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Mark Your Calendar
January 22, Wednesday
5:30 P.M., Jefferson Alumni Hall, Beef, Brew and Tofu reception for freshman students

February 1-8
CME and Ski Trip, Westin Resort & Spa, Whistler, British Columbia

February 7, Friday
Alumni reception at the American Academy of Orthopaedic Surgeons, New Orleans

February 27, Thursday
Alumni Executive Committee meeting

March 14, Friday
Parents' Day for sophomore students

March 23, Sunday
Alumni reception at the American Academy of Dermatology, San Francisco

April 4, Friday
Alumni reception at the American College of Physicians, San Diego

April 24, Thursday
Alumni Association annual business meeting

April 28, Monday
Alumni reception at the American Urological Association, Chicago

May 18, Sunday
Alumni reception at the Digestive Disease Week, Orlando

May 20, Tuesday
Alumni reception at the American Psychiatric Association, San Francisco

June 5, Thursday
Graduation reception for seniors

June 6, Friday
JMC Graduation, Class of 2003
Jefferson Medical College Alumni Bulletin
Volume 52, Number 1
December 2002
www.tju.edu/jmc/alumni/bulletin.cfm

Dean’s Column by Dean Thomas J. Nasca ’75

New Chairman of Medicine Art Feldman

Rao, Buchheit, Siegman, Wender Are Appointed Chairs

Emergency Medicine Is Made a Department

Hospital Is Named as the Best in Philadelphia

Technology Transfer in the 21st Century

In Kenya, Jeff Students Reach the Underserved

African Americans’ Satisfaction with Medical Careers

Ana Maria Lopez ’88: Reaching Out via Telemedicine

New Consolidation Rates for Student Borrowers

Monica Morrow ’76, National Leader in Breast Surgery

Barbara Atkinson Is the Latest Jeff-Educated Dean

New Date for Alumni Weekend:
October 9, 10, 11, 2003
Thursday-Saturday
A Gala Celebration That Will Include All Alumni, in Addition to the Reunion Class Years.
Featuring the Alumni Banquet, Achievement Awards Presentation, Clinic Presentations, the Dean’s Luncheon, and Reunion Class Parties.
CME Programs Are Being Considered.
See Future Bulletins for More Details
DEAN'S COLUMN by Dean Thomas J. Nasca '75

The Accreditation Council for Graduate Medical Education (ACGME) recently issued the final draft of its Residency Duty Hours Program Requirements for final community comment. These requirements, their nature and their specificity, have met with a wide range of responses. I thought it might be instructive for you, our alumni, to understand the issues, and to understand our philosophy and approach to these difficult educational and clinical issues.

To begin with, I must declare two potential influences, or in the current parlance, conflicts inherent in my approach. The first is that I am an Internal Medicine educator and former residency program director. As such, I have spent much of my career leading residency programs in Internal Medicine under similar duty hours limitations. The second is that I am currently the Chair of the Residency Review Committee for Internal Medicine, and responsible for the writing and implementation of program requirements for the 390 Internal Medicine Residency Programs, and over 1,400 fellowship programs in the subspecialties of Internal Medicine.

Over the past 18 years, seminal events have shaped the course of the debate over the regulation of resident duty hours, and residents' supervision by faculty. The first was the report of the Bell Commission in New York State, with subsequent regulation of the work environment and duty hours for all residents within that state. New York has within its borders approximately 20% of the residents and residency programs of the United States. Thus, while the regulations applied only to New York State, the impact was felt nationally. Internal Medicine, Anesthesiology, Emergency Medicine, and Pediatrics enacted, in various forms, specific limitations on resident hours and responsibilities. However, most specialties did not enact formal, quantitative regulation of duty hours for residents. The second event was the Institute of Medicine Report that called attention to the issue of medical errors and patient safety. This report has been utilized heavily to justify limitations in duty hours and responsibilities as a tool to decrease medical errors. The recent (failed) OSHA petition, and the pending federal legislation concerning governmental oversight and control of resident duty hours have provided tremendous impetus for self-regulation by the profession. As the science of sleep has evolved, concerns regarding hours of consecutive “time on task” and acute and chronic sleep deprivation and its impact on the physician in training have been expressed by many. Finally, there are many who believe: that residents are working too many hours (especially early in their training); that educational programs are configured largely around the patient care needs of the institution and its faculty rather than the educational needs of the residents; that the cumulative impact of chronic sleep deprivation and related stress both compromises education, and may adversely influence the development of empathy, compassion, and altruism in the young clinician. There are equally committed educators who believe that residents only learn to cope with the rigors of clinical practice by being “trained and tested” under the circumstances of duty hours in excess of these limits. Hence the debate within the profession, not only about the need for regulation of duty hours, but also the nature of that regulation, the specificity of regulation, and the time course for implementation of any regulation.

The influence of potential Congressional intrusion into regulation of the educational environment of physicians, as well as an overwhelming desire to constructively deal with the heterogeneity (by specialty) of the approach to these issues, has resulted in the ACGME proposing uniform minimum standards regarding duty hours.

The duty hour requirements center around 4 major limits on resident work:

1. Residents must not work more than 80 hours per week, when averaged over 4 consecutive weeks.
   (Currently residents might work 100 hours per week, or more.)
2. Residents must have one day completely free from program related responsibilities each week, when averaged over 4 consecutive weeks. (In many programs, residents receive only 0-2 days off per month.)
3. Residents must not work more than 24 consecutive hours in direct acute patient care responsibilities. Residents are permitted an additional 6 hours in the hospital or program, to attend to continuity of care for their patients, to attend continuity clinics, or to attend educational events in the program. (The current paradigm is 36- to 40-hour on call shifts during which they may, or may not, get any sleep or rest.)
4. Residents must have a minimum of 10 hours of duty free time between assignments. (New York state regulations require 8 hours between episodes of responsibility.)

In addition, there are requirements regarding the monitoring of resident stress, sleep deprivation, and moonlighting.

A key issue in understanding the impact of these requirements relates to the Balanced Budget Act of 1998, in which institutional resident complements were capped (through capping of GME reimbursement). Limits on expansion of the resident complement narrow the options of program directors in satisfaction of these requirements. Further, all teaching hospitals are in the midst of absorbing reduction of the Medicare Indirect Graduate Medical Education payments, which will have significant adverse impact on the finances of all these institutions.

These requirements, in the context of existing residency programs and resident complements, as well as the realities of the current financial status of most teaching institutions, will be very difficult to implement. In smaller programs, residents will work fewer hours, but the institutional patient load will not change. Resources for others to care for portions of the patient...
population will be scarce. There are only two “linear” institutional responses to this event. Either the remaining available residents (a larger proportion of the residents will be off duty at any given time) or the attending physician of record will care for the patient. The institution might design and implement noneducational system adaptations that answer the clinical needs while protecting the integrity of the educational program. This could include “night medicine” rotations, short and long call rotations, or the hiring of non-physician extenders to provide the services previously provided by residents.

I believe that these adaptations are merely diversions from a more fundamental, more complex question that must now be asked. That is, do we need to closely examine, and fundamentally alter, the current inpatient clinical care/medical education paradigm of most major teaching hospitals and academic medical centers? Is the current model of care, and the educational program built around the delivery of clinical service, so compromised by the pressures on resource utilization, length of stay, and enhanced volume requirements that the addition of duty hours limitations brings the system to its knees? Or, as Jim Bagian ’77 (Director of the Veterans Affairs National Center for Patient Safety) might say, does this give us the opportunity to challenge and change the systems of care rendered in our academic medical centers? Can we use this opportunity to actually enhance both patient care, as well as education?

