. The long, patient view will take on new meaning.

Let's talk work life. Our recent graduates will be practicing medicine in what some are calling the “end-of-work era,” when relentless automation and artificial intelligence lead to wholesale reformation of the employment landscape and a reshuffling of how our work time is spent. Longer lives will undoubtedly translate into more non-working time.

This may all end very well, or very badly: self-growth nirvana in a workless utopia, or social collapse? And what effect will all this extra time have on our psyche? We will need to face those added years of ups and downs with far more resiliency. And that resiliency will be needed big time to withstand things like the spooky landscape of predictive medicine.

We're approaching the \$10 genome—three billion base pairs of your chromosomes sequenced for little more than the price of a Starbucks latté—data we now use to predict diseases yet to happen. But if that's not scary enough, investigators are taking it a step further—rumbling about new molecular tools for predicting when you will die, invoking terms like *DNA tape recorder* and *predictable death spiral*. Too much information? And what happens when that news is irretrievably bad? With more time at stake, a prognosis for early onset of disabling disease, or early death, will hit your patient's psyche like a sledgehammer.

So this free-form reflection on time turns from the frivolous—universes and turtles—to more serious matters of real concern.



Armed with MD or PhD diploma, I implore you to lead—even to provoke—debates on society's biggest issues. My lifetime mentor, world-renowned Harvard cardiologist Bernard Lown, won the 1985 Nobel Peace Prize for cofounding International Physicians for the Prevention of Nuclear War, an outgrowth of its predecessor organization, Physicians for Social Responsibility. A cardiologist yelling to the rafters about nuclear calamity? Why?

Because of his conviction that physicians cannot sit idly by, holed up in clinical cocoons, while society surrounding them is melting. We, and you in particular, are all accountable to society at large. We have social responsibility. I trust that Jefferson has by now imprinted this message in your core, in which case, think of these commencement remarks as a booster dose.



Recently, researchers at Mt. Sinai examined genes of 32 Jewish men and women who survived Nazi horrors, focusing on a gene associated with the regulation of stress hormones. The amazing finding? This gene was epigenetically tagged the same way in both the Holocaust survivors and their children.

Turns out that our life experiences are physically time-stamped onto the DNA we pass to our children. Bona fide chemical moieties attached to specific DNA that switches genes on and off. *Epigenetics*—as distinct from genetics. Astounding—a parent’s experience can actually find its way to his or her child, even though not part of the genetic code per se. Transmission of trauma across generations: Our experiences enter our children’s constitution, creating an intergenerational legacy.

If this finding is substantiated, the implications go far beyond survivors of the Holocaust and other genocides. I recently moderated a panel discussion on “A New Urban Future.” The conversation took us to the plague of youth violence in our inner cities, and a chilling thought surfaced: The stress genes of youths reared on our gun-infested streets are likely being epigenetically tagged—and so passed on. Add this to potential DNA tags for poor nutrition and other scourges of poverty, and suddenly intergenerational inheritance becomes a curse as it morphs into a bona fide urban problem.

Class of 2017, to sum up these reflections on time: I urge you to pay heed to the richness of the subject of time. Humans will live longer lives—both individual lives and intergenerational lives. Steadily increasing life spans have profound implications, and challenges, for our professional pursuits, our work lives, on our very psyches. You will need to look further, beyond your patients, and stand front and center to help our society through these trials. Be physicians with social conscience.

And recognize that *your* time extends to subsequent generations, for better or for worse. As teachers and mentors of tomorrow, for after all that’s what physicians are, *you* can live on. Yes, the dark side to intergenerational legacy only magnifies the challenge of social responsibility that you will face, but—and here’s the silver lining—also the degree of benefit you have the power to impart.

So, strain your vision to see time’s broader applications. From James Joyce’s *Ulysses*: “It is as painful perhaps to be awakened from a vision as to be born.” And from George Orwell: “To see what is in front of one’s nose needs a constant struggle.” As too many of our leaders skirt the pain of being awakened from their narrow visions, *you* be the ones to see what is right there in front of your noses.

Graduates, embrace your responsibility to society at large, because you hold a special privilege to disproportionately impact it for the good. You are encased by time, your very responsibility stems from it, and by recognizing time’s full implications, you can also be empowered by it. ” ”

JANUARY 27-31, 2018
VICEROY SNOWMASS
SNOWMASS VILLAGE, CO



Join us for the Sidney Kimmel Medical College Annual Alumni and Faculty Winter CME Symposium



What Every Doctor Should Know: A General Medical Update

Designed to improve participant knowledge and practice across a broad spectrum of topics, the course features presentations from Jefferson Health leaders and alumni physicians. Topics will include cardiology, gastroenterology (IBS), emergency medicine, neurology, ENT/thyroid cancer, pain management (opioids, medical marijuana, pre- and post-op), telemedicine, and Jefferson's Global Medical Education. The course is open to all alumni, faculty, and staff from Jefferson Health and Thomas Jefferson University.

For full program details and to register, visit Jefferson.edu/WinterCME or call the Jefferson Office of Alumni Relations at 215-955-7750.

Upcoming Continuing Education Events

Oct
27²⁰₁₇

7th Annual Brain Tumor Symposium

Double Tree by Hilton
Philadelphia Center City
Philadelphia, PA

Nov
17²⁰₁₇

5th Annual Sleep Medicine Symposium: What's New Under the Moon

Campus of Thomas
Jefferson University

Mar
2²⁰₁₈

6th Annual Lung Cancer Symposium

Campus of Thomas
Jefferson University

Nov
10²⁰₁₇

Thyroid Cancer 2017: New Advances in Diagnosis and Treatment

November 10, 2017
Campus of Thomas
Jefferson University

Jan
26-27
2018

7th Annual Neurocritical Care Symposium

Campus of Thomas
Jefferson University

Mar
15-16
2018

17th Annual Cerebrovascular Update

Campus of Thomas
Jefferson University

Sidney Kimmel Medical College at Thomas Jefferson University is accredited by the ACCME to provide continuing medical education for physicians. Many of the activities above offer additional CE accreditations.

For additional information regarding these and other Jefferson CE programs, please visit CME.Jefferson.edu or call the Office of CPD at 888-JEFF-CME (888-533-3263).

Molecule May Help Maintain Brain's Synaptic Balance

A receptor involved in creating one type of synaptic junctions offers a new way to examine how the brain forms

Many neurological diseases are malfunctions of synapses, or the points of contact between neurons that allow senses and other information to pass from finger to brain. In the brain, there is a careful balance between the excitatory synapses that allow messages to pass and the inhibitory synapses that dampen the signal. When that balance is off, the brain becomes unable to process information normally, leading to conditions like epilepsy.

Now researchers at Jefferson have discovered a molecule that may play a role in helping maintain the balance of excitatory and inhibitory neurons. The results were published in the journal *eLife*, a project of the Howard Hughes Medical Institute, the Wellcome Trust, and the Max Planck Institute.

Timothy Mosca, PhD, assistant professor in the Department of Neuroscience at the Vickie and Jack Farber Institute for Neuroscience of Thomas Jefferson University, discovered that a molecule called LRP4 was important in creating excitatory synapses—the ones that keep a message passing from one neuron to the next. When the researchers knocked out the LRP4 gene in fruit flies, they saw a 40 percent loss of excitatory synaptic connections in the brain, but no such loss of inhibitory synapses,

suggesting that the molecule was specific to one kind of synapse.

The researchers used a new technology called expansion microscopy to get a better view of the fruit fly neurons. "In most cases, if you want to see very small things with better resolution, you get a better microscope," says Mosca. "The other option is to make the small things bigger." By infusing the neurons they were studying with the chemical in diapers that swells as it absorbs water, they were able to enlarge the neurons and their synapses enough to see them more clearly.

"Most molecules involved in synapse biology are vital to both excitatory and inhibitory neurons," says Mosca. "The idea that we now have a molecule that appears to be specific to excitatory synapses suggests there is probably a parallel molecule that exists that helps form inhibitory ones that we just haven't found yet."

A better understanding of the unique biology of excitatory and inhibitory synapses may go a long way in helping researchers untangle the many diseases that are thought to be related to synapse dysfunction, such as epilepsy, autism, and schizophrenia. ▽

Researchers use a technique called "Brainbow" to identify the cells in the fly brain that express LRP4. The different colors allowed them to distinguish the different types and locations of neurons that express the gene and select specific cells where they could study the function of LRP4 in depth.

The Families We Choose

Both feature stories in this issue celebrate Jefferson's long history and its bright future, bringing to my mind thoughts of family and tradition.

We are all part of the Jefferson family, now larger and stronger with our recent combination with Philadelphia University (pages 8–11). Today we are a new Thomas Jefferson University, yet as we push forward and create a bold tomorrow, we continue to remember and honor our pasts. In addition to the unique programs, people, and perspectives PhilaU brings to Jefferson, we inherit its rich history and traditions and add them to our own. This is what new families always have done.

The vision of the new Pinizzotto-Ammon Alumni Center (see page 20) is to provide a warm, inviting home away from home for ALL Jefferson alumni. But it also will unite our family and history under one roof, with curated displays of memorabilia that highlight Jefferson's storied past. Visiting the Alumni Center will be a way to reconnect with your roots and fellow classmates and alumni, strengthening the bond with the University and each other.

Some alumni have taken that bond a little farther, building a Jefferson family in a more literal sense: We know of 21 marriages between MD and PhD alumni and 158 marriages between MD and Nursing alumni, and hope to uncover more. Can even Cupid claim better matchmaking success?

Jefferson also inspires other close connections, such as our legacy families who, generation after generation, reinforce their relationship with the University. Thomas Green, MD '94, was a double legacy student, the son of a nurse and a physician who met at Jefferson as students. Thomas'

daughter is continuing the family tradition; she recently enrolled in the Postbaccalaureate Pre-Professional Program in Jefferson's College of Biomedical Sciences. And on page 22, you can read about Brock Bakewell, MD '84, whose father, grandfather, and some distant relatives on his mother's side were all alumni—a long line of Jeffersonians that extends to his son, who graduated in May.

Alumni like Thomas and Brock have such a deep affection and affinity for their alma mater that they have been giving back to the University, and in Brock's case, to the new Alumni Center, which is being made possible by the generosity and vision of alumnae Marie E. Pinizzotto, MD '88, MBA, and Carol A. Ammon, BSN '17, MBA.

Enduring and enriching relationships like these remind me that family is more than having a past—it's about building and sharing a future. Jefferson alumni and its legacy families are as much a part of the University today as they ever were, committed to carrying us forward for many more generations to come.

One of the most exciting features of the Alumni Center will be the Alumni Legacy Wall bearing the names of alumni who have contributed to the Alumni Center campaign. I hope to see many of your names there, forever linking your personal stories to the Jefferson story that we are still writing together.



Elizabeth A. Dale

Elizabeth Dale, EdD

Executive Vice President and
Chief Advancement Officer

For information about adding your name to the Alumni Legacy Wall, visit jefferson.edu/AlumniCenterCampaign.

Do you have a spouse, partner, child, or grandchild at Jefferson? Share your Jefferson family connections by emailing alumni@jefferson.edu.

Introducing the



One Name. Two Legacies. Infinite Possibilities.

New Jefferson

Jefferson's past is defined by a history of medical firsts, from the first-in-America brain tumor removal to the first heart-lung bypass. We pioneered a medical education that augmented lectures in the amphitheater with clinical experiences in the hospital. Jefferson has been pushing boundaries, shifting paradigms, and inventing better ways of training doctors and healing patients since 1824. Our passion for firsts and our legacy of innovative leadership will keep us making history in the years ahead. That's why we are excited to announce our newest boundary-breaking advance, one that promises to spark a revolution in higher education.

As of July 1, 2017, Thomas Jefferson University and Philadelphia University (PhilaU) have combined to create a different kind of comprehensive university. The new, transformed **Jefferson (Philadelphia University + Thomas Jefferson University)** will deliver hands-on, transdisciplinary, interprofessional education in medicine, nursing, health professions, science, architecture, design, fashion, textiles, business, engineering, and more, all grounded in the liberal arts.

A July 5 article in *Forbes* about the merger begins, "This is not your typical ho-hum merger." It's true—our combination is a sign of a revolution in education. Indeed, higher education, like healthcare, is undergoing rapid and fundamental change, and this is a natural culmination of



the reimagination of Jefferson.

The future—in healthcare, in business, in almost every profession—is about collaboration and communication, teamwork and empathy, creativity and lifelong learning.

PhilaU has been a leader in experiential, real-world learning and has been nationally and internationally recognized for many of its programs (including recognition in interior design, 11th nationally; architecture, top 10 nationally; fashion, 8th nationally and 28th globally). Combining with an institution of such caliber and programming will position us to better prepare students to succeed and seize the future.

Innovation in health thrives when clinicians and healthcare professionals feel empowered to find their own solutions—to design smarter services, new devices, and better products. That's why we've been building design thinking into the Jefferson curriculum, and that's part of the reasoning behind our union with PhilaU. It's a merging of mindsets as much as a combination of institutions.

Both universities had already been collaborating: PhilaU architecture students and Jefferson medical students worked together on a hospital-of-the-future project, and PhilaU industrial design students and Jefferson occupational therapy and medical students took part in a course that used design thinking and next-generation technology to make caregiving better.

Yet this union is about more than healthcare. If anyone asks why an almost 200-year-old health sciences university would partner with a university that excels in design, innovation, and experiential learning, it's because together we can reimagine a new kind of professional education to meet a different kind of future—one where work and learning intersect, and where universities and industries are teaching and learning partners. The university of the future will look less like the traditional four-year institutions of today and more like 24/7 learning labs, where students and alumni return—in person and virtually—over the course of a career or careers.





Innovation in health thrives when clinicians and healthcare professionals feel empowered to find their own solutions—to design smarter services, new devices, and better products.



Why now? At a time when higher education is more and more under fire for not giving a sufficient return on student and parent investments, the answer is *We can't wait*. To spark the innovation needed to trigger sweeping change in higher education and healthcare, we must shatter the traditional mold for our industries. We're doing today what will become obvious to others tomorrow.

Jefferson's past was not shaped by being timid and playing it safe. That cannot shape our future either. We are creating a university that carries Jefferson's and PhilaU's DNA for creativity, confidence, and above all, disruptive innovation. We are transforming higher education and preparing graduates who will go out and shape a better future for us all.

We're still Jefferson, only more. We still offer the same great Jefferson education, only better, and you are still Jefferson alumni with roots in a legacy of leadership and firsts—a past *and a future* that leaves behind conventional thinking and old ways of getting it done.

We are thrilled to begin the next chapter of Jefferson together. 🍷

The PhiladelphiaU



While locations, size, and programs have grown and changed over its storied history, Philadelphia University—now Jefferson (Philadelphia University + Thomas Jefferson University) – East Falls—has always remained true to its founders' mission to foster a culture of market-driven innovation in which students learn to integrate knowledge, develop broader analytical skills, and untangle complex problems. You see it in the studios, labs, and outreach study environments that combine professional skills, breadth of perspective, and synthesized decision-making abilities—all developed while working on real-world challenges.

Story

BY TRISH SHEA



M

aurice Kanbar '52, H'03, **began his inventive path** at a dude ranch in 1964, when he pulled away from a wall and became fascinated with how cleanly the sand crystals in the concrete removed the pills from his sweater. Thus was born the top-selling sweater comb, one of his myriad inventions and successful business enterprises.

As a freshman, Jordan DeCicco '20 needed a jump-start to get energized for his 5 a.m. practices as a point guard for Philadelphia University's Rams basketball team. After a futile search for a healthy iced drink to boost his energy, DeCicco—in the **true entrepreneurial spirit** of PhilaU—did the next best thing: He invented it himself.

Recent grad Renee Kakareka '17 **conceptualized** smart glasses that not only equip the hearing impaired with the ability to translate words into readable text, but are also affordable and fashionable.

These are just a few of the **thousands of snapshots of PhilaU's community** of designers, healthcare professionals, businesspeople, inventors, architects, engineers, and entrepreneurs. Their **bold and innovative spirits** resonate today as notably as they did in 1884, when Theodore C. Search established the Philadelphia Textile School to educate America's textile workers and managers—and **revolutionized the industry**.



A History of Change and Innovation

It

all began in the wake of the 1876 Centennial Exposition, when a group of local textile manufacturers, led by Search, noticed a sizeable gap between the quality, capacity, technology, and variety of American textile products and those displayed by their rival European mills. To address this gap, the group formed the Philadelphia Association of Manufacturers of Textile Fabrics, with Search as its president, to fight for higher tariffs on imported textiles.

Search went one step further and began investigating how to educate local textile leaders. He joined the board of directors of the Philadelphia Museum and the School of Industrial Art (now the Philadelphia Museum of Art and the University of the Arts, respectively), thinking they were the perfect partners for his plans to establish a school, and began fundraising in 1882.

Two years later, on November 5, the doors opened at 1336 Spring Garden Street for the first textile educational institution in the United States: Philadelphia Textile School. With five students and Search himself teaching classes, the school quickly experienced rapid growth. By 1890, enrollment stood at 268 students from 11 counties and nine states. While this increase was impressive, the school faced the challenge of accommodating an unexpected overflow of students it had to turn away due to lack of space. In

1891, the School moved to Buttonwood Street, which allowed for an expansion of academic offerings and an increased capacity of students.

The school survived the Depression and entered a new period of growth at the outset of World War II. In 1941, Philadelphia Textile School was granted the right to award baccalaureate degrees, and a year later changed its name to the Philadelphia Textile Institute (PTI). Eight years later, having decided to sever its ties with the museum, PTI moved to its present site in the East Falls section of Philadelphia.

In 1961, the school once again changed its name, to Philadelphia College of Textiles & Science. The college's student population doubled between 1954 and 1964, and again by 1978, with programs in the arts, sciences, and business administration being introduced. The college purchased an adjoining property in 1972, doubling the size of its campus. In 1976, it offered its first graduate degree, the Master of Business Administration. The purchase of additional properties in East Falls in 1980 and 1988 nearly doubled the campus again, adding classrooms, research laboratories, student residences, and athletic facilities.

During the 1990s, the college expanded its undergraduate majors to prepare students for current and emerging

fields.. To better reflect the institution's breadth and depth, the college applied for and was granted university status by the Commonwealth of Pennsylvania in 1999. And, in a historic move, the board of trustees voted to change the school's name to Philadelphia University, making it the only private university to be named after the city of Philadelphia.

Academics

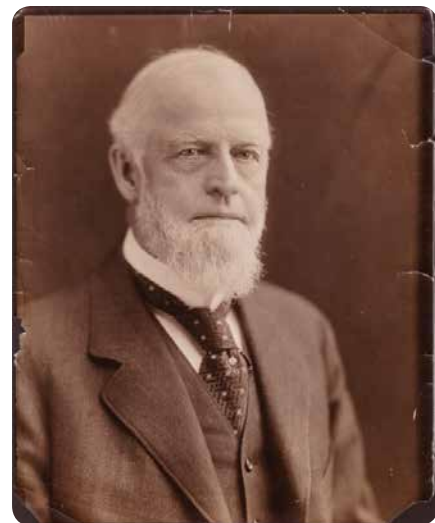
In the first part of the 21st century, students from 38 states and 30 countries could choose from more than 70 undergraduate and graduate degree programs.

Academic programs were housed in the College of Architecture and the Built Environment; the innovative Kanbar College of Design, Engineering and Commerce; the College of Science, Health and the Liberal Arts; and the School of Continuing and Professional Studies.

Courses were also offered via PhilaU Online.

While its locations, size, and programs have grown and changed over its storied history, the university has always remained true to its founders' mission to foster a culture of market-driven innovation in which students learn to integrate knowledge, develop broader decision-making skills, and untangle complex problems.

Theodore C. Search, founder of Philadelphia Textile School (now Jefferson (Philadelphia University + Thomas Jefferson University) – East Falls), was a renowned businessman, as well as president of the National Association of Manufacturers and managing director of the Stetson Company. His legacy has inspired generations of students to innovate and find solutions to real-world challenges.



Redefining Humanly Possible

Active, collaborative, real-world learning that is grounded in the liberal arts is the definition of the University's signature approach to teaching and learning, Nexus Learning. It's an approach that mirrors industry and has become renowned for being the model for professional university education.

Since its inception in 2008, Nexus Learning has provided students with a thinking-and-doing education where the stakes are real and the outcomes rewarding. It is a key factor in the University's achievement of a 95 percent job and graduate school success rate. The student academic experiences go beyond four walls, out into the real world where practical, integrative experiences make an ideal ecosystem for entrepreneurship and innovation. As professionals from their first day on campus, students work across disciplines and with industry partners to identify and solve problems, and experience what's happening in industry and the greater world.

Last spring, industrial design, occupational therapy, and JeffDESIGN SKMC students took part in the novel Medicine + Industrial Design course—the first course enrolling both PhilaU and Thomas Jefferson University students.

Their coursework focused on creating a new set of standards that would reduce anxiety in patients undergoing “awake” surgery, procedures that allow them to opt for localized and/or regional anesthesia instead of general anesthesia. Their system incorporated modifications to the operating room environment, better pre-op communication

with patients and their families, and new training for surgeons.

Architecture students and medical students also came together recently to investigate healthcare industry trends, emerging design and healthcare technologies, virtual reality, and real-time sensing and actuating. They worked with practitioners from architecture firms Ennead in New York and EwingCole in Philadelphia. The final project focused on redesigning the building envelope of existing Jefferson Hospital buildings to improve their environmental, energy, and health-related performances. Architecture students had access to a hospital to do direct observations and talk with clinicians and staff, while medical students learned from architects how redesigning the built environment can improve health outcomes.

Going Beyond the Classroom

PhilaU has consistently been a leader in establishing programs in emerging fields that more effectively meet the challenges and expectations of today's workforce. This year alone, four new programs and a specialization were introduced: PhD in midwifery, MS in real estate development, MS in global fashion design management, an online MS in construction management, and an art therapy specialization MS in community and trauma counseling.

Existing programs continue to receive accolades. Top national and international rankings have been designated to the physician assistant, landscape architecture, disaster medicine and management, graphic design, industrial, interior design, fashion, sustainable design, interior design,





The award-winning Nexus Learning—active, collaborative, real-world learning that is infused with the liberal arts

From its humble beginnings on Spring Garden Street, Jefferson – East Falls has grown to a 104-acre campus in the East Falls section of Philadelphia, 10 minutes northwest of Center City Philadelphia. The campus consists of 52 buildings, including classrooms, laboratories, studios, the Paul J. Gutman Library, resident facilities, an exhibition gallery, and the 72,000-square-foot Kanbar Campus Center; the Gallagher Athletic, Recreation and Convocation Center; the LEED Gold Center for Sustainability, Energy Efficiency and Design; the Arlen Specter Center for Public Service; the PhilaU Residences at Falls Center; and the Lawrence N. Field DEC Center.

architecture, and interior architecture programs.

Community outreach is also part of the experiential learning experience, supporting and partnering with the Philadelphia community in which it thrives. One such outreach effort focuses on building a trauma-informed workforce within the District of Philadelphia's public and private schools by equipping municipal workers with the knowledge and tools they need to innovate in their jobs and promote positive change in city government. Landscape architecture students worked with residents of the city's Kingsessing section to design a common space that fully reflects the neighborhood's assets, while providing a meaningful ecological value for native birds and pollinators, and a vibrant green space for residents to relax in and enjoy.

Last fall, graduate industrial design students worked with Center City medical students to develop solutions to

maximize then-18-year-old Lariq Byrd's limited use of his left wrist and hand, the result of a stray bullet that left him mostly paralyzed from the neck down. Using digital fabrication technology, 3-D printing, and patient-centered design, the students worked in teams, collaborating on problem definition, idea refinement, and prototyping. One team devised a remote-control system that would allow Byrd to use micromovements of his hand to change the channel on his television and play video games; another group designed a glove to improve Byrd's handgrip.

Healthy Minds and Bodies

With 17 NCAA Division II Men's and Women's sports, athletic and fitness programs are integral parts of the student experience. More than 50 percent of the university's students are involved in some form of fitness activities, whether it's an NCAA team, intramural sports, or the Fitness Center.

The university is well known for its strong athletics programs, particularly in basketball. Herb Magee '63 is celebrating his 51st season as head coach of the men's team this year and was inducted into the Naismith Memorial Basketball Hall of Fame. One of the most decorated coaches in the history of basketball, Magee has won 1,053 games—the most in NCAA Division II men's basketball history and the second-highest total across all three divisions. The 1970 team was the NCAA Division II Men's Basketball National Champions.

Assistant Vice President of Athletics and Women's Basketball Coach Tom Shirley was named the 2015–16 Central Atlantic Collegiate Conference (CACC) Athletic Director of the Year for the second year in a row. He is the third women's basketball coach in NCAA Division II history to earn 700 career wins.

Overall, the Rams boast the most-ever CACC championships for women's cross country, women's tennis, women's basketball, men's basketball, men's tennis, and women's lacrosse.