The traditional practice model of a single doctor caring for a single patient, day or night, year in and year out, has largely been supplanted by groups of physicians caring for a patient. While it is usually true that a single patient identifies a single physician in such a group as “their doctor,” the doctor’s colleagues participate in the care of the patient. We persist, however, in defining “continuity of care” as the continuous availability of a clinician to a given patient, and continuous hours of contact time essential in the education of the physician.

To a great extent, I agree with the concept that physicians in training need to be involved with the care of particular patients over a significant period of their hospital stay, as well as observe patients over time in the ambulatory setting. One key question to ask, however, is what is so magical about 36 hours of continuous care, and how is that concept applicable to the patient who is admitted in the 35th hour? Patients are admitted to residents along the time course of their duty responsibilities, not just at the start of their “on call” day. As one begins to look at the true nature of “continuity” as we currently operationalize it in educational programs, the paradigm of continuous observation and involvement begins to crumble. Indeed, it actually ended when interns were no longer imprisoned in the hospital, or residents no longer resided in the hospital (1950s). Whether the medicine resident who performs the history and physical and orders the diagnostic evaluation and therapeutic intervention, or the surgical resident who assists the attending physician in the surgical procedure, they need to observe the course of their patient, and learn how to intervene to achieve the desired outcomes. The also, however, need to learn how to work with other physicians to achieve the desired outcomes for their patients, as that is the practice environment they will encounter upon graduation.

What about continuity for the individual patient? Leaving aside the issues related to fatigue in the terminal hours of a 36-40 hour shift, what happens in most traditional call rotations to the patient? Their care is usually supervised each night by a physician who has not participated in their care. On an every fourth night rotation, the patient sees four (4) different residents. Is that continuity of care for that individual patient? There are seven unique transitions in information over four days, three of which (transfer of information to physicians who have had no previous contact with the patient) we know are opportunities for error introduction. In the fast paced, complicated world of inpatient care, is this the best system of clinical care and education we can design?

These are but a few of the issues that each residency program, and each sponsoring institution will struggle with over the next six months, anticipating the implementation of these regulations in July, 2003. One concept must be held sacrosanct as we struggle to redefine the clinical educational paradigm. The sense of duty and responsibility to patients must be emphasized and reinforced in each and every educational program. We must redefine how we express altruism for each individual patient. We must emphasize how we define commitment, excellence in patient care, and professionalism. We must hold both trainees and faculty to the highest standards in these dimensions.

Finally, many have questioned the commitment of students and residents in this “next generation” to medicine, and their patients. I have been around long enough to have heard that discussion about my generation, as well as the generations of the ’80s and ’90s. I can imagine that the commitment of young physicians in the 1950s was challenged when they no longer lived in the hospital as interns. Whenever change or challenges to long held beliefs occur, it is natural to ask these questions. I can, from my vantage point here at Jefferson, answer categorically that the commitment to professionalism, and to the care of each individual patient is strong and unwavering in our students and residents. This is a tribute to them, their families (who have instilled in them the values of professionalism), and their mentors and faculty.

We must seize the opportunity raised by these requirements to enhance the systems of care and education in our teaching hospitals, and further strengthen the trust of our patients in our system of learning in the context of serving those entrusted to our care. Our common goal is the provision of excellent, patient centered care to each person entrusted to us, as well as the education of outstanding compassionate physicians to serve our nation.

At Jefferson, we are rising to this challenge.

Please accept from all the faculty, staff, students, residents and administration here at Jefferson our warmest wishes for a happy and healthy holiday season! 🎄
A
s reported in the June Bulletin, Arthur M. Feldman MD, PhD became the Magee Professor and Chairman of the Department of Medicine in July. Since taking on this post, Dr. Feldman has had the opportunity to explore how medicine at Jefferson functions and has begun to formulate wide-ranging plans for the future. His primary goals are to create new and exciting clinical programs to complement ongoing activities in the Department of Medicine and to enhance both clinical and basic research. In addition, Dr. Feldman has devoted much of his early time at Jefferson on the development of the CARE Project, a performance improvement initiative that will introduce the concepts of practice guidelines, process indicators, and outcome-driven medicine to students, residents, and faculty. “The Department of Medicine at Jefferson has a rich tradition of excellence in clinical care going back 175 years,” he stated. “Our goals for the future are to try and build on that platform of excellence.”

Through new programs and practices, Dr. Feldman hopes to create new opportunities to treat patients. For example, in collaboration with the Department of Surgery, he hopes to attract a group of experts in heart failure and cardiac transplantation. These programs have not previously been available within the Jefferson community. Furthermore, in collaboration with strong clinical programs in Surgery, Radiation Oncology, Bone Marrow Transplantation, Melanoma, and Hematologic Diseases, Dr. Feldman hopes to create centers of excellence for the treatment of patients with solid tumors.

The growth of basic research will focus around the development of the new Center for Translational Medicine. “So often, we build medicine research programs in silos. One program doesn’t talk to the other. There are duplication of interests, and resources are wasted,” he stated.

However, by recruiting outstanding scientists around a group of key core facilities, Dr. Feldman believes that Jefferson can develop an interdisciplinary collaborative group that can push forward exciting frontiers of scientific investigation. “Indeed, there are good role models within our own environment for this type of research structure, including the Farber Institute for the Neurosciences and the Kimmel Cancer Center,” noted Feldman.

In an effort to increase Jefferson’s clinical research capabilities, Dr. Feldman wants to establish an infrastructure within the Department of Medicine that will facilitate clinical trials. “Often when an individual investigator wants to do clinical research, there isn’t an infrastructure to support him,” he said. “There is no one to do the budgeting and negotiations with the company... no one to help plow through the large number of Federal regulations... and no facility for training research nurses and fellows.”

By providing an infrastructure within the Department of Medicine, Dr. Feldman believes that “we can provide services and support so that the steps between a company approaching a Jefferson invest-

From a training perspective, he said “We need to take better advantage of outstanding resources within our community, including the training program in the Division of Clinical Pharmacology and the new MPH program in the University. The days are over when a physician could simply participate in a clinical trial without didactic training, a qualified staff, and administrative support.”

Dr. Feldman also hopes to improve patient outcomes, increase efficiency, decrease resource utilization, and enhance inpatient bed access and capacity by achieving “best practice” indicators consistent with national treatment guidelines and reducing variations in care. “While improving care, these efforts will also allow us to introduce the concepts of practice guidelines, process indicators, and outcome-driven medicine to our students, residents, and fellows, thereby improving their educational experience and better preparing them for practice in the real world,” Feldman stated.

Under the leadership of Howard Weitz ’78 and Geno Merli ’75, the CARE Project will initially focus on four disease states: heart failure, cancer, bone marrow transplantation, and solid tumors.

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By providing an infrastructure within the Department of Medicine, Dr. Feldman believes that “we can provide services and support so that the steps between a company approaching a Jefferson investi-
across coronary syndromes, atrial fibrillation, and community acquired pneumonia. Divided into four focus groups, a multidisciplinary team consisting of full-time faculty, voluntary faculty, house staff, nursing staff, and hospital administrators will initiate programs in the pre-hospital setting, the in-hospital setting, and the post-discharge period that will insure optimization of care.

For example, a Rapid Triage Unit for heart failure patients and a Chest Pain Center for rapid treatment of patients with acute coronary syndromes will be a key aspect of improving care for patients with these disease states. Furthermore, standardized admission orders, standardized discharge orders, and a post-discharge disease management strategy will be expected to facilitate improved guideline compliance, decreased length of stay, diminish 30-day readmission rates, and improved patient outcomes and satisfaction. “Through collaborative interactions with the Office of Health Policy and Clinical Outcomes of TJU, the University Health Consortium, and the Case Management Office of the TJU Hospital, we will be able to quantify our accomplishments,” he said.