Philadelphia University + Thomas Jefferson University

No matter where they focus their talents, PhilaU alumni know how to lead and achieve. For generations, they have been among the world's chiefs, champions, innovators, influencers, athletes, and researchers. Now, PhilaU's fashion designers, textile designers, architects, financial planners, engineers, entrepreneurs, and inventors— together with Thomas Jefferson University's equally distinguished faculty, students, and alumni—are the faces of the new Jefferson, who dream big, create trends, and redefine humanly possible. **J**

Jay McCarroll, PhilaU alumnus and inaugural winner of Project Runway



JEFFERSON GALA

Save the Date
Tuesday, November 28, 2017

Celebrating a history
of *improving lives.*

 **Jefferson Health**
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

For tickets, sponsorship opportunities, and more information, please visit Jefferson.edu/Gala



a place to reconnect

a place to reminisce

YOUR HOME AT JEFFERSON



To learn more about the new Pinizzotto-Ammon Alumni Center and opportunities to help build your home at Jefferson, please contact:

Tilghman Moyer at Tilghman.Moyer@jefferson.edu or 215-955-9302

[Jefferson.edu/AlumniCenterCampaign](https://jefferson.edu/AlumniCenterCampaign)



A NEW HOME BASE FOR ALL GRADUATES

Two Alumnae, One Vision

BY KAREN L. BROOKS



A state-of-the-art anatomy lab with six separate dissecting rooms. Specialized computer classrooms for students across all disciplines. A fitness center with an 18-meter swimming pool. Ample research laboratories, teaching facilities and academic offices.

Jefferson Alumni Hall has a lot to offer. One resource it lacks? A dedicated space where graduates can gather when they return to the University. **That's about to change.**

Thanks to a leadership gift from two alumnae, Marie Pinizzotto, MD '88, MBA, and Carol Ammon, BSN '17, MBA, visitors returning to Jefferson will soon be able to head to an alumni lounge to sip a beverage and enjoy reconnecting. Or have a seat on a cozy couch and flip through an old yearbook. Or attend a variety of meetings and presentations in a high-tech conference room.

Visions of a formal alumni center have been brewing at Jefferson for years, and Pinizzotto and Ammon have set the project's wheels in motion by contributing \$2.5 million toward an end goal of \$4.8 million in the Jefferson Alumni Center Capital Campaign, which will also support a new Alumni Center Scholarship Endowment to benefit students Jefferson-wide.

"Carol and Marie have made a gift to all alumni that honors their collective achievements and offers them a home away from home," says Jefferson Provost Mark L. Tykocinski, MD. "In doing this, they are also serving current

After earning an undergraduate degree in biology with a minor in chemistry, Ammon began working in research and development with a company under the DuPont umbrella in Delaware and set her eyes on a PhD. But then she obtained a promotion into the company's regulatory affairs department and discovered she enjoyed the business side of the pharmaceutical industry even more than the scientific side.

"Long-term, I began to see myself running one of DuPont's businesses. That prompted me to take on as many different positions as possible to gain as much experience as I could," she says. Gradually, she climbed the ranks, and attending Harvard Business School's advanced management program in 1995 convinced her she was ready for a major leap. "I sat there with 150 people in senior positions from all around the world—141 men and nine women—and recognized that I was really competitive and equipped to start my own business."

So when DuPont (by then DuPont Merck Pharmaceutical



Blueprints for the planned Alumni Center; alumni will relax and gather in shared spaces in the main reception area, courtyard, and lounge

students, as the new center will bring them together with graduates of all of the Jefferson Colleges for invaluable mentorship and career development opportunities."

Professional Dynamos

Ammon and Pinizzotto share a slew of qualities: generosity, ambition, self-confidence. Perhaps the best term to encapsulate the pair is "high energy." With deep roots in the health sciences, both women have led impressive careers.

The only daughter in a family with four children, Ammon developed a bold streak early in her youth. Her interest in "things that just weren't done by girls at the time"—like playing Little League and having a paper route—shaped her daring personality.

"It was frustrating to see my brothers do things that I wasn't allowed to. I had to push harder to be able to do what I wanted, and since then I've never accepted hearing, 'You can't do that,'" she says.

Company) moved to sell dozens of products, Ammon raised her hand as a buyer, approaching investors herself and completing a leveraged buyout that enabled her to found Endo Pharmaceuticals.

"A lot of people think I bought Endo out of DuPont, but what I did was acquire old, old pain management products that were usually filled with a generic. I had to build a business plan that would breathe new life into these products...I wanted to give people more choices in how to manage their pain," she says.

Ammon's plan worked. When she started Endo in 1997, there were 28 employees and \$100 million in equity. When she stepped down a decade later, there were more than 750 employees and a market capitalization of \$4 billion.

Pinizzotto forged her own path to professional success. Upon graduating from Jefferson, she served a residency in obstetrics and gynecology at the Medical Center of Delaware,

choosing the specialty because “it involved constant movement”—a good match for her energetic nature. She had been in practice for nine years when a headhunter for Wyeth Pharmaceuticals cold-called her office, seeking someone to head the company’s women’s healthcare division for drug safety, overseeing pharmacovigilance (the science of detecting, assessing, and preventing adverse effects from medications) and risk management. She interviewed and got the job.

“I learned an entirely new field of healthcare. Working at a pharmaceutical company helps one become an even better clinician. You review current literature—literature that is not yet published,” Pinizzotto says. “At the time, I was still working in the clinic half a day per week. I felt like I had an edge, being up-to-date on the latest studies that could benefit my patients.”

Pinizzotto remained in the pharmaceutical industry for the remainder of her career, ultimately starting her own consulting firm centered on pharmacovigilance and risk management.

“Marie’s reputation preceded her. Many of the major companies were calling her for her expertise in risk management,” Ammon says. “Her success as a physician is so clearly noted—everywhere she goes, someone stops to ask her to please go back into practice. They talk about her excellence in the clinic and the joy they shared with her bringing their babies into the world.”

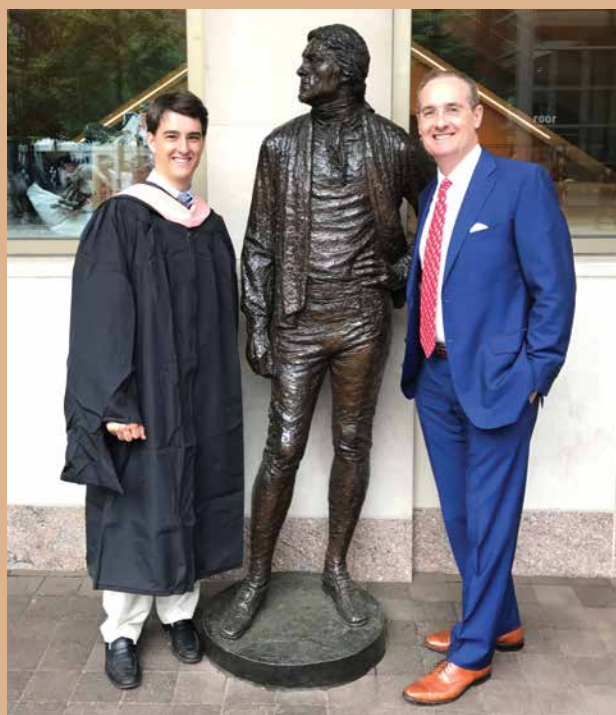
Full Lives, Big Hearts

Since retiring from their pharmaceutical careers, Ammon and Pinizzotto have devoted much of their time to philanthropy and nonprofit leadership. Ammon is a member of the board of trustees for the University of Delaware and the Hagley Museum and Library and previously served as a chair of the board of Christiana Care. Through the Carol A. Ammon Foundation, she and Pinizzotto—who serves as president and CEO of the foundation—contribute to organizations relating to healthcare and education.

Together, the women support a broad range of causes, but some are particularly close to their hearts. In her clinical practice, Pinizzotto was troubled by mental health issues among her patients and the lack of the proper resources to address these issues.

“My patients would talk to me about everything from menopausal emotions to marital problems,” she says. “I didn’t feel equipped to cover everybody’s mental health issues and found a general lack of access to good mental healthcare.” Two years ago, she and Ammon named the Ammon-Pinizzotto Center for Women’s Mental Health at Massachusetts General Hospital, championing research and treatment efforts in the field.

Pinizzotto is a member of the President’s Leadership Council at Jefferson and enjoys “hearing firsthand about Steve Klasko’s vision for responding to changes in health-care.” She also sits on the board of the Eisenhower Medical Center in Palm Desert, California, and the Multiple Myeloma Research Foundation.



Family Ties That Bind

Some of the fondest memories Brock Bakewell, MD '84, made as a Jefferson student involved visits from his dad, longtime surgeon Frank S. Bakewell, Jr., MD '52. The two would walk together through Jefferson Alumni Hall, with father telling son stories about the physicians whose portraits adorned the walls.

“It was so cool—my dad could give so much history about the paintings that hung there. He would point out Dr. [Gonzalo] Aponte, who had graduated with him and gone on to become chairman of pathology,” Bakewell recalls, noting that he particularly enjoyed learning about professors who had



Artist's rendering of Jefferson Alumni Hall on Locust Street between 10th and 11th streets, the future home of the new Alumni Center

Jefferson—and Its Alumni—on Their Minds

Ammon recently fulfilled a personal dream by enrolling in the Jefferson College of Nursing. She graduated with a BSN last spring—at age 66.

During her course work, Ammon spent a lot of time in Jefferson Alumni Hall and noticed there was no adequate space to accommodate alumni returning to campus. Having previously supported Jefferson through gifts toward foot and ankle research and professional development programs for physicians and nurses, she and Pinizzotto decided to help the University build on its already-growing alumni relations momentum by funding a new alumni facility, which they're eager to see used by graduates of any program.

"We want this to be an appealing place for cocktail hours, special speakers, informal gatherings...and we want students

to see it so that when they become alumni, they will be excited to come back," Ammon says.

The Marie E. Pinizzotto, MD '88, MBA and Carol A. Ammon, BSN '17, MBA Alumni Center will occupy 6,400 square feet in the west wing of the second floor of Jefferson Alumni Hall on Locust Street between 10th and 11th streets. Features will include space for alumni events and reunion activities, a lounge for visiting alumni and their families, a technology-enabled boardroom, and an office suite for alumni relations staff.

Set for completion in summer 2018, renovations will leave the center looking as much like a museum as a gathering space. Archival display cases will showcase items such as yearbooks, photographs, medical and science artifacts, and other Jefferson memorabilia to create a "living time capsule" that will remind visitors how far the institution has come since its founding in 1824.

Set for completion in summer 2018, renovations will leave the center looking as much like a museum as a gathering space.

Ammon says she and Pinizzotto would like to see all alumni remain part of the Jefferson community, no matter where they live or what degree they earned.

"If we keep people focused on the great education they got at Jefferson, our hope is that they will want to give back for years to come." 🍷

taught his father as well as his grandfather, Frank S. Bakewell, Sr., MD 1909, a general practitioner.

Bakewell, an ophthalmologist specializing in cataract surgery and refractive surgery in Tucson, Arizona, says his family's "great affinity" for Jefferson goes beyond his father and grandfather. His oldest son, Kyle, earned his Master of Public Health from the Jefferson College of Population Health last spring. And Bakewell has discovered that several distant relatives on his mom's side are also Jefferson alumni—including Hugh Brock, MD 1852, and Luther Brock, MD 1874.

"It took a while, but I figured out Hugh and Luther's father was my great-grandfather's first cousin, making them my second cousins twice removed," he explains.

Spurred by these family ties, Bakewell and his wife, Colleen, recently made a \$25,000

gift to name a display case in the Pinizzotto-Ammon Alumni Center.

"It's hard for me to come to campus because of the geographical distance, but this was a way for me to stay active with Jefferson and highlight our legacy there," says Bakewell, who has "a soft spot" specifically for Jefferson Alumni Hall for reasons besides the strolls he took there with his dad.

Bakewell recalls that most of his classmates subscribed to a note service—a scribe would type up notes during lectures, and after a professor reviewed them, they would be printed and distributed. That's where Bakewell and two of his closest friends came in.

"We did printing for the note service, so I remember running off thousands of pages of notes in a single night. I have fond memories of spending hours on Sunday evenings

standing at a copier machine in Alumni Hall, printing and collating reams and reams of notes for essentially everyone in our class," he says.

Although living in Arizona prevents Bakewell from returning to Jefferson often, he was pleased to attend his son's commencement ceremony in May.

"Everyone I know who went to Jefferson is so proud of their school. Jeffersonians working around the country are looked upon as being well-educated, great clinicians," he says. "I give to Jefferson because I want the University to continue to flourish and because the people there care about legacies. That's important to me, especially because my father and grandfather both went there. I made a gift to promote our family's legacy forever."