Dr. Feldman is extremely enthusiastic and optimistic about the future of the Department of Medicine at Jefferson. “This is a unique institution,” he stated. “We have strong and experienced leadership in the Medical College, the University, and the Hospital; a highly talented and dedicated faculty and staff; a committed patient base; outstanding house staff; a prime location in Center City; and a long and rich history of clinical excellence.”

“However,” he continued, “we also live in a medical environment that has disadvantaged the academic medical center. Thus, we must be entrepreneurial, innovative, collaborative and aggressive as we face the challenges of the future, and it will be important for all of us to work together with one clear goal: to provide the best care possible for our patients.”

**Dr. Feldman’s Research Program at Jefferson**

Heart failure is a disease of epidemic proportions in the U.S. affecting more than five million people of all ages. There will be approximately 400,000 new cases recognized this year, and people with newly diagnosed heart failure have a five-year prognosis that is worse than virtually all cancers. As our society ages, it is expected that the number of patients with heart failure will increase over two-fold by 2016.

Arthur Feldman MD, PhD, the incoming Magee Professor and Chair of Medicine, has focused his research interests on heart failure for the past 20 years. “Heart failure is the number one DRG for Jefferson University Hospital,” he stated. “It’s the number one discharge diagnosis for people over the age of 65. It will account for a million hospitalizations this year, and costs the health care economy over 60 billion dollars.”

Heart failure is a condition in which the heart loses its ability to pump enough blood through the body. This loss of pumping action is usually attributable to weakening of the heart muscle, but can also be attributed to thickening of the heart muscle. The former is referred to as a dilated cardiomyopathy, while the latter is referred to as hypertrophic cardiomyopathy. In patients with dilated cardiomyopathy, the most common cause of heart muscle dysfunction is heart damage, such as occurs during a heart attack or, less commonly, during a viral infection of the heart.

According to Dr. Feldman, one cause of the increased incidence of heart failure is that people are living longer after experiencing a heart attack. This improved survival is due to new technologies, such as stents and thrombolytic therapy (clot busters) that effectively improve survival in patients who have a heart attack. “If you look at people in their 70s and 80s, it’s been suggested that as many as two in 10 will have or will develop heart failure. So, as the population ages and the Baby Boomers move into their later years, the incidence of the disease increases,” he explained.

When Dr. Feldman began his research into heart failure some two decades ago, physicians had relatively few treatment options of offer their patients. “Very little was known about the basic pathology responsible for the development of heart failure or how best to treat the condition,” he stated. “Therefore, we focused our work on trying to understand the causes of the disease at the protein and molecular level with our goal being to translate those findings into the clinical arena.”

Dr. Feldman explained that his foray into the genetics of heart failure began about 15 years ago with two fundamental observations, which led him and his colleagues to hypothesize that fundamental differences in the genetic make-up of patients resulted in marked disparities in response to pharmacologic therapy. “First,” he said, “we had an interesting young man who presented with all of the signs and symptoms of heart failure: fatigue, shortness of breath, and marked fluid accumulation or edema in his lower extremities and abdomen. By echocardiography, his heart was markedly dilated with diminished function.”

“It turned out that this young patient had severe hypothyroidism,” he continued. “When his thyroid function was treated, his heart returned to virtually normal size and function. A return to normal function was highly unusual as heart failure was generally viewed as an irreversible disease. Second, we found that some patients responded quite well to medical therapy while others had no response whatsoever.”

Dr. Feldman and his colleagues obtained biopsies of the heart muscle from the young man with hypothyroidism and heart failure. Molecular analysis of the biopsies, using techniques developed in Dr. Feldman’s laboratory, revealed that the return of normal function in this patient was accompanied by normalization of the expression of a group of proteins that were critically important to normal heart function. Interestingly, studies by other laboratories had demonstrated that the genes whose proteins were normalized after thyroid hormone treatment were sensitive to a peptide called “tumor necrosis factor alpha” or TNF-alpha. While this protein was known to be important in the development of inflammation, it was not thought to be produced by the heart. To test its importance in the
heart, Dr. Feldman and his colleagues created transgenic mice that were bred to over-express TNF-alpha selectively in the heart. "It turns out that if you over-express TNF-alpha in mice, they will develop a form of heart failure that recapitulates what you see in humans: the heart dilates, the walls become thin, the contraction of the heart is weakened, the extra-cellular matrix becomes very thick and brittle," he explained.

When mice over-expressing TNF-alpha were treated with anti-TNF therapy, the development of heart failure was completely blocked. Unfortunately, when anti-TNF strategies were evaluated in patients with heart failure, they did not show the same benefits seen in the studies in the laboratory. However, this disappointment might have led to improved understanding of both heart muscle disease, as well as the role of genetics in treating patients with heart failure.

In pursuing the effects of TNF-alpha expression in the heart, Dr. Feldman and his colleagues made two interesting discoveries. The first was that there were vast differences between different strains of mice. The second was that male mice had a much poorer prognosis than female mice. Feldman explained that in some strains of mice, heart failure was extremely well tolerated, while other strains of mice barely lived past six weeks of age. In addition, male mice had a much shorter survival than female mice, regardless of the strain of mice. "While these strain and gender differences were interesting, they led us to suspect that genetic differences might account for the marked differences in survival we had seen amongst different patients having the same degree of heart muscle damage," he said.

Indeed, when Dr. Feldman and his colleagues looked at a large group of patients with heart failure, they found that those patients having a mutation in a gene that encoded for the production of a protein called "angiotensin converting enzyme" had a far worse prognosis than did patients who did not harbor the mutation. However, the patients who had the mutation were far more likely to respond to medical therapy. "Thus," he stated, "genetic differences in populations might have explained the failure of anti-cytokine therapy to benefit a heterogeneous group of patients with heart failure."

As his research progresses, Dr. Feldman continues to apply the knowledge he has gained from mice in the laboratory to humans in the clinical setting. "I've had the opportunity in my career to go back and forth between the bench and the bedside," he said. "In our initial studies in the early 1980s, we were able to use samples of heart obtained at the time of cardiac transplantation to see if findings in animal models reflected alterations in the human failing heart. More recently, we've been able to go back and forth between the bench and the bedside by making comparisons between treatment strategies aimed at new targets in the mouse models and the effectiveness of those strategies in humans."

Currently, Dr. Feldman is focusing his research on trying to understand the reasons for gender-related differences in survival. "We're trying to pursue studies in a myocardial infarction model to see if we can modulate the post-infarct phenotype," he explained. "In addition, we're trying to learn more about the down-stream effects of TNF-alpha over-expression by looking at mice that have ablations of the functions of a variety of proteins that are involved in TNF-mediated signaling. This allows us to tease apart the various redundant pathways in the heart."

In addition, Dr. Feldman and his team are attempting to understand why patients respond differently to various therapies. "We know that there are genetic differences in various populations that have caused mutations to occur in common genes that encode proteins that are critical for normal heart function or for different responses to injury," he said. "These mutations are referred to as polymorphisms. They have no effect on heart function during normal growth and development, but when the heart is damaged or stressed, they may alter the response to that damage in either a good or a bad way.

Dr. Feldman and his colleagues are studying a large array of different genes that harbor polymorphisms for their role in either predicting the development of heart failure or the outcome in patients who have developed heart failure. Patients are being studied who are enrolled in one of several ongoing clinical trials in the U.S., and the laboratories at Jefferson are serving as the core genetic testing center for those studies. In addition, Dr. Feldman and his colleagues plan to acquire genetic samples from a large number of Caucasians, African Americans, Hispanics, and Asians who have been diagnosed with heart failure and who receive their care in the Jefferson Health System. It is hoped that these studies will lead to an identification of which patients respond best to certain medications and which patients should receive therapy earlier in their disease.