BY EUGENE MYERS

Second Opinions for Docs, Second Chances for Patients

The Jefferson Angioplasty Center helps cardiac patients avoid open heart surgery

Richard Kacprowicz, a retired educator from New Jersey, had just suffered a heart attack, and his options seemed limited. A doctor at a local hospital told him he needed open heart surgery for multiple blockages, but when your heart is on the line, it's worth getting a second opinion.

Kacprowicz's primary care physician referred him to interventional cardiologist Michael Savage, MD '80 F'86, the Ralph J. Roberts Professor of Cardiology and director of the Jefferson Angioplasty Center and the Cardiac Catheterization Lab.

"Dr. Savage believed he could fix it," Kacprowicz says.

Instead of bypass surgery to reroute blood flow around the blockage in Kacprowicz's arteries, Savage recommended angioplasty, a procedure in which a

balloon would be inserted into the artery via a small incision in the wrist.

"The artery is like a clogged pipe," Savage says. "To open the pipe, we put in a balloon that expands and pushes the plaque that's obstructing the artery to the side, kind of like a snow-plow effect. And then the artery gets stretched out and expanded."

The process expands the artery to create a larger channel for blood to flow through. Then, a stent, a small mesh tube, is inserted to keep the artery propped open.

The procedure was a success. Then, about a decade later, Kacprowicz suffered a second heart attack; a different artery was completely blocked. Doctors at his local hospital attempted balloon angioplasty, but the procedure failed to clear the

artery. They again recommended bypass surgery, but Kacprowicz returned to Savage at Jefferson. And again, Savage and his team came through for him with the same procedure.

Savage and his fellow Jefferson alumni and colleagues Nicholas J. Ruggiero, II, MD '66 F'74, and David L. Fischman, MD F'91, established the Jefferson Angioplasty Center in 2014 to meet what they perceived to be a growing need for a center that could handle complex cardiac cases like Kacprowicz's.

"They may be very high-risk patients, and they want a second opinion. Sometimes they're told the only option is to go to the operating room and have heart surgery. Or sometimes they may be told that nothing can be done," Savage says. The Center gives patients like these another chance they otherwise may never have known about—often a nonsurgical alternative.

The Center's individualized, patient-focused care and expertise make it a unique regional resource for healthcare providers and their patients with complex cardiac diseases—and it has one of the lowest

mortality rates in the country, at rates 71 percent lower than the national average. The Angioplasty Center is also the only hospital in the tri-state area and one of only 20 centers nationwide to offer a procedure called coronary brachytherapy.

Brachytherapy is an intervention for stent restenosis, which occurs in less than 10 percent of procedures with the newer medicated stents. In these rare cases, scar tissue forms in the artery after an angioplasty, creating a new blockage.

Jefferson's cardiologists were among the first in the world to perform brachytherapy. Jefferson was a participating center and the national core angiography laboratory for the Beta-Cath device, a temporary catheter inserted in the coronary artery that delivers short bursts of beta-radiation to an area only a few millimeters long. When Beta-Cath became available, Savage, Fischman, and their colleague Richard Valicente, MD, performed a brachytherapy procedure via a live stream online—a groundbreaking, award-winning webcast.

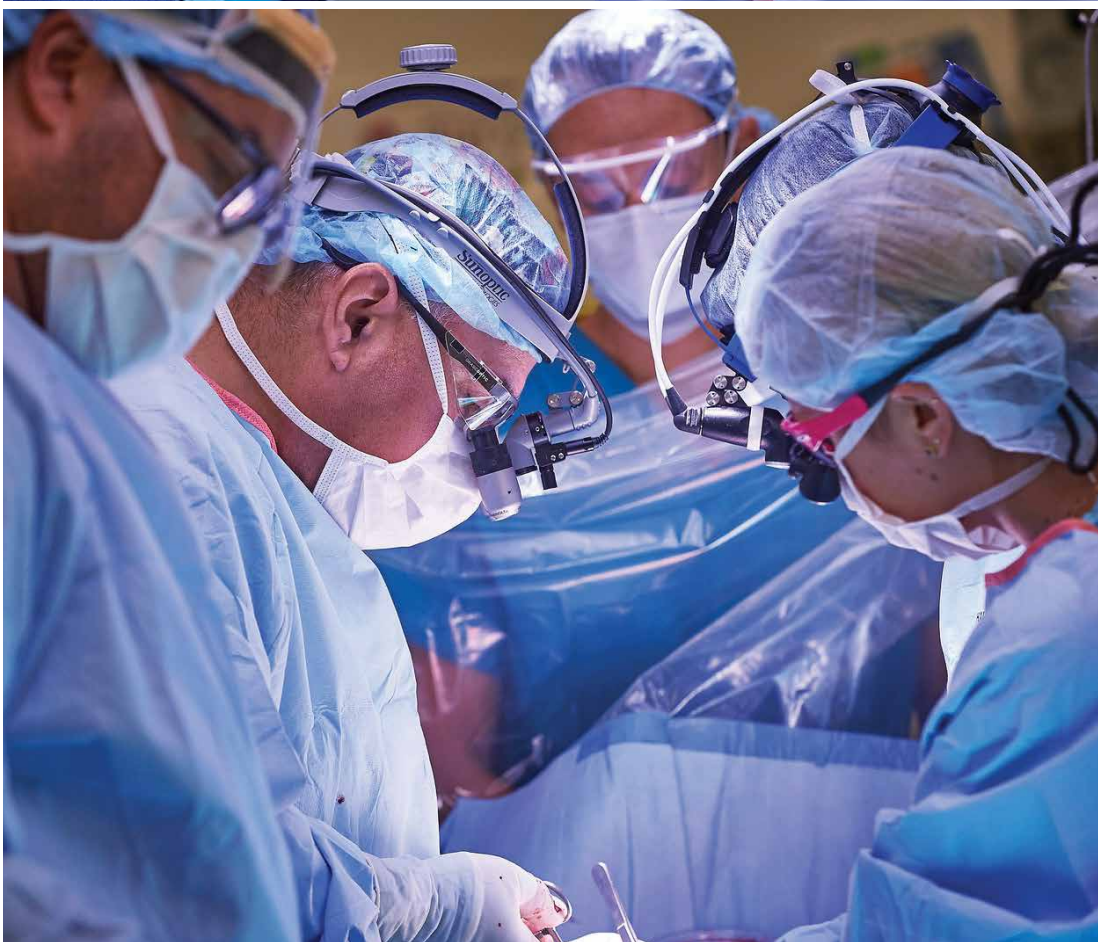
Elaine Paparella Vandeputte, a 73-year-old woman from South Philadelphia, was one of these

Jefferson alumni and surgeons Michael Savage, MD '80, F' 86, Nicholas Ruggiero, II, MD '66 F'74, and David Fischman, MD F'91, established the Jefferson Angioplasty Center in 2014.





Dr. Michael Savage reviews a patient's case in the Cardiac Catheterization Lab.



The surgical team performs lifesaving angioplasty.

infrequent cases of recurring restenosis. After a heart attack in 2014, she experienced stent restenosis three times over the next few years, in each instance receiving angioplasty and additional stents. After she underwent a fourth round of treatment in May 2016, her doctors recommended that instead of another stent, she try brachytherapy, in which the injured tissue walls of the artery are exposed to a small dose of radiation to inhibit scarring.

Nearly a year after receiving the treatment at Jefferson, Vandeputte is doing well, and her artery remains clear of blockages.

The Jefferson Angioplasty Center plays a vital role as a dependable, experienced second opinion center, but it is also much more. It offers an array of diagnostic services and treatments, including transcatheter aortic valve replacement, a minimally invasive alternative to traditional heart valve replacement which requires open heart surgery. Education and research are also high priorities for the Center.

"We give an annual conference at Jefferson, and most of us give presentations, both regionally and around the country, at various meetings during the course of the year," Savage says. The 4th Annual

"They may be very high-risk patients, and they want a second opinion. Sometimes they're told the only option is to go to the operating room and have heart surgery. Or sometimes they may be told that nothing can be done."

Symposium, on the topic of "Current Issues in Coronary and Structural Heart Disease: A Multidisciplinary Approach," will be held at Jefferson on May 18, 2018.

"We like to innovate. Clinical research is a big piece of our mission," Savage says. The Center's current research focus is on nicardipine, a drug used to treat high blood pressure that Savage and his team hope to demonstrate can also be delivered prophylactically to prevent complications during angioplasty. They just received IRB approval for a randomized blinded trial to measure nicardipine's effect on the heart's microcirculation—a study that wouldn't be possible without philanthropy.

"We've been wanting to do this study for a decade," Savage says. "Now, thanks to the generosity of grateful patients Stanley Ginsburg (see sidebar) and the Roberts family, we can finally start it." 🍷

Stanley Ginsburg: Grateful Patient



From left: Michael P. Savage, MD, Ralph J. Roberts Professor of Cardiology; Stanley and Arlene Ginsburg; and Stephen K. Klasko, MD, MBA, President and CEO, Thomas Jefferson University and Jefferson Health.

Stanley Ginsburg will never forget the day his father, just 43, died of a sudden heart attack.

The loss shocked Ginsburg's entire family, but it also taught him a powerful lesson: Take care of your heart.

"My father's death made me very careful," Ginsburg says. "I never smoked. I exercise, I walk a few miles a day, and I eat sensibly. I know that I could die like him, with a 30-second heart attack."

In the ensuing years, Ginsburg attended college, served in the U.S.

Army, enrolled in law school, and eventually became president of the business his father once owned. For the longest time, Ginsburg led a successful life with very few health issues. So it came as a surprise when, at 75, he went for an annual checkup and learned he had a blockage in his heart.

His physician referred him to Jefferson angioplasty specialist Michael P. Savage, MD, who offered several options. With the left anterior descending (LAD) artery—the so-called widow maker—roughly 85 percent clogged, Ginsburg was a candidate for open heart surgery. A less-invasive option was to have a stent placed in his heart. Savage advised Ginsburg to get a second opinion.

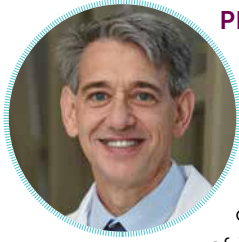
After seeing another cardiologist, Ginsburg was told he didn't need treatment, despite his heart functioning with less than optimal blood flow. Savage disagreed with the second opinion.

"I got a call from Dr. Savage, and he very aggressively said, 'Stan, you're an active person for your age. You cannot walk around with inadequate blood flow. I'm going to put a stent in and you'll be a lot safer,'" Ginsburg recalls.

Savage implanted one stent in the vital LAD artery of Ginsburg's heart in 2007. A year later, he installed another stent in a smaller artery that was also severely clogged. Both procedures were successful. Ten years later, Ginsburg lives a full and active life that includes a variety of business and philanthropic activities and trips with his wife, children, and grandchildren—for which he thanks Dr. Savage.

After receiving such compassionate care, Ginsburg felt compelled to give back to ensure that others had access to the same lifesaving care that he received. He made a generous gift supporting the ongoing research of the Jefferson Angioplasty Center, and explains, "It supports people like Dr. Savage and the other doctors in the hospital who care about people ... it supports creativity, and it supports the research that can make things better, faster."

For more information on giving to the Jefferson Angioplasty Center, please contact Margaret Fala, Assistant Vice President, Development, Medicine, margaret.fala@jefferson.edu • 215-955-7556



PRIBITKIN NAMED SVP AND CHIEF MEDICAL OFFICER FOR TJUH

Edmund Pribitkin, MD, MBA, has been named senior vice president and chief medical officer for TJUH, and president of JUP and Jefferson Community

Physicians in Center City.

Pribitkin has served for more than 10 years as academic vice chairman of Jefferson’s Department of Otolaryngology – Head and Neck Surgery and director of the Otolaryngology Residency Training Program. As an innovator and collaborative team builder, in his new roles, Pribitkin will work closely with clinicians to enrich programs that provide state-of-the art diagnosis and treatment, while creating important opportunities for clinical and translational research; engage affiliated physician groups in efforts targeted for improvement to ensure success in the evolving healthcare market; and assist senior management and chairs in designing and developing comprehensive physician recruitment and retention strategies.

He also will oversee the redesign of JUP administrative processes associated with practice operations, including achieving productivity and financial goals, improving the patient experience, enhancing billing and collection and patient scheduling programs/ services, and managing practice site selection and staffing levels. Additionally, he will provide recommendations concerning physician network strategy and development.



MEYER APPOINTED NEW SEVP FOR TJU AND CPE FOR JEFFERSON HEALTH

In August, Bruce Meyer, MD, MBA, was appointed to the newly created position of senior executive vice president (SEVP) for TJU and chief physician executive (CPE)

for Jefferson Health. Most recently, Meyer was EVP for Health System Affairs at the University of Texas Southwestern Medical Center, CEO for its Accountable Care Network, and the senior executive officer leading the Population Health Services Company of Southwestern Health Resources (the unique public-private partnership between UT Southwestern and Texas Health resources).

PHOTO CREDIT: UT SOUTHWESTERN MEDICAL CENTER

JEFFERSON PARTNERS WITH CATHOLIC UNIVERSITY AND GEMELLI UNIVERSITY HOSPITAL IN ITALY

In May, TJU signed a new partnership with Catholic University and the Gemelli University Hospital in Rome that will allow for an unprecedented exchange of medical students from each university and from other disciplines. This agreement formalized a 23-year relationship between the two major universities and healthcare systems and creates opportunities for clinical research and international clinical trials between the health systems to support breakthroughs in precision medicine. The relationship was built through the work of faculty members in each institution, including Joseph Gonnella, MD, Ignazio Marino, MD, and Italian ambassador Andrea Canepari. The partnership was signed by TJU President and CEO Stephen K. Klasko, MD, MBA, with Provost and Dean Mark Tykocinski, MD.

CO-DIRECTORS NAMED TO NEU CENTER



Brooke Worster, MD, director of Palliative Care, was appointed medical director of the Sidney Kimmel Cancer Center’s Neu Center for Supportive Services and Cancer Survivorship; Grace Lu-Yao, MD, SKCC associate director of Population Science, was appointed research director; and Gregory Garber, MD, director of the SKCC Support and Welcome Center, was appointed director of Oncology Support Services.



The Neu Center, established with a generous \$3 million gift from education and healthcare philanthropists



Esperanza and David Neu, serves as a comprehensive resource for psychosocial care and research, providing an innovative care model that ensures that patients feel supported and emotionally healthy as they confront and recover from cancer.

JCIPE CELEBRATES 10TH ANNIVERSARY

On June 20, the Jefferson Center for Interprofessional Practice and Education (JCIPE) celebrated its 10th anniversary with a luncheon that featured remarks from Stephen Klasko, MD, MBA, and keynote speaker, John Gilbert, PhD, professor emeritus from the University of British Columbia and noted WHO scholar. JCIPE's mission is to promote excellence in health professions education and healthcare delivery through innovations in interprofessional education (IPE), collaborative practice (CP), faculty and staff development, and scholarship.

JCIPE originated with a grant in 2006 to design a new chronic care illness education curriculum, which led to the Center's establishment the following year, in recognition of the fact that managing chronic conditions requires the coordinated efforts of a multidisciplinary team of professionals. JCIPE was among the first three IPE centers in the United States, and it continues to be a national leader in IPE, a growing field with around 130 centers today.

JCIPE's flagship program, the Jefferson Health Mentors Program, has been replicated at multiple institutions around the country. It is an 18-month longitudinal program that partners interprofessional student teams with health mentors, people in the community who are living with one or more chronic conditions. Through interview practice, home visits, and community surveys, students learn what it is like to live with and manage a chronic illness, with a focus on social determinants of health and

their influences on health and wellness. Since the first class in fall 2008, JCIPE has graduated more than 5,600 students from eight professions.

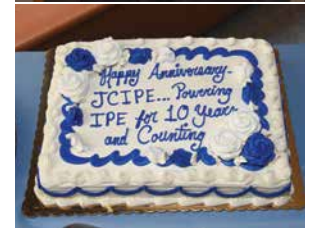
JCIPE was recently awarded a Robert Wood Johnson Foundation grant subaward to serve as one of four national Student Hotspotting hubs—the only one on the East Coast. The Hotspotting curriculum was developed by the Camden Coalition for Healthcare Providers, and it engages students in identifying and working with “super-utilizers”—patients who frequently use ED and inpatient care—providing high-touch interventions that reduce the number of hospital visits.

Another JCIPE innovation is piloting a virtual-world curriculum, developed in collaboration with Pathways to Housing PA, that orients students to working with homeless and formerly homeless populations through simulated scenarios informed by real-world experiences. As part of JCIPE's growth from educating students to educating health practitioners as well, it has also developed the Jefferson Teamwork Observation Guide (JTOG) mobile app to streamline observation and data collection and elicit real-time patient and family feedback to improve teamwork and patient outcomes.

A decade after JCIPE's founding, Jefferson has embraced a culture where IPE and CP are expected, welcomed, and increasingly integrated across the learning continuum, from first-year students to seasoned providers. The next decade of innovations at JCIPE will be led by new co-directors Elena Umland, PharmD, JCP associate dean of Academic Affairs and professor of Pharmacy Practice, and Lauren Collins, MD, associate professor of Family and Community Medicine and Geriatrics in SKMC, who have been integral to the success of IPE since the Center was founded.

For more information about JCIPE, visit www.jefferson.edu/jcipe or follow the Center on Twitter: @JeffCIPE

TOP TO BOTTOM: Lauren Collins, MD, keynote speaker John Gilbert, PhD, and Elena Umland, PharmD; Dr. Gilbert with Stephen Klasko, MD, MBA; celebratory cake; Christine Arenson, MD, with Dr. Gilbert





- #16 Honor Roll
- #20 Cancer
- #41 Cardiology & Heart Surgery
- #26 Diabetes & Endocrinology
- #8 Ear, Nose & Throat
- #17 Gastroenterology & GI Surgery
- #38 Geriatrics
- #48 Nephrology
- #21 Neurology & Neurosurgery
- #2 Ophthalmology
- #4 Orthopedics
- #27 Urology
- High performing in Pulmonology
- High performing in Rehabilitation

◀ **U.S. NEWS & WORLD REPORT ELITE HONOR ROLL**

In August, *U.S. News & World Report* released its 2017–18 Best Hospitals rankings, and for only the second time in our history, Thomas Jefferson University Hospital is listed on the elite Honor Roll, as the nation’s 16th Best Hospital! Here is a snapshot of our results:

Thomas Jefferson University Hospital

- Honor-roll ranked as the nation’s 16th Best Hospital
- Ranked 3rd in Pennsylvania
- Ranked 2nd in the Philadelphia Metro Area
- Nationally ranked in 11 specialties
- Three specialties ranked in the top 10 in the country: Ophthalmology (2nd); Orthopedics (4th); and Ear, Nose and Throat (8th)

Abington – Jefferson Health

- Ranked 11th in the Philadelphia Metro Area
- Ranked 18th in Pennsylvania
- Recognized as a high-performing hospital for four conditions/specialties

Aria – Jefferson Health

- Recognized as a high-performing hospital in treating congestive heart failure

Only three percent of hospitals in the nation achieve a ranking in a single specialty. With all the challenges and opportunities in healthcare today, this level of recognition and accomplishment is an extraordinary testament to our flagship hospitals. Thank you to all our alumni for boosting our reputational score with your record participation in the voting process.



LUDMIR APPOINTED SVP AND ASSOCIATE PROVOST

In April, Jefferson welcomed Jack Ludmir, MD, as Senior Vice President of Physician Engagement and Integration and Associate Provost for

Community and Global Initiatives. Ludmir joined Jefferson most recently from Pennsylvania Hospital, where he served as professor and chair of the Department of Obstetrics and Gynecology.

MODERN HEALTHCARE HONORS DR. STEPHEN KLASKO

President and CEO Stephen Klasko, MD, MBA, has been recognized by Modern Healthcare—the leader in healthcare business news, research and data—as one of this year’s 50 Most Influential Physician Executives and Leaders. The recognition program, now in its thirteenth year, acknowledges physicians working in the healthcare industry who are deemed by an expert panel and their peers to be the most influential in terms of demonstrating leadership and impact.

Attention Jefferson Alumni

Be sure you are registered to vote for *U.S. News & World Report's* 2018-19 Best Hospitals.

Please register by claiming your profile on **Doximity.com**.

HERE'S WHY

- Connect with colleagues and alumni.
- Learn quickly about research underway within your specialty.
- Access CME resources.
- Stay up-to-date through informative blog posts.
- Physicians who are board-certified in one of *U.S. News & World Report's* ranked specialties are eligible to vote in the Best Hospitals survey.

HERE'S HOW

- Go to **Doximity.com**, enter your name on the homepage, and follow the steps to claim your profile. (You will need to create a profile if your name does not appear.)
- Once you've claimed your profile, please edit your information for accuracy. Only you can activate your profile. Please provide enough relevant information for potential patients as your profile will reside on the *U.S. News & World Report* online "Doctor Finder" directory.
- Update your profile, including achievements, periodically and remain active on the site.

Deadline is **NOVEMBER 10, 2017**.



HOME OF SIDNEY KIMMEL MEDICAL COLLEGE



Elliot J. Rayfield, MD '67, has been an endocrinologist and faculty member at The Mount Sinai Hospital in New York since 1974, when he was hired to start a diabetes program.

Rayfield has been deeply involved with Jefferson, where he recently made a planned gift to SKMC in support of the Elliot J. Rayfield, MD '67 Scholarship. This great resource will support students based on academic merit and help attract talented physicians-to-be so they are not held back by their financial situation.

Beyond his own giving, Rayfield has volunteered as Class Agent for his class's upcoming 50-year reunion, encouraging classmates to give back to Jefferson. A reunion gift is his way of marking time and remembering all the good his Jefferson education has allowed him to do for others.

"This is an important occasion," he says. "As I reflect on my life and career, I feel grateful to be able to do what I love."

"I believe if someone is gifted in a certain area, such as medicine, and feels that an institution such as Jefferson made this possible, there is a moral obligation to help the next generation to benefit from one's own success."

To learn about making a gift through your IRA and other planned giving opportunities, contact:

Lisa W. Repko, JD
Assistant Vice President, Planned Giving
215-955-0437 • lisa.repko@jefferson.edu

1824Society

Basil Harris, MD '02

Merging Medicine, Engineering, and Design to Revolutionize Digital Healthcare

From left, George, Basil, and Constantine (Gus) Harris

In an episode of the 1960s science fiction series *Star Trek*, Dr. McCoy utters one of his famous catch-phrases: “I’m a doctor, not an engineer!” Basil Harris, MD '02, PhD, happens to be both, which gave him an advantage in bringing McCoy’s “medical tricorder”—a portable diagnostic device—from television to reality.

In January 2012, XPRIZE and Qualcomm announced a global competition to develop a handheld consumer device that enables people to “make their own reliable health diagnoses anywhere, anytime.” When Harris heard about it a

year later, he realized that such a device would have to replicate what he does as an emergency medical physician.

“We have to make these quick decisions. We have to make diagnoses with quick streams of basic information,” he says.

Harris has a master’s degree in structural engineering from Drexel and a PhD in engineering from Cornell, where he became interested in bioengineering and modeling medical systems. That led him to SKMC, where he worked on biomechanics with Alexander Vaccaro, MD, PhD, MBA,

and Alan Hilbrand, MD, at the Rothman Institute. After graduation, Harris completed a residency at Jefferson in emergency medicine and has worked in the Lankenau Medical Center emergency department since.

Harris needed help to translate his knowledge of the diagnostic process into code for the artificial intelligence he was envisioning, so he recruited his brother George, a network engineer. Though they initially thought it might take “a couple of weekends,” training the AI to make reliable diagnoses turned out to be a lengthy learning process for them as well.

“The AI was really good at picking up some things, like tuberculosis, but it wasn’t as good at differentiating conditions like mono from strep throat and things like that,” Basil says. “So we learned from that and helped the AI grow. And then we put it through some other rigors to let it learn.”

This included withholding information or outright lying about symptoms during test scenarios, to simulate patients who aren’t always forthcoming or well-informed about their health. Like a good doctor, the AI needed to be able to filter through the data and focus on what was important to make an accurate diagnosis.

Harris and his team, Basil Leaf Technologies—a family enterprise that, in addition to George, includes their brother Gus and sister, Julia—named their device DxtER, a mashup of “Dx,” the medical abbreviation for diagnosis, “t” for tricorder, and of course “ER” for emergency room. The prototype DxtER kit consisted of an iPad Mini running their custom app and five Bluetooth peripherals that noninvasively monitor blood pressure, heart rate, oxygen saturation, respiratory rate, and temperature in real time.

The team shipped 65 kits to the University of California San Diego (UCSD) for testing along with tricorders from the other six finalists—only seven teams remained from the initial 300 entries. Because one of the key criteria was that the tricorder be usable independently by individuals with no medical knowledge, real patients tried out the devices and even took them home.