One day, Dr. Feldman hopes that each patient will have his or her disease treated with tailored therapy. "I expect that within ten years, patients will go to their doctors who will prick their finger, take a small amount of blood, and place it in an automated machine that will then give them back a genetic profile of that patient," he said. "The genetic profile will then be entered into a computer which will print out a treatment regimen for that patient that will be based on his genotypic fingerprint. Using this technique, only those patients that will respond to a drug will receive that drug. Therefore, the cost of care will be substantially less, but more importantly, patients will not have to needlessly be exposed to the side effects of medicines that would not be expected to benefit them. Patients will be able to get a greater effect with fewer medications."

Dr. Feldman's research team consists of six Jeffersonians, as well as a group of individuals from his laboratory at the University of Pittsburgh. He also chairs the steering committees of several national clinical trials assessing the efficacy of new and novel therapies for the treatment of heart failure. Of his team members, Dr. Feldman stated, "I've been very fortunate over the years to have had a group of outstanding fellows and wonderful collaborators. It's those relationships that have really allowed us to answer the questions that we have been able to approach. I have also been fortunate in being able to attract several of those collaborators and trainees to Jefferson. My hope is that because of the richness of this academic environment and the commitments of the Dean, the University President, and the Board of Trustees to translational research, we will be able to bring new investigators to Philadelphia, to develop new relationships with the outstanding group of scientists already at this institution, and to continue to push forward the care and treatment of patients with heart muscle disease."
Buchheit Named Chair of Neurosurgery

William A. Buchheit MD has been named Professor and Chairman of Neurosurgery, succeeding Frederick Simeone MD, who had been Chairman since 1994.

Dr. Buchheit previously served as Vice Chairman of the department from 1995 to 1999. Prior to that appointment, he was Professor and Chairman of Neurosurgery of Temple University School of Medicine, where he had been a member of the faculty since 1966. Dr. Buchheit specialized in treating brain tumors, particularly acoustic neuromas.

"We're very pleased to have Dr. Buchheit with us again at Jefferson," says Thomas J. Nasca '75, Dean of Jefferson Medical College. "His experience and expertise are uniquely suited to lead our department of neurosurgery." Dr. Buchheit has served as President of the American Academy of Neurological Surgeons and the Society of University Neurosurgeons, Vice Chairman of the Residency Review Committee for Neurosurgery as well as governor of the American College of Surgeons. He is a past member of the American Board of Neurological Surgery. In 1994, he received the Distinguished Service Award from the American Association of Neurological Surgeons.

Siegman Chairs Physiology

Longtime faculty member Marion J. Siegman PhD, Professor of Physiology, has been named Chair of the Department. Dr. Siegman, who had previously been acting Chair, is the first woman chair of a medical college department at Jefferson. She succeeds Alan Lefer PhD, Emeritus Professor, who retired in 2001.

Dr. Siegman came to Jefferson in 1967 as an Instructor and by 1977 was the first woman to achieve the rank of full Professor at Jefferson. She's particularly proud of her portrait commissioned by the medical college last year because she was chosen by her students and peers to receive the honor.

Dr. Siegman's research focuses on the biophysics of smooth muscle. She has authored or co-authored numerous peer-reviewed publications, including editing the monograph Regulation and Contraction of Smooth Muscle. She says, "It's been especially exciting because each step in the investigational process leads to another more interesting one."

Dr. Siegman earned her PhD in pharmacology in 1966 from the State University of New York, Downstate Medical Center in Brooklyn, and remained there as a postdoctoral research associate.

While she continues to pursue her research, she also gets "particular pleasure from teaching, which has been an unexpected reward from being at Jefferson." She won the Burlington-Northern Foundation Award for Excellence in Teaching and Productivity in Research at Jefferson in 1986. She was awarded the Lindback Award for excellence in teaching from Jefferson in 1987. She received an Outstanding Alumna Award from Newcomb College of Tulane University in 1990. She won the Dean's Award for Teaching Excellence at Jefferson Medical College in 2000.

In addition to serving on editorial boards, Dr. Siegman has been a member and reviewer for the Physiology Study Section of the National Institutes of Health, a member of the Advisory Committee for Physiology, Cellular and Molecular Biology for the National Science Foundation, and an ad hoc reviewer for special study sections for the National Heart, Lung and Blood Institute.

Rao Appointed Chair of Radiology

Vijay M. Rao DR'78, Professor of Radiology and of Otolaryngology/Head and Neck Surgery, has been named Chair of Radiology at Jefferson Medical College and Thomas Jefferson University Hospital. She most recently served as the department’s vice chair for education, director of the radiology residency program, and co-director of the Division of Neuroradiology/ENT.

Her research interests include TMJ imaging, sino-nasal imaging and dynamic MRI of head and neck tumors. Philadelphia Magazine for six years has named Dr. Rao one of the “Top Docs” in the Philadelphia area for diagnostic radiology.

Dr. Rao was recently named President of the Association of Program Directors in Radiology. The new chair serves as a board examiner for the American Board of Radiology, and on the editorial executive committee of Academic Radiology. She chairs the Committee on Faculty Appointments and Promotions at Jefferson Medical College. Dr. Rao is the author of more than 200 papers, presentations and book chapters. She joined Jefferson 27 years ago in 1975, completing a diagnostic radiology residency at Thomas Jefferson University Hospital in 1978.
Leonard G. Gomella MD has been named Chair of Urology at Jefferson Medical College. Dr. Gomella, the Bernard W. Godwin Jr. Professor of Prostate Cancer and Director of Urologic Oncology at Jefferson’s Kimmel Cancer Center, will also serve as chair at Thomas Jefferson University Hospital.

He is recognized nationally as an expert in prostate cancer as well as urologic laparoscopy. In 1986, he began a two-year urologic oncology fellowship with the Surgery Branch of the National Cancer Institute in Bethesda. Dr. Gomella has been on the faculty of Jefferson Medical College since 1988.

Dr. Gomella is involved in both basic science and clinical research in the development of new diagnostic techniques and treatments for prostate, bladder and kidney cancer.

Dr. Gomella’s team was the first to use PCR to detect microscopic blood born metastasis in patients with prostate cancer. The Radiation Therapy Oncology Group (RTOG) has appointed him urology chairman for the national cooperative group.

In addition to giving more than 300 presentations at local, national and international meetings, he has written more than 250 papers, book chapters and monographs in the field of urology and has served a member of the editorial board of the Investigative Section of the Journal of Urology. He has served as co-editor in chief of the journal Techniques in Urology, on the board of Urologic Oncology and the Journal of Laparoendoscopic Surgery and as a consultant to the Journal of Urology, Urology, Cancer Research, the Journal of the National Cancer Institute, Cancer, Journal of Urologic Oncology, The Cancer Journal and many others in the field.

Dr. Gomella has authored and edited more than two dozen different books for medical students, house officers and practicing physicians, many of which have been translated into foreign languages. Recovering From Prostate Cancer, written for patients and their families, was the first book specifically designed for the general public on this topic. Laparoscopic Urologic Surgery, the first color operative atlas in this area, is co-edited by Dr. Gomella. In the field of medicine, Dr. Gomella is widely known as the author of the Clinician’s Pocket Reference, now in its ninth edition.

Richard Wender FP’82, a longtime Jefferson physician who is best known for his work in cancer prevention and screening, has been named Chair of the Department of Family Medicine. Dr. Wender was most recently Vice Chair of the Department, a position he held since 1995. He is a full Professor.

Dr. Wender devotes a great deal of time to the American Cancer Society (ACS), where he has been president of the state and local chapters. At the national level, he is chair of the National Cancer Control Committee. He is a co-author of the ACS screening guidelines for both colon cancer and prostate cancer, having co-chaired the Prostate Cancer Screening Guidelines Work Group.

Since 1999, Dr. Wender has been a member of the National Board of Directors of the ACS.

Dr. Wender is a leader in advocating for improved screening strategies. He is chairman of the Best Practices in Colorectal Cancer Awareness and Screening Task Group and co-chair of the Providers Work Group of the National Colorectal Cancer Roundtable, co-director of the Colon Cancer Conference of the Cancer Research Foundation of America and a member of the Oncology Measurement Advisory Panel of the National Center for Quality Assurance. Dr. Wender helped to develop the Center for Disease Control and Prevention’s “A Call to Action: Prevention and Detection of Colorectal Cancer,” a widely disseminated web-based educational program. He has published extensively on cancer, diabetes and humor in medicine in professional journals including Cancer, Journal of Family Practice and Archives of Family Medicine.

Dr. Wender is currently co-investigator for a National Institutes of Health grant titled “Increasing Colon Cancer Screening in Primary Care” and recently served as a consultant on a U.S. Army Medical Research and Material Command grant titled “Value Based Decision Making In Prostate Cancer Early Detection.”

Noted for his warmth and enthusiasm, he is a popular lecturer. He received the Applied Pharmacology Teaching Award from the Jefferson Medical College Class of ’88. In 1997, he was the Parents Day Speaker at Jefferson Medical College and in 1999 served as Class Day Speaker.

After receiving a bachelor of arts degree from Princeton and an MD from the University of Pennsylvania, Dr. Wender completed a residency in Family Medicine in 1982 at Thomas Jefferson University Hospital, where he served as Chief Resident. That year, he joined the faculty. He directed the family practice residency from 1985 to 1995.

Recovering From Prostate Cancer, written for patients and their families, was the first book specifically designed for the general public on this topic.
New Department of Emergency Medicine Will Be Chaired by Christopher

Jefferson Medical College has designated emergency medicine as an academic department, becoming one of 60 of the nation’s 125 medical schools that have upgraded emergency medicine to an independent department. It was previously a division within Jefferson’s Department of Surgery.

Theodore A. Christopher EM’86, Associate Professor of Emergency Medicine, has been named the first Chair, having previously served as Director of the Division of Emergency Medicine.

The new designation will give emergency medicine an “equality” with other academic departments in policy and budgetary decisions. In addition, all fourth-year Jefferson medical students, starting in 2003, will complete an educational clerkship in emergency medicine. “Not only does this raise the status of emergency medicine in the academic setting,” Dr. Christopher said, “but it will help us in recruiting new attending physicians and residents.”

Emergency medicine is now one of the most popular residencies among medical students in the United States. There are 12 emergency medicine residency positions available each year in Jefferson’s well-established, three-year training program.

“It’s an exciting specialty,” said the new chairman, who is President-elect of the Pennsylvania chapter of the American College of Emergency Physicians. “It’s a unique specialty where doctors can explore the entire spectrum of medicine.”

Among Dr. Christopher’s goals for the department are improving patient satisfaction, making the flow of patient traffic through the emergency department more efficient and augmenting the department’s research production. Toward those ends, the department plans to establish observation and diagnostic units for heart failure, chest pain and asthma to reduce the waiting time for patients, and to develop an injury prevention center.

The Emergency Department offers a range of services including pediatric emergency care, a sexual assault center, an injury prevention center, travel medicine services and a Workers Compensation Clinic. The department also oversees the JeffSTAT transport program and the EMT training center.

Hospital Is the Best in Philadelphia for Orthopaedics, Cardiology/Cardiothoracic Surgery and Rehabilitation Medicine, According to U.S. News

U.S. News & World Report has once again ranked Thomas Jefferson University Hospital as the best hospital in Philadelphia for orthopaedics, cardiology/cardiothoracic surgery and rehabilitation medicine.

U.S. News & World Report also determined that Jefferson University Hospital was among the best in the nation in those medical specialties and four more areas—cancer, geriatrics, gynecology and urology.

In addition, Wills Eye Hospital, which serves as the Department of Ophthalmology for Thomas Jefferson University Hospital and Jefferson Medical College of Thomas Jefferson University, again ranked as third in the nation and first in Philadelphia for ophthalmology.

Jefferson Hospital has major programs for heart disease, cancer treatment, high-risk childbirth, genetics, radiology, orthopaedics, digestive diseases and many other areas of medicine and surgery. It is one of only a few hospitals in the United States that is both a Level I Trauma Center and a federally designated regional spinal cord injury center. Jefferson’s Kimmel Cancer Center is designated as a clinical cancer center by the National Cancer Institute.

In addition, Jefferson University Hospital and the hospitals of the Jefferson Cancer Network provide free screenings for breast, skin and prostate cancers. There are a number of free support programs available.

U.S. News assessed care for medical specialties at more than 6,000 hospitals nationwide to determine the rankings. These specialties were assessed using a three-part model that combines reputation, mortality and a group of care-related factors such as nursing.

This year’s ranking by the magazine is one among many honors Jefferson has received over the years. Jefferson physicians have been named among the best doctors by Philadelphia Magazine and by Best Doctors in America.

Jefferson University Hospital has also been listed by Solucient (formerly HCIA-Sachs Institute) as one of the top 100 hospitals in the United States and the Philadelphia region, as well as one of the top teaching hospitals in the nation. Solucient also cited Jefferson as being one of the top 100 hospitals in the nation for:
• Treating heart attacks and cardiovascular disease,
• Providing cost-effective stroke care,
• Having one of the top performing intensive care unit services in the nation.

In addition, Jefferson University Hospital has been awarded the Consumer Choice Award for five years in a row by the National Research Corporation, for being an innovator and leader in health care in Philadelphia.
A Follow-Up Visit to the University Office of Technology Transfer

Jefferson's research initiatives have grown remarkably since a major effort was initiated in 1982 to expand and enlarge this component of the institution's mission. The results of good scientific and medical research enhance the reputation of the institution and, occasionally, result in increased income to the institution. The results of good medically oriented research are scientific achievements that can result in discoveries that improve the human condition, or can result in technologies and products with marketable possibilities. The link between research and industry at Jefferson is the University Office of Technology Transfer whose role is to obtain patents and licenses for the new discoveries or inventions of Jefferson's faculty or staff, and to assist them in finding industry partners to develop and market new inventions and discoveries of Jefferson researchers. (see “Technology Transfer: Jefferson's Link Between Research and Industry,” JMC Alumni Bulletin, December 1996).

The technology transfer program at Jefferson was created in 1984 to capture opportunities in basic and clinical research and to develop them into marketable products in a timely fashion. Patenting and licensing of specific discoveries and inventions usually are necessary steps in converting basic science discoveries into useful products that can be made widely available for health care use. Efforts of the Office of Technology Transfer add a new and motivating dimension to research activity. Taking a discovery or product from a basic idea to a clinical use, or to an actual product that can benefit the whole population, is a task that can be accomplished best by combining the research and clinical capabilities of an institution like Jefferson with the product development, manufacturing, and marketing capabilities of industry.

Jefferson's technology transfer program seeks to facilitate this development by securing patent protection to give industry the incentive to invest significant resources into development of the product or invention, in coordination with the department sponsoring the research. This activity is followed by licensing the technology or product to an existing company, or to a new start up company specifically formed to develop and market the new Jefferson technology or invention. The University Counsel provides legal analyses in licensing issues and reviews license agreements. In addition, the Technology Transfer Website provides information to both the Jefferson community and to industry. The University recognizes that, in certain instances, the public interest may be served best through the licensing of an invention or product to a newly created or an early stage company. Such a company may make a more focused effort to commercially develop a product or invention to make it available to the public. In order to maximize company funds available for development of the product or invention, the company may offer, and the University may accept, equity in the company in lieu of cash license fees as full or partial consideration for the license. At the end of 2000, total license-related research funding at Jefferson since 1984 was over $38 million, and license revenues totaled about $7.5 million.