The winning product needed to diagnose 13 health conditions—such as mononucleosis, pertussis, pneumonia, diabetes, and hypertension, as well as the absence of a condition—and collect key health metrics, all with a user-friendly interface. Twenty-one judges reviewed data as test users interacted with the devices and graded them on accuracy and overall user experience.

“Like a good doctor, the AI needed to be able to filter through the data and focus on what was important to make an accurate diagnosis.”



The prototype DxtER kit included an iPad Mini running a sophisticated diagnostic engine and a collection of noninvasive sensors.

Basil Leaf took first place as the highest-performing team and was awarded the \$2.5 million prize at a ceremony in Hollywood on April 12, 2017.

“This really has been an amazing experience. It was a five-year journey, just like the show. And putting this kind of hardware together and having these prototypes—now that the prize is over, the concept is over, the hard stuff is actually beginning,” Harris says.

The next step is getting DxtER to consumers so it can start helping people. In today’s age of fitness trackers and smart watches, Harris believes that people are ready for more information about their health, and that they need to be as informed as possible to be partners in managing it.

“People want this type of information, especially when you’re looking at our noninvasive sensors. People are blown away by it. And they’re like, ‘When can I buy this? Where can I get one?’” Harris says. But he emphasizes that the device isn’t meant to replace doctors and healthcare professionals, but to complement their work: “When this is out there, it’s really going to marry with medical providers and help make their jobs more efficient and help people manage their conditions more efficiently.”

Basil Leaf’s tricorder is undergoing clinical trials and enrolling subjects at Lankenau, with plans to extend it to UCSD, to prove it’s getting reliable information for FDA clearance—essential work that has been accelerated by their prize winnings as well as ongoing support from Qualcomm and XPRIZE.

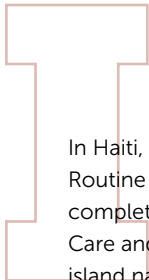
“We’ve just taken the first baby steps with the AI, with this new technology,” Harris says. “And I’m very excited about the future.” —EUGENE MYERS

Big Things, Small Beginnings

Jefferson surgeons are exploring new therapies that may make standard cancer treatments even more effective



Adam Luginbuhl, MD; David Cognetti, MD, co-director, Jefferson Center for Head and Neck Surgery; William Keane, MD, chair, Department of Otolaryngology – Head and Neck Surgery and co-director, Jefferson Center for Head and Neck Surgery; and Joseph Curry, MD



In Haiti, up-to-date oncology care is far from commonplace. Routine cancer treatments such as radiation therapy are completely unavailable. CHANCE (Complex Head and Neck Care and Education), Jefferson's surgical mission to the island nation, is changing that, bringing skilled surgical techniques and advanced training to the clinics that serve the local population.

But Joseph Curry, MD Res '09, David Cognetti, MD Res '07, and Adam Luginbuhl, MD Res '12, are also hard at work back home, imagining the next generation of head and neck cancer treatments. Through the newly formed Squamous Cell Carcinoma Tumor Ecology and Microenvironment (STEM) research group, they are striking at the roots of a growing cancer epidemic in the United States.

Squamous cell carcinoma (SCC) typically affects the outer layers of epithelial cells and is generally thought of as skin cancer, though it also arises in the lining of other organs and can occur in the mouth, throat, esophagus, lungs, cervix, and other areas of the body.

Because of SCC's pervasiveness, STEM's work has implications that span the whole body, making STEM a multidisciplinary collaboration among Jefferson's departments of Head and Neck Surgery, Dermatology and Cutaneous Biology, Cancer Biology and Immunology, Pathology, Thoracic Surgery, Radiation, and Medical Oncology.

New Kind of Patient, New Kind of Challenge

Some types of SCC are caused by the human papillomavirus (HPV), specifically cervical and oropharyngeal (throat) cancers. While cervical cancer is still the leading cause of cancer-related death in the developing world—especially in countries like Haiti—it has steadily decreased due to screening. However, oropharyngeal cancer has reached epidemic status in the United States and worldwide. While only a very small fraction of those exposed to HPV develop cancer, the trend is alarming given that the CDC recently estimated that 85 percent of adult Americans have been exposed to the virus.

"HPV vaccination is great, and its benefits to both men and women are huge," says Cognetti, "But the carcinoma that HPV causes, especially in the head and neck region, is one of the only kinds of cancers that is still increasing."


With a 20-year latency period from exposure to onset, some experts have attributed the current rise in HPV-related SCC in part to more permissive sexual attitudes that arose in the '60s and '70s. Though researchers expect rates to stabilize with increased awareness and immunization, clinicians are starting to see new kinds of patients coming into their offices and ORs.

The typical profile of a patient with a head and neck malignancy is a 65-year-old man who has smoked most of his life. But now Curry, Cognetti, and Luginbuhl are treating patients in their 30s who have been infected by HPV and developed SCC.


"While oropharyngeal cancer was only about 15 percent of head and neck cancers 20 years ago, it now represents 1 in 3 of the new head and neck cancers seen at Jefferson," Curry says.

The five-year survival rate for the former cohort is not great; age and comorbidities from lifestyle often mean that their bodies are not always able to handle the side effects of treatment. However, among the younger patients, who are being cured at a rate of 90 percent, life expectancy is often projected for decades after treatment. But with this good news comes new challenges.

"The area we're typically operating on is densely packed with all kinds of essential anatomy: eyes, nerves, and the carotid arteries, as well as the really complicated muscles involved in speech and swallowing," says Cognetti. "If we do



HPV vaccination is great, and its benefits to both men and women are huge, but the carcinoma that HPV causes, especially in the head and neck region, is one of the only kinds of cancers that is still increasing.



a radical resection, then a 38-year-old with HPV-caused carcinoma is going to be living with the side effects for a long time.”

This is the idea behind robotic surgery, which enables Cognetti and company to work precisely in tight spaces, minimizing impact on areas surrounding a tumor. It is also where STEM really stands out, as the prime mover on a number of clinical-pharmaceutical research initiatives that are promising to revolutionize head and neck cancer care.

Old Drugs, New Tricks

As STEM’s name suggests, a cancer tumor and its relationship to the body can be thought of as an ecology and a microenvironment—as something both expansive and self-contained. These interconnected ways of thinking inform two novel approaches that Curry, Cognetti, Luginbuhl, and their team of surgeons, oncologists, and scientists are taking to attack SCC.

The first is the immunotherapy angle, which has been a hot topic in the world of oncology. The idea behind it is simple: Our body has an innate ability to protect itself from pathogens—why not use the “home team advantage?” The implementation is another story.

“The immune system is a kind of finely tuned organ,” says Luginbuhl. “A large part of how it functions involves chemically communicating information about how the body’s doing.” Cell signaling is integral to tumor resilience, as cancerous cells shroud themselves in proteins that tell the immune system that it’s OK not to attack.

What’s more, tumors use these signaling pathways to communicate with the host, “asking” for nutrients and other growth-promoting factors. “The tumors we see with the greatest inflammatory response are actually doing the worst,” Luginbuhl says. “It just feeds the cancer and maintains an otherwise permissive immune environment.”

But STEM is working to change this through a unique combination of the drugs tadalafil and nivolumab. Aside from its marketed purpose as a male potency aid under the brand name Cialis, tadalafil has been shown to increase the number of cells capable of killing cancer. Nivolumab, on the other hand, has been shown to help instigate an immune attack on the malignant intruders.

In theory, these two independently tested pharmaceuticals will have a synergistic effect and create a stronger immune response. A chemical one-two punch, tadalafil primes the immune system and nivolumab follows up, taking the brakes off of the immune cells. The treatment is currently being tested in a clinical trial funded by Bristol-Myers Squibb.

In another industry-sponsored trial, the STEM team is taking a different tack to fighting SCC: disrupt the internal workings of the tumor’s cellular ecosystem. Though we sometimes think about a tumor as a monolithic mass—cancer and noncancer—the kinds and functions of cells

within the tumor often vary significantly. The cancer cells interact with normal cells and change the way they behave; the tumor, in a way, hijacks or subjugates normal cells and systems to benefit cancer growth.

The team has tested metformin, a very common and safe drug used to treat diabetes, which has been shown in the lab to “starve” and consequently kill cancer cells by inhibiting their ability to perform efficient metabolism. Preliminary data have shown that the drug contributes to a reduction in tumor size in animals, an exciting proof of concept. Based on that work, the group went on to perform a clinical trial in head and neck cancer patients.

“Patients were very excited at the notion of using a safe drug to learn about new ways to fight cancer, so we were able to fill that trial in about 18 months. We enrolled 50 patients on treatment with standard diabetic doses of metformin,” Curry says. “What we found is that metformin resulted in increased rates of death of tumor cells, and it also seemed to free some of the noncancer cells of the tumor from the effects and control of the cancer.”

This was the first trial of its kind in head and neck cancer, and it may open the door to mechanisms for targeted therapies against cancer. Now STEM is looking to dial in the dosages and combine other therapies to optimize the effects of the drug and to investigate evidence that suggests metformin may also protect healthy cells against the effects of radiation treatments.

“We don’t think metformin alone is likely to knock out cancer, but we do think that it could be the jab that sets up the right hook,” Curry says.

More Options, Minimal Impact

In the age of personalized medicine, the cutting edge of oncology is not a magic bullet that will once and for all cure cancer. Rather, it’s about a greater repertoire of strategies that can target the specific malignancies afflicting individual patients.

The experimental pharmaceuticals STEM is investigating, together with familiar treatment options such as surgery, chemo, and radiation, could offer a low-impact way of damaging a cancer tumor at a fundamental level, severing its parasitic relationship with a patient’s immune system and disrupting the most dangerous cells’ ability to feed themselves. The attendant decrease in tumor size will improve the effectiveness of now-standard interventions and the precision with which surgeons like Curry, Cognetti, and Luginbuhl can operate.

Whether it’s a younger patient suffering from HPV-caused SCC with their whole life ahead of them or a frail, older patient who can’t take the full-court press of treatment, these new therapies promise to make procedures, dosages, and side effects smaller and the chance of a happy ending bigger. 🍷 —ZACH NICHOLS



From the Jefferson Archives

1917

▲ 100

Ambulance from Jefferson's 38th Base Hospital (Red Cross), Nantes, France

25 YEARS AGO...1992

The Medical Scholars Program is established between Jefferson and the University of Delaware, integrating the professional and liberal arts education across the baccalaureate, medical school, and residency years. This progressive partnership model of education continues today.

50 YEARS AGO...1967

The 15-story Orlowitz Residence Hall is under construction at the corner of Walnut and 10th streets. The adjacent ground has been leveled on Walnut Street for the future Scott Memorial Library building.