Jefferson's research base has increased dramatically in the last 15 years, rising from $10 million in 1987 to approximately $100 million today. Some 70 percent of this funding is in grant support from the National Institutes of Health. The Office of Technology Transfer has received more than 1,000 invention disclosures from the faculty with more than 200 U.S. patents obtained. Nearly $50 million has come to the University in licensing fees, research funding and equity to date from products and inventions developed by Jefferson faculty members. As an example of how this activity can come about, suppose a Jefferson researcher interested in ulcerative colitis identifies a specific target molecule present only in some tissue cells in the part of the colon affected by ulcerative colitis. Suppose he or she next develops an antibody to block the protein and disable it so it no longer can stimulate the immune system and cause inflammation in the colon. With permission from the Institutional Review Board (IRB), the newly developed molecular antibody can be tested in clinical trials. If these clinical trials show successful patient results with this newly developed molecular antibody, the Office of Technology Transfer can prepare a U.S. patent application, followed by negotiations with industry to identify an appropriate biotechnology company, or a new start up company, who then can be licensed to develop this molecular antibody for wider clinical use.

Not all discoveries or inventions made at Jefferson are judged of sufficient importance to warrant patenting. Each Jefferson researcher requesting patent protection is given a full and fair hearing, but the final decision will rest on the potential commercial value of each invention or discovery. The cost for the patent application is assumed by the University. Although the patent is issued to the investigator, the intellectual property is owned by the University, and all derived revenue is shared between the investigator and the institution in certain percentages as specified in the Thomas Jefferson University Patent Policy. The institution's share of the proceeds is justified by the fact the institution provides the space, laboratory, equipment and consulting staff that made the discovery possible. All equity acquired by Jefferson from these patents and start up
companies is managed by the University Treasurer who uses reasonable business judgment on when to sell any or all Jefferson equity so acquired. In addition, any agreement signed with industry may not impede the fabric of free inquiry, open discussion, the sharing of materials, or the right of prompt publication of results. Jefferson believes the best research and teaching are done in an environment that minimizes extrinsic inducements, nurtures free inquiry and broad dissemination of information, and one that has clear, specific, and credible policies on conflicts of interest.

In December 2002, the Director of the University Office of Technology Transfer, Abram Goldfinger, was recruited to a large private university to head their technology transfer program, and Mr. Richard Miller, the Assistant Director, was asked to serve as the Acting Director for the period needed to recruit a new Director. Over the ensuing year, a nationwide search was conducted with the assistance of a search firm. From seven good candidates, the Search Committee selected Ms. Katherine Chou who comes to Jefferson with a degree in chemistry, an MBA degree, an extensive background in business and six years of experience as a technology transfer officer in the Office of Technology Licensing at Harvard University. Ms. Chou began her new duties as Director of the Office of Technology Transfer at Jefferson on September 1, 2002. Ms. Chou, a charming and energetic person, reports to Dr. Jussi Saukkonen, Dean and Vice President for Science Policy, Technology Development and International Affairs, and to the Biotechnology Committee of the Board of Trustees. Her office is responsible for managing the protection of intellectual property at Jefferson, including patents. She develops business plans and helps to create start up companies. She also negotiates and reviews license, research and clinical trial agreements between Jefferson and corporations.

Ms. Chou believes she has instituted better marketing efforts in the office since taking charge of the University Office of Technology Transfer. She recognizes that Jefferson has limited resources so she believes it is necessary for her office to obtain as high a value as possible for any new product, drug, or invention developed at Jefferson. She also believes her office must be driven by the possible commercial value to Jefferson inherent in any new product, drug, or invention. She points out that as soon as a patent application is in place she initiates marketing efforts. She believes it is too late for effective marketing if the office waits to begin these efforts until after a patent is granted. Before initiating any marketing efforts, she meets with the researcher or inventor who gives her key words about the research finding or invention to use in the marketing effort. She uses these key words when searching the Internet for possible commercial partners. She then sends a non confidential summary to 25 to 30 potential company partners to test their interest in the research finding or invention. She also makes it a policy to keep researchers and inventors informed by sharing company feedback with them about the results of these initial marketing efforts.

Ms. Chou also has initiated what she calls a “taking your ideas to reality” program because, as she points out, Jefferson’s research faculty members are her office’s clients. She regards the efforts of her office simply as the service that helps them develop their research findings commercially so the findings can have a wider public application. She meets with all the formal research committees on campus, as well as with departmental researchers and research administrators on a regular basis, to keep them aware of the possible benefits that can accrue to them and to the University from the efforts of the Office of Technology Transfer on their behalf. She points out that Jefferson now has over 700 research faculty members and she makes a special effort to make certain that all of them know about the services that can be provided to and for them by the University Office of Technology Transfer.

After starting at Jefferson, Ms. Chou became concerned about the legal expenses the University had been paying for patent filings and the expenses involved with licensing particular technologies or inventions to certain companies. Once a company has licensed a particular technology or invention the company then becomes responsible for all legal expenses. Ms. Chou, arguing that the University is a legitimate nonprofit organization, has been able to convince the involved companies that have licensed Jefferson technologies or inventions to reimburse Jefferson for these initial legal expenses. To date, she has recovered over $300,000 for Jefferson in paid out legal expenses from the involved companies.

At the end of 2002, Jefferson held $12 million in equity in about 40 companies. Ms. Chou anticipates a Technology Transfer income of approximately $1.5 million in 2003. Judging from the perspective of 20 years, Jefferson’s decision to add a research component to the University and to develop an Office of Technology Transfer to capitalize on Jefferson’s research findings and inventions certainly has proven to be a wise decision from a financial standpoint. It also is a decision that is in keeping with the academic mission of Jefferson Medical College and the University as a whole, particularly in these uncertain times of rising expenses and limited resources.
This year's first-year class had 7045 applicants for 228 places. Matriculants came from 30 states as well as Russia, Ghana, Canada, and Brazil, having attended a total of 100 different colleges. Their science grade point average is 3.50, and scores on the Medical College Admission Test are: verbal 10, physics 10.5, and biology 10.5. Their average age is 23.5, the youngest being 19 and the oldest 47. Forty-five percent are female. Seventeen are offspring of alumni, and 11 are siblings of current students or alumni.

Clarification: in the September 2002 Bulletin, the graph of applications to Jefferson was printed with some stray dollar signs. The correct chart is provided below.

At the White Coat Ceremony which celebrates the beginning of medical school: Joseph Giacometti '06 (right) with his uncle Stephen Pasucci '48 (center) and University President Paul C. Brucker MD (left). The Jefferson Alumni Association contributed the white coats which are presented to incoming students to mark the beginning of their medical careers.

Update from Kenya: Student Project Reaches the Underserved

A clinic in Kenya, organized by students from Jefferson and other medical schools, had a tremendously successful summer. The students expressed their thanks to the Alumni Association for donating funds to help support their work. At Kabula, students established medical records for 487 underserved people and distributed 24,000 vitamins. A clinic was built containing 5 examination rooms, a nurses' station, an office, waiting room, and storage. With a projected opening date of December 2002, it will be staffed by local health care workers as well as volunteers from abroad. A Website is being established at www.volunteerkenya.org.

Jefferson students contributing to this project were led by Khanh-Ha Nguyen '04, President of the Jefferson chapter of the International Federation of Medical Students Associations. IFMSA, which is run by students from over 70 countries, is recognized by the World Health Organization as the official international forum for medical students interested in international health.
A Comparison of Matched African American and White Jefferson Graduates

The likelihood that all U.S. citizens will be able to obtain quality health care during the 21st century will depend to a great extent upon how well diversified the U.S. physician workforce becomes in the near future. The 2000 U.S. census figures show that, at present, African Americans, Hispanics and Native Americans make up about one-quarter of the U.S. population. These percentages, however, are projected to increase to more than one-third by 2030, and to about 30 percent of the total U.S. population by 2050. In sharp contrast, only about 13.5 percent of this country’s physician workforce are from these minority groups. The percentage of African Americans in the physician workforce, for example, is 3.7 percent, a figure that has remained essentially frozen at and around this percentage for about 75 years. It appears that, at present, the number of minority physicians in this country’s physician workforce is not keeping pace with the steadily increasing population percentages of their minority groups. The question that needs to be asked and answered is how can this country ensure that the proportion of minority physicians in this country’s physician workforce increases to a percentage roughly similar to their percentage in the general population between now and 2050 so that better health care can be provided to all U.S. citizens.

At present, the benchmark in this country against which the professional accomplishments of minority physicians must be compared is the professional accomplishments of comparable White physicians. Until now, no such study has ever been performed and reported. John J. Gartland ’44, Mohammadreza Hojat PhD, Edward B. Christian PhD, Clara A. Callahan PD82, and Thomas J. Nasca ’75 recently designed and carried out such a landmark study entitled “African Americans and White Physicians: A Comparison of Satisfaction with Medical Education, Professional Careers and Research Activities” which is scheduled for publication in the Spring 2003 issue of Teaching and Learning in Medicine: An International Journal.

These investigators identified 148 living African Americans who graduated from Jefferson between 1960 and 1993. Using Jefferson’s Longitudinal Study Database, a control group of 148 White graduates were identified and matched to the 148 African American graduates by year of graduation, by gender, and by performance on Step 2 of the United States Medical Licensing Examination (formerly Part 2 of the National Boards). An original 17 item questionnaire was designed and, after IRB approval, was sent to the study subjects with a cover letter explaining the purpose of the study. At completion of the study, the overall response rate was 61 percent (African Americans-59 percent, Whites-63 percent). The two groups were compared on their questionnaire responses. Statistical significance of obtained differences for continuous measures (10-point Likert Scale) were tested using the t-test. For discrete variables, the chi square or z test for proportions were used to examine group differences. Effect size estimates were calculated to examine the practical significance of the findings. An effect size of 0.30 was considered negligible, while an effect size of about 0.75 was considered significant.

Both groups were found to be comparable as to satisfaction with their medical education, their medical careers, and with their professional and research activities. No differences were noted between the two groups in their satisfaction with medical school financial support, with their Jefferson preparation for a medical career, with their Jefferson educational experience, with Jefferson’s academic environment and with their medical practice incomes. Board certification rates were similar in both groups of respondents. Fifteen percent of African American respondents were members of a medical school faculty, with three respondents being department chairs. Thirty-five percent of White respondents were members of a medical school faculty, but none were department chairs. One African American respondent was a member of the Institute of Medicine. More African American than White respondents practiced medicine in economically deprived areas and cared for poor minority patients.

African American respondents, however, reported greater dissatisfaction than the White control group respondents with interactions with medical school faculty, with medical school administrators, and with the social environment of medical school during their student years. Their sense of dissatisfaction with the social environment they experienced at Jefferson Medical College appears to have persisted with them during their professional careers. Because of this dissatisfaction these African American respondents were less likely than the White control group to recommend Jefferson Medical College to minority applicants, and were less likely than the White control group respondents to contribute to Jefferson’s Annual Alumni Giving Campaign.

The authors believe their data support the recommendation that the proportion of African Americans in this country’s physician workforce should, at a minimum, approximate their proportion in the general population, presently 13 percent. The authors also point out that it is necessary, but not sufficient, to merely increase numbers of minority medical students. It is imperative that the social environment and its informal curriculum welcome diversity, encourage its expression, and learn from “bottom up” as well as from “top down.” Such a medical school environment, welcoming and embracing diversity, will be better prepared to provide all students with the cultural competence to meet the health care needs of the evolving 21st century.
Vickie and Jack Farber Receive 2002 Cornerstone Award at President's Club Dinner

Vickie and Jack Farber are the recipients of the prestigious Cornerstone Award of the Jefferson President's Club, bestowed on them at this year's annual President's Club dinner dance honoring Jefferson's most generous and loyal benefactors. The festivities were hosted by Thomas Jefferson University President Paul C. Brucker MD, and his wife, Joan, to thank major donors to the university and hospital for their support. Nearly 250 people attended the event held at The Crystal Tea Room in Center City Philadelphia on October 25.

Mr. and Mrs. Farber were honored for their exceptional $10 million gift this year to establish the Farber Institute for Neurosciences at Thomas Jefferson University. In introducing Mr. and Mrs. Farber, Dr. Brucker said: "This extraordinary gift is one of the largest we have ever received. It launches a major research initiative that will lead us to greater success in the treatment of devastating neurodegenerative diseases such as Alzheimer's and ALS. This gift gives us the resources to make our vision a reality." Dr. Brucker also thanked the Farbers for their longtime service to Jefferson as well as for their dedicated philanthropy. Mr. Farber is a university trustee and former chairman of its board; Mrs. Farber is a member of the Women's Board of Thomas Jefferson University Hospital.

Douglas J. MacMaster Jr., Esq., chairman of the University board of trustees, presented Mr. and Mrs. Farber with the Cornerstone Award resolution and traditional silver statue of Thomas Jefferson, adding that this gift "expresses tremendous faith in Jefferson and a confidence in our future that is inspiring."

Mr. MacMaster also acknowledged past Cornerstone Award recipients who were at the dinner, including members of the Women’s Board of Thomas Jefferson University Hospital (1980); James Stratton, a director of the Percival E. and Ethel Brown Foerderer Foundation (1981 and 1994); Mrs. Gustave G. Amsterdam, widow of Gustave G. Amsterdam, Esq., a trustee of the University Board (1985); and JMC alumni association members (1997).

Fourteen donors were named Fellows of The President's Club in recognition of cumulative giving of $50,000 or more, while another 14 benefactors became members of The Winged Ox Society, having contributed $10,000 or more to Jefferson during the last fiscal year.

James Stratton, a University trustee and chairman of the Institutional Advancement Committee, announced the names of the new Fellows, who received gold-headed physicians' canes symbolizing healing and acknowledging enduring philanthropy to Jefferson. The new Fellows are Mrs. Gustave G. Amsterdam; Leonard Apt '45; Abol H. Foutouhi ‘41; Mr. and Mrs. Benjamin Frankel; Herbert Kean MD; Mrs. Miriam Klein and Stephen B. Klein; Leonard I. Korman; Daniel Lieberman MD; Douglas J. MacMaster Jr., Esq.; Katharina T. Paparoni; Antonio J. L. Simoes MD; John E. Stambaugh Jr. MD’66, PhD’68; George G. Willis ‘43; and Janet C. Weis.

Mr. Stratton also welcomed the following new members of The Winged Ox Society, who received pins to recognize their generous continued
support of Jefferson: Martha R. Coyne; Dr. and Mrs. Jack W. Fink '54; William M. and Nadine Gibson; Ben Burke Howell Esq.; Dale E. Johnston '79; Henry R. Liss '48; Edward A. Ricketts '41; Herbert A. Saltzman '52; Adele K. Schaeffer; Matthew Vegari N'87; Mrs. Harold Warshaw (widow of Harold Warshaw '42); Mr. and Mrs. Harry Weiss; and James J. White IV.

Dr. Brucker thanked all those in attendance for their outstanding generosity, and noted that private philanthropy is particularly essential to Jefferson’s expansion plans, including the construction of a new state-of-the-art research and medical education building where “we can train our students to become the most skilled health professionals of the future and conduct the basic clinical research that will translate laboratory discoveries into advanced treatments as quickly as possible.”