100 YEARS AGO...1917

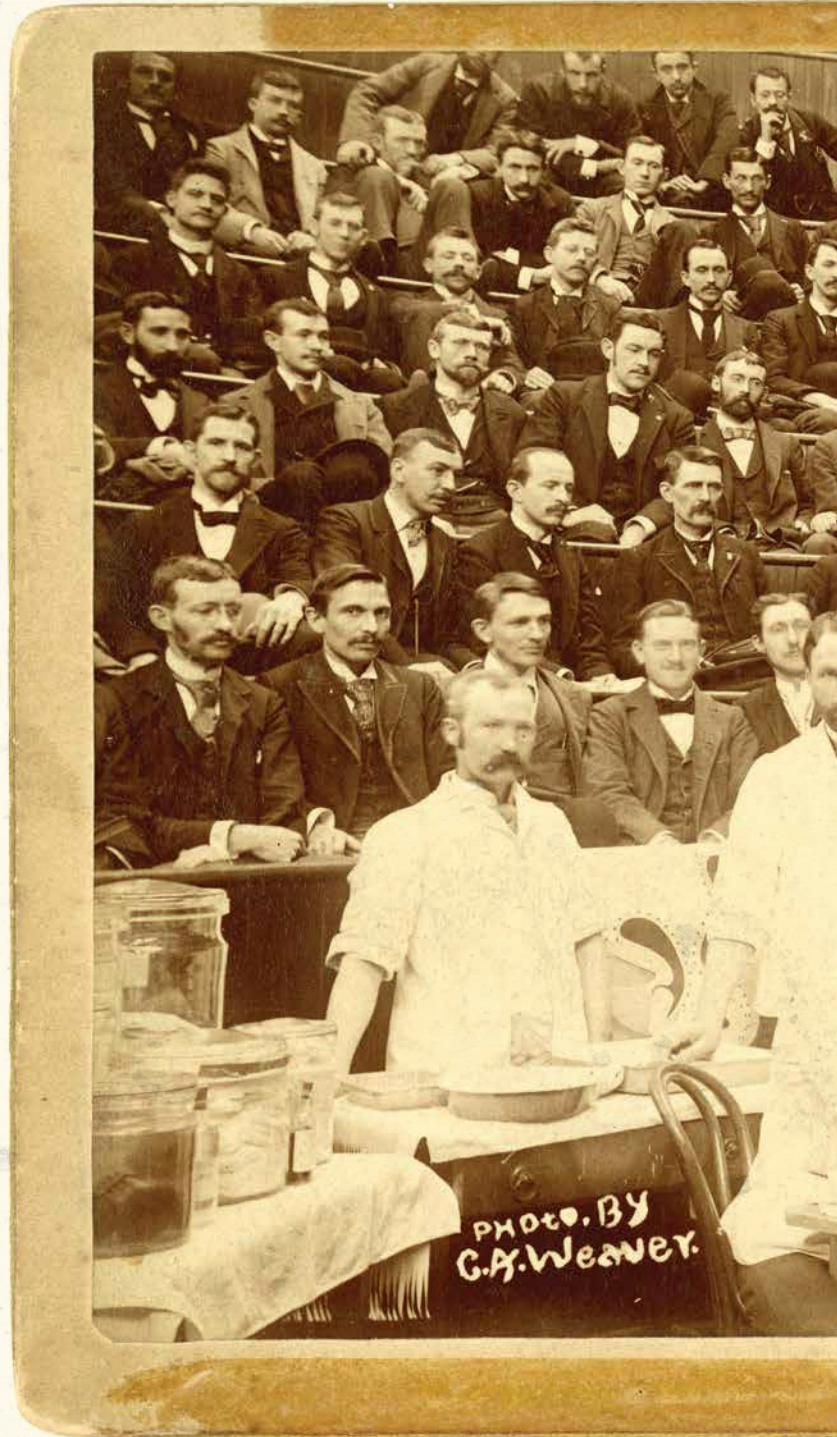
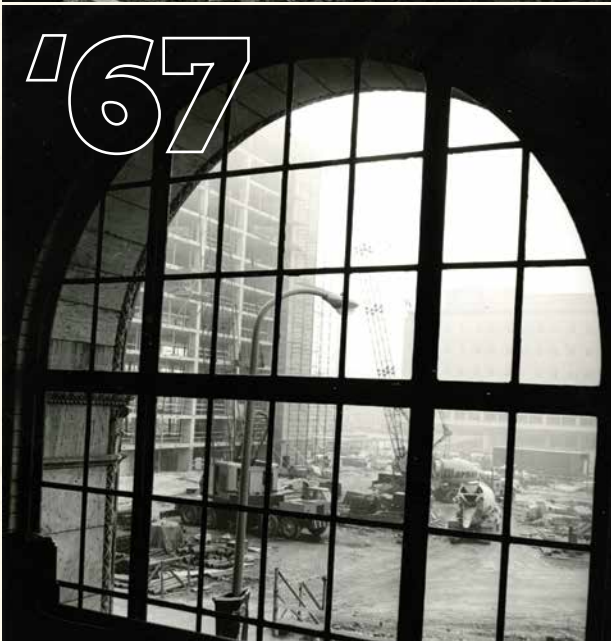
As America enters World War I, Congress passes the Selective Draft Bill with no deferment provision for medical students, and several of our fourth-year students are drafted. By autumn 1917, JMC Dean Patterson uses his influence to help create the Enlisted Medical Reserve Corps, which "provided exemption for medical students until the completion of their course." By joining the Reserve, the graduates—technically still in military service—could not be drafted into the National Army, although many signed up and went "over there."

150 YEARS AGO...1867

JMC has pioneered on-campus surgical clinics since its founding in 1824, but starting this session, the faculty, led by Dr. Samuel D. Gross, announces "enlarged opportunities" with the establishment of *daily* clinics for students' instruction in surgery, OB-GYN, and clinical medicine (perhaps another first in U.S. medical education).



▲ 25
Senior Associate Dean Robert S. Blacklow, MD,
was Jefferson's prime mover of the Medical
Scholars Program



◀ 50
Orlowitz Hall under construction
View through the College Building
window, Orlowitz Hall



▲ 150

Clinic of E.E. Montgomery, MD, professor of Clinical Gynecology, in the amphitheater of the 1877 Jefferson Hospital

CLASS NOTES



'67

▲ **Anthony ("Tony") Chiurco '67** and his wife, Kim Jingoli Chiurco, made a generous gift to establish the Anthony Alfred Chiurco, MD Professorship in Neurosurgery at Jefferson. In a formal ceremony on July 19, David Andrews, MD—a leading neurosurgeon who pioneered radiosurgery, established the Division of Neuro-Oncology in the

Department of Neurological Surgery at Jefferson, and developed a promising vaccine that blocks growth of glioblastomas—was invested as the first Chiurco Professor. The gift creating the professorship is Chiurco's contribution to the Class of 1967 50-Year Reunion Class Gift Campaign. Chiurco has practiced as a neurosurgeon in Mercer County, New Jersey, for more than 40 years, serving as chief of neurosurgery at the University Medical Center at Princeton and chairman of the Department of Surgery at Capital Health Systems in Trenton. He is a world-class sailor of oceangoing yachts who won three 12-Metre North American Championships and is an accomplished sculler who reached the Henley Royal Regatta semifinals at age 65, a prolific portrait and still-life painter, and author of the memoir *Up from South Philly*.



▲ **Terry Cardin, MD '71**, and **Tom Fiss MD '71**, reunite in Tucson and reminisce about the creation of the 1970 and 1971 clinics of Jefferson Medical College.

'80

William Loeliger is chairman of the Anesthesiology Advisory Committee at the Greater Baltimore Medical Center.

'81

Richard Spaide was recently picked as one of the best doctors in New York by *New York Magazine* and one of the best physicians in the United States by "The Best Doctors in America," and he received the Gass Award, a prestigious international accolade, at the Macula Society meeting in Singapore in June 2017. In July, he won first prize in the Maculart meeting in Paris, a competition for medically themed artistic images held every two years; Spaide also won first prize in that competition in 2015. Last year, he was awarded the Roger Johnson Memorial Award for Macular Degeneration Research from the University of Washington, which is given every two years to recognize outstanding contributions to the understanding of the pathogenesis and treatment of age-related macular degeneration by a clinician or basic science researcher working anywhere in the world.

'85

John Kuchar is chairman of the Department of Anesthesiology at the Greater Baltimore Medical Center.

'86

Dan Kessler reports that he is medical director of Perioperative Services at the Greater Baltimore Medical Center.

'71



▲ **Edward B. Ruby** reports that he was awarded the Outstanding Volunteer Clinical Teacher Award from the American College of Physicians (ACP). It was presented at ACP's Convocation Ceremony on March 30, 2017, during its annual Internal Medicine Meeting.

What's New?

To submit a class note or obituary for the *Bulletin*, contact the Office of Institutional Advancement:

BY PHONE
215-955-7751

BY EMAIL
alumni@jefferson.edu

BY MAIL
125 S. 9th St., Suite 600
Philadelphia, PA 19107

'93

Sanjay Trivedi is general operation room coordinator for the Department of Anesthesiology at the Greater Baltimore Medical Center.

'11

Mark Joseph has recently joined the Department of Anesthesiology at the Greater Baltimore Medical Center.

'12

Summer Williams just graduated from the Boston University School of Medicine Anesthesiology Residency Program and reports that she is joining a private practice group in Nashville, Tennessee.



▲ Summer Williams, MD '12, and Mark C. Norris, MD '80, director, Obstetric Anesthesia, Boston Medical Center, and Clinical Professor of Anesthesiology, Boston University School of Medicine

'15



▲ **Lauren E. Nicholls**, of Rochester, New York, writes that she and **Sean M. Philippo '14** were married on September 24, 2017, in Scranton, Pennsylvania. They were joined by numerous alumni from both classes to help celebrate. Lauren is currently completing a residency in family medicine, and Sean is completing a residency in anesthesiology.

CLASS AGENTS PROFILE

“Being a Class Agent has been a wonderful experience. At least once a year, I get to update my classmates on my professional and personal life, and it is a great way to maintain contact with a special group of people. On occasion, I’ll get a letter or an email with an update on their life—nothing is more rewarding than getting bits and pieces of a classmate’s life. At our reunions, I don’t feel as though it has been years since I’ve seen them. Lastly, it has been fun to try to keep our class together. We share a bond of having gone through medical school together, and it is great to keep that going after 30 years.”



◀ **Bernard L. Lopez, MD '86, MS**
Associate Provost for Diversity and Inclusion
Thomas Jefferson University
Associate Dean for Diversity and Community Engagement
Professor and Executive Vice Chair
Department of Emergency Medicine
Sidney Kimmel Medical College at Thomas Jefferson University

Class Agents serve as liaisons to the alumni community, working with Alumni Relations programming and reunions to enhance alumni engagement, participation, and support of the Jefferson Fund. These volunteers provide personal and meaningful connections between classmates and Jefferson.

If you are interested in becoming a Class Agent, please email alumni@jefferson.edu or call 215-955-0977.

IN MEMORIAM

'44

John Martsolf, 98, of Sebring, Fla., died Jan. 25, 2017. A general surgeon, he completed residencies at Atlantic City Hospital (1944–46) and Polyclinic Hospital in Harrisburg, Pa. (1950–52). He also served at Beaver Valley General Hospital, Providence Hospital, Rochester General, and Medical Center of Beaver County. He graduated from New Brighton High School in 1936, Oberlin College in 1940, SKMC in 1944, and the University of Pennsylvania in 1949. He served in the U.S. Army from 1942 to 1948; from 1942 to 1943, he was an ASTP at Jefferson, and a captain of the Medical Corp in the European Theater of Operations from 1946 to 1948. Martsolf belonged to the Beaver County Medical Society, PA State Medical Society, AMA, Diplomate American Board of Surgery, and American College of Surgeons, and he was president of the Beaver County Medical Society in 1956, president (at various times) of Beaver Valley Hospital, Providence Hospital chief of staff, and a member of the Hospital Board of Directors from 1965–82.

Martsolf is survived by his children Margery, John, Fredrick, and Robert; 11 grandchildren; and 14 great-grandchildren. He was predeceased by his wife, Jean, and sister, Margary.

'49

Robert E. Schulz, 90, of Burbank, Calif., died May 21, 2017. Schulz served at the Cleveland Veteran's Hospital during the Korean War and later moved to the Wooster area, where he was self-employed as a pathologist for Wooster Community Hospital from 1957 until his retirement in 1995, as well as at the Ashland Samaritan Hospital and the Pomerene Hospital. Schulz was a member of the Wayne County Board of Health for many years and was active in the Ohio Society of Pathologists, including one year as president and many years as a CAP delegate. Schulz enjoyed all things outdoors. He built a one-acre pond on his property and had it stocked with bluegill and bass. He participated in a reforestation project, planting 500 pine trees per year for many years. He loved being on his tractor. He and his wife traveled by car to the West Coast many times, often taking family members to share and enjoy the wonderful sights the country had to offer.

Schulz is survived by his wife, Gladys; children Richard, Carl, and Martha; sisters Dorothy and Mary; grandchildren Katie, Karen, Andrew, Michael, and Adam; and great-grandchildren Boone and Ari. He was predeceased by his sister Constance and daughter LouAnn.

George Winch, Sr., 95, of Elko, Nev., died in April 2017. Beginning with the U.S. Army in 1943, Winch was involved with the U.S. military for 19 years in active service and the reserves. He attended SKMC on the G.I. Bill, and when the Korean War began, he joined the U.S. Navy, serving as an obstetrician before being transferred to Fleet Marine Corps, where he served as an Ordnance Battalion Physician to the 2nd Marine Division. Later, Winch completed his OB-GYN residency at the University of California San Francisco and joined the first natural childbirth practice on the West Coast while retaining a clinical professorship at UCSF. He received multiple teaching awards and participated in breakthrough medical technologies like early oral contraceptives. A highlight of his career was winning a lawsuit to allow fathers to be in the delivery room during childbirth. Following retirement in 1999, Winch and his wife moved to Elko, and Winch went back to work in medical office management for his son **George ('91)**, with whom he published several medical papers.

Winch is survived by his children George, John, and Jennifer; grandchildren Nicholas, John, George, James, Kati, and Sarah; great-grandchildren John and Reign; and brother, Walter. He was predeceased by his wife, Esther.