Dr. Brucker also noted that philanthropy’s impact on lives is best demonstrated by firsthand accounts from the beneficiaries of this generosity, as he introduced two of the evening’s speakers to the audience: Rosemary Boccia, a Jefferson Hospital employee and patient who is a cancer survivor, and Lori Shipky '03, who is enrolled in Jefferson’s Physician Shortage Area Program and has received the Henry C. Stofman MD Scholarship for the past two years. The Stofman Scholarship honors the late Dr. Stofman GS’58, a Jefferson physician and faculty member. 🇺🇸

 Theta Kappa Psi Endows Fund for Innovation in Medicine

Jefferson’s MD/PhD program will benefit from a major gift to endow the new Theta Kappa Psi Fund for Innovation in Medicine. Income from the endowed fund, initiated by Edward J. Caterson ’03, a Jefferson MD/PhD student and Trustee of the Jefferson chapter of Theta Kappa Psi Fraternity, will support students in the program through annual prize awards designed to enhance their educational experience.

Theta Kappa Psi has a history of providing service, housing and community activity for students enrolled at Jefferson, continuing a tradition established by its founders to promote excellence and innovation in medicine. The fraternity’s mission is to enhance the education of future medical practitioners by giving them opportunities to build relationships through professional interactions, community service and educational tools. To achieve this, it has a commitment to providing a platform for creative and compassionate healthcare professionals who support one another in achieving the group’s goals.

The MD/PhD Program at Thomas Jefferson University includes two pre-clinical years of medical school followed by three or more years of graduate research in one of nine specialty areas, leading to a doctoral dissertation, and a final two years of medical school clinical clerkships. This joint program of Jefferson Medical College and Jefferson College of Graduate Studies began in 1987 for students seeking careers in academic medicine and biomedical research. The innovative program has experienced exciting growth in recent years, attracting an increasing number of students competing to fill five places each year.

“We have a strong commitment to the MD/PhD program. We will continue to graduate physician scientists who will advance our ability to find cures and treat patients,” says Thomas J. Nasca ‘75, Dean of Jefferson Medical College. “It is not only exciting to see this philanthropic support for our MD/PhD students, but it is also inspiring to see our own students taking the initiative to demonstrate their dedication to the program as well.”

The annual prize will be awarded based on the decision of a committee comprised of graduates or current students in the program; the Dean of Jefferson Medical College or an appointee; and the Dean of the Jefferson College of Graduate Studies or an appointee. 🇺🇸
Christiana Care and Jefferson Establish Cancer Research Alliance

Thomas Jefferson University and Christiana Care Health System, in Delaware, have entered into an alliance aimed at strengthening both cancer research and patient care in each organization.

The new research alliance will benefit all parties, says Walter J. Curran Jr. MD, Professor and Chair of Radiation Oncology at Jefferson Medical College of Thomas Jefferson University and Clinical Director of Jefferson's Kimmel Cancer Center.

"Christiana Care is looking forward to the benefits this alliance will bring to patients and the two organizations," says Nicholas J. Petrelli MD, Medical Director of the Christiana Care Helen F. Graham Cancer Center.

Each institution brings strengths to the new alliance, and likewise, each hopes to take advantage of the relationship. Jefferson, for example, has strong clinical and basic science research programs. Christiana Care has vast experience in conducting community-based clinical trials.

As a result, Christiana Care researchers will gain access to the latest "translational," laboratory-to-bedside research, allowing them to connect clinical discoveries to a more basic scientific understanding of disease processes at a cellular and molecular level, Dr. Curran explains. For Jefferson, the alliance offers new opportunities to participate in a wider array of clinical trials, in addition to expanding its own trial patient base. Christiana Care, along with its recently opened Helen F. Graham Cancer Center, has a wealth of experience in community-based clinical trials, particularly for cancer prevention.

The Helen F. Graham Cancer Center coordinates under one roof the most essential outpatient treatment and quality of life services for cancer patients and their loved ones. Cancer research is a key component of those services. Christiana Care is a National Cancer Institute (NCI) Community Clinical Oncology Program (CCOP) with more than 80 available studies for cancer prevention and control.

"Christiana Care's accrual for patients joining in research studies is five times the national average. This is remarkable and will be of benefit to both organizations," notes Petrelli.

"The new alliance with Christiana Care will enable both organizations to enhance research strengths and broaden opportunities for the future," says Thomas J. Nasca '75, Dean of Jefferson Medical College.

"Together, we see a tremendous research opportunity, combining their clinical strengths with our expertise in clinical and basic science," says Carlo Croce MD, Director of Jefferson's Kimmel Cancer Center.

Dr. Curran notes that Christiana Care has exceptional programs stressing cancer control and prevention. At the same time, Dr. Curran says, Jefferson has experience in bringing discoveries in the laboratory to the patient's bedside. "Christiana Care has a strong interest in translational research, particularly in colorectal cancer, and in the molecular basis of hereditary cancer and the rational applications of screening to larger populations."

The research alliance adds to a longstanding relationship between Christiana Care and Jefferson. Jefferson medical students do clinical rotations through Christiana Care's two hospitals, Christiana Hospital and Wilmington Hospital. Jefferson Medical College is the de facto medical school of the state of Delaware. In 1997, Christiana Care and the Jefferson Health System established a strategic alliance.

While Jefferson and Christiana Care plan to establish cancer research, treatment, prevention and control programs to complement each other's strengths, the alliance continues to be a work in progress. A task force will be organized to continue to define and develop new collaborative opportunities.

Christiana Care Health System is the largest health system in Delaware and one of the nation's largest private health systems with 42,000 admissions, 6,800 newborn deliveries and 128,000 emergency department visits annually. Christiana Care operates two acute-care teaching hospitals in New Castle County, Delaware, and includes the Helen F. Graham Cancer Center. The center is a "center without walls" that will serve as headquarters in a technologically advanced, statewide cancer program. The program includes Christiana Care's Breast Center, its inpatient hospital services at Christiana Hospital, its bone marrow transplant program, and its additional off-campus radiation oncology sites. The center includes multidisciplinary site-specific cancer care, a care coordinator team, genetic counseling, radiation therapy, psychology, nutrition and radiology services and an extensive cancer resource library.

The Kimmel Cancer Center (KCC) is one of a select group of National Cancer Institute-designated cancer centers in the nation. KCC has approximately 140 members involved in well funded basic science programs in such areas as cell biology, molecular biology and genetics, immunology and structural biology, and developmental therapeutics. KCC conducts a variety of initiatives in clinical research, including programs in urologic cancer, prostate brachytherapy, stereotactic radiosurgery, targeted therapeutics, clinical pharmacology and cancer prevention and control. KCC investigators receive nearly $60 million in support, including more than 160 grants funded by the National Institutes of Health.
IN MEMORIAM

John C. McNerney '27 died December 17, 2001. He practiced neurosurgery at Stamford Hospital, Stamford, CT. He is survived by his wife Katherine.

Joseph A. Mobilo '27 died February 15, 2002. He practiced internal medicine in Springfield, PA. He is survived by his wife Mary.

Joseph F. Ricchiuti '30 died July 17, 2002. He practiced dermatology in Pottsville, PA and held a staff appointment at Pottsville Hospital. He was an Honorary Instructor in Dermatology and Cutaneous Biology at Jefferson. He is survived by a daughter and a son.

Paul T. Strong '34 died July 21, 2002. He practiced internal medicine in Tulsa, OK. He held a staff appointment at St. John's Hospital in Tulsa. He is survived by his wife Betty and a daughter.

Edmund J. Brogan '36 died August 19, 2002. An otolaryngologist-head and neck surgeon, he held staff appointments at Misericordia Hospital in