'51

Leonard Sattel, 92, of Moorestown, NJ, died January 24, 2017. He served in the U.S. Army, stationed in the South Pacific, prior to attending medical school. He was a dedicated family practitioner in the town of Riverside, N.J., prior to completing his residency in psychiatry, also at Jefferson. In addition to his private practice in Moorestown, he was on staff at the Family Court in Philadelphia. As a psychiatrist, Sattel had a very kind demeanor and practical insight, and helped hundreds of his patients through many difficult challenges. He was a talented musician and enjoyed traveling with his wife, the late Ellie Sattel.

Sattel is survived by his sister, Freda; children **Andrew ('83)** and Linda; and four grandchildren.

'52

Paul Eugene Stroup, 89, of Port Charlotte and Pembroke Pines, Fla., died September 4, 2016. He served in the U.S. Navy during World War II and was a 1st lieutenant in the U.S. Army during the Korean War. After graduating from the University of Pennsylvania and Jefferson Medical College, he completed an internship at Walter Reed Army Hospital, and a three-year residency and a John A. Hartford Foundation Fellowship in Obstetrics and Gynecology at Pennsylvania Hospital. He was a member of the American Board of Obstetrics

and Gynecology, and practiced medicine at Pennsylvania Hospital in Philadelphia, PA; J.F.K. Hospital in Cherry Hill, NJ; Cooper Medical Center in Camden, NJ; and the Naval Training Center in Orlando, FL. He also held teaching appointments at the University of Pennsylvania School of Medicine, Hahnemann Medical College (now Drexel University College of Medicine), and the University of Medicine and Dentistry of New Jersey. After retiring, he served as the president of shuffleboard clubs in Hendersonville, NC, and Port Charlotte, FL, became an avid player of duplicate bridge, and provided loving care to his wife.

Stroup is survived by his wife of 65 years, Shirley; children Paul, Linda, and Barbara; and grandchildren Daniel, Kelly, Matthew, Eian, Ian, and Alec.

'53

Thomas William Cook, 88, of Naples, Fla., died August 2, 2016. Cook earned a reputation for his professionalism and his strong desire to help others, regardless of their social or economic status. He served as president of Rockford Memorial Hospital, Crusader Clinic, and State of Illinois Society of Eye Physicians and Surgeons. After retirement, he traveled twice to Sudan and lived for six weeks in a small hut, operating on hundreds of people and restoring to many the gift of sight. During the Korean War, he lived for several years in Osaka, Japan, as a captain in the U.S. Army. While traveling, he enjoyed seeing and meeting people of different cultures and visiting the medical facilities of these countries. He loved investing in and researching companies in the stock market, his pet dogs, the koi fish in his greenhouse, and tinkering around the garden and house.

Cook was preceded in death by his daughter, Susan Carnrick. He is survived by his wife of 61 years, Mary Lou; his children Wendy and Bradford; grandchildren James, Alex, Tyler, Ashley, Riley, and Charlotte; great-grandchildren Zane, Jace, and Mackenzie; and other family.

Nichols Vorys, 92, of Granville, Ohio, died July 10, 2017. Vorys attended Dartmouth College (Class of 1946) for a year before enlisting in the Army for WWII and graduated after the war. Vorys' medical career spanned 40 years, beginning in the OB-GYN department at The Ohio State University Medical Center. He was at the forefront in the development of the birth control pill, commercially released for contraception use in 1960, and he led numerous research and clinical collaborations funded by NIH and G.D. Searle & Co. When reproductive technology and IVF were developed in the 1970s, he set up and developed one of the nation's first reproductive endocrinology/infertility programs with his colleagues at

REMEMBERING DODO HAMILTON



All of us at Jefferson were deeply saddened by the passing of Mrs. Dorrance "Dodo" Hamilton in April, at age 88. She was a longtime Jefferson citizen and friend, a generous benefactor, and one of our city's leading philanthropists and socialites.

Mrs. Hamilton's connection to Jefferson encompassed more than 50 years, beginning with her membership on the Women's Board of Thomas Jefferson University Hospital in 1957. As president of the Women's Board from 1969 to 1972, she cofounded the Penny Wise Thrift Shop, which became a cherished community resource. In 1972, she became the first female member of the Board of Trustees; she continued to participate on the Board for several decades and was elected an emeritus trustee in 2005.

Her generous nature was well known throughout Philadelphia—and was especially felt at Jefferson. The Hamilton family's gifts over the years reveal her understanding and appreciation for science, creativity, innovation, and compassion. The Dorrance H. Hamilton Building, which fittingly sits at the heart of Jefferson's campus, was designed as an educational space that enables team-based learning and keeps the patient at the center of care.

Her focus on compassionate and professional expertise in care is further embodied in the five endowed professorships she established in the Sidney Kimmel Medical College, as well as the Dorrance Hill Hamilton Fund to Advance Nursing Excellence.

Mrs. Hamilton's leadership, service, and generosity have made it possible for Jefferson to help many people and continue making lives better for generations to come. It has been a joy and a privilege to partner with Mrs. Hamilton and her family, and we shall miss her understated elegance, boundless energy, creative flair for business, and signature wide-brimmed hats. In our hearts, she will always be, as *Philadelphia* magazine put it, "The Last Great Lady."

Jefferson owes the Hamilton family a debt of gratitude that we will never be able to repay, but will always celebrate.

Donations in Mrs. Hamilton's memory may be made to: Thomas Jefferson University Hospital, c/o The Dorrance Hill Hamilton Fund to Advance Nursing Excellence, 125 S. 9th St., Suite 600, Philadelphia, PA 19107.

Ohio State. He was devoted to his OB-GYN and infertility clinical practice and derived much emotional fulfillment from helping couples enjoy a family life. After retirement, Vorys remained interested in medicine and committed to improving healthcare information delivery in communities.

Vorys is survived by his wife, Ellen; children George, Ann, and Frederic; grandchildren George, Frank, and Kyle; his sister, Marianne; and other family.

'55

Theodore G. Duncan, 88, formerly of Wynnewood, Pa., died January 26, 2017.

As chief of diabetes at Pennsylvania Hospital, he was one of a small number of physicians selected to evaluate the clinical usefulness of human insulin.

Duncan is survived by his wife, Mary; children Theodore, Sharon, Carolyn, Catherine; stepchildren Jennifer and Christopher; and grandchildren Alex, Caitlyn, E.J., Emma, Bailey, and Hunter.

'57

Stephen J. Herceg, 85, of Camp Hill, Pa., died May 19, 2017. He spent a 33-year career as a board-certified plastic and reconstruction surgeon in the Harrisburg area. The years leading up to that certification included a medical degree from SKMC and internship and residencies at Wilkes-Barre General Hospital, Harrisburg General Hospital, and Belogett Hospital in Grand Rapids, MI. He also spent two years as a general medical officer and surgeon with the U.S. Coast Guard.

Herceg is survived by his wife, Patricia; his children Catherine and Patty; grandchildren Edward, John, Mathew, Tom, and Chris; and one great-grandchild, Amelia.

Norman Sherwood, 85, died July 18, 2017. He is survived by his wife, Maxine.

'66

Daniel F. Lovrinic, of Hazleton, Pa., died July 9. He completed his internship at Chicago Wesley Memorial and his orthopaedic residency at Northwestern University. He also served in the U.S. Navy during the Vietnam War as a medical officer. Lovrinic returned to Hazleton, Pa., to begin his orthopaedic career and had a private practice in the area for 27 years. He was a staff member at the Wilkes-Barre VA Medical Center for several years prior to his retirement; he particularly enjoyed talking with and caring for all of the veterans while working at the VA. Lovrinic was a staff member at St. Joseph's Hospital and Hazleton General Hospital. He was a member of the Orthopaedic Society at Jefferson, the American Medical

Association, the Pennsylvania State Medical Society, and the Luzerne County and Hazleton Area medical societies. He was a Fellow of the American College of Surgeons and a member of the American Association of Orthopaedic Surgeons.

Lovrinic was preceded in death by his parents, and by his siblings, Jean and John. He is survived by his wife, Mary; children Spencer, Julie, Matthew, and Jennifer; siblings Dolores and William; grandchildren Harper, Avery, Georgia, and Halle; and other family members.

'67

Daniel Clifton Harrer, 76, of Boerne, Texas, died February 8, 2017. He graduated in 1958 from Reading Central Catholic High School, in 1962 from St. Joseph's University (SJU), and in 1967 from SKMC. He spent almost 40 years practicing medicine as an OB-GYN at the U.S. Naval base in Jacksonville, FL., Lankenau Hospital, and South Jersey Hospital System. He was an avid fan of SJU basketball. He also enjoyed fishing, the Philadelphia Eagles, and Oklahoma Sooners football. His greatest joy was time spent with his family.

Daniel was preceded in death by his parents, Mary and William, and his sister, Elizabeth Ann. Daniel is survived by his wife, Linda; children Daniel, Joseph, Cindy, and Beal; grandchildren Julia, Veronica, Daniel, Joseph, Lucas, Jessica, Sofia, and Chloe; and brothers William and John.

'80

John Wesley Clayton, III, 62, of Newark, N.J., died April 20, 2017. Clayton graduated from Tower Hill and went on to graduate as an Echols Scholar from the University of Virginia and cum laude from SKMC. He served his residency at Christiana Care and later earned an MBA from Wilmington University, where he also served as an adjunct professor with the Graduate Business Degrees Program. He was a fellow of the American College of Surgeons. Clayton, known to his friends as Wes, was a compassionate doctor who felt it was an honor to serve his patients in his own practice, which started in 1992. He finished his exemplary career at Christiana Care. Clayton enjoyed traveling the world with his wife, but his favorite place to be was Avalon, NJ, with his family. He was a longtime member of Evangelical Presbyterian Church, where he led a home group Bible study for over 10 years.

Clayton is survived by his beloved wife of 40 years, Maggie; daughters Sarah, Rachel, and Laura; grandchildren Elijah, Rebekah, Judah, Matt, Jael, and Ari; and sisters, Barbara and Margaret. He was preceded in death by his father, J. Wesley Clayton, Jr., and mother, Margaret Rothfuss.

2021

Class of 2021 at a Glance

10,052

Students applied

459

Students accepted

272

Students enrolled

23

Legacy students

3.71

Average GPA

20

Youngest student

35

Oldest student

135

Women

137

Men

6

Students in the Penn State/
SKMC combined BS/MD
program (now a 7-year program)

2

Foreign countries represented (Turkey and Canada)

144

Students from the tri-state area (90 from Pennsylvania, 34 from New Jersey, 20 from Delaware)

BY THE NUMBERS



Michelle Konkoly loves swimming, and she has a strong competitive streak— so much so that that even after an accident six years ago paralyzed her from the waist down, she never considered giving up the sport. A five-story fall from her dorm room window at Georgetown University left her with a shattered foot, damaged spinal cord, and broken ribs—and the will to overcome it all and get back in the water.

After major surgeries to stabilize her spine and months of rehab, she was walking again. She also rejoined the Georgetown swim team, but nerve damage in her left leg meant she would never be as fast as she was before her injuries. But then she discovered Para-Swimming, and she began winning races again. Michelle deferred medical school to train for the 2016 Paralympic Games in Rio, where she won two gold medals and set a new world record in the 100-yard freestyle and Paralympic records in both the 50 and 100 free. Now she's ready to pursue another dream and face new challenges and successes as one of the many talented, accomplished members of SKMC's Class of 2021.



Printed on FSC (Forest Stewardship Council)® certified paper, which supports the growth of responsible forest management worldwide through its international standards.



1



2



3



4

Join Jefferson alumni to explore, learn, and experience the world!

Costa Rica Rainforest Expedition 1
 APRIL 13-20, 2018

Southwest National Parks 2
 MAY 14-23, 2018

Isle of Enchantment: London to Dublin—Oceania Cruises 3
 JUNE 7-18, 2018

Polar Bears and Beluga Whales 4
 JULY 15-21, 2018

Majestic Frontiers: Alaska—Oceania Cruises 5
 AUGUST 16-27, 2018

Flavors of Sicily 6
 SEPTEMBER 20-28, 2018

Timeless Cuba—Oceania Cruises 7
 OCTOBER 19-26, 2018

As part of our commitment to lifelong learning, the Office of Alumni Relations is excited to offer Jefferson alumni an opportunity to see and experience the world through group travel programs. A varied itinerary of travel destinations has been selected for 2018 that combines educational forums and excursions to places of historical and cultural interest, with the opportunity to enjoy unplanned experiences and unique adventures. These trips offer the highest-quality travel experience through our partnerships with experienced travel providers.

Information on each destination is available at <http://jefferson.edu/alumnitravel>.

To request an individual brochure for a specific destination, please contact the Office of Alumni Relations at 215-955-7750.

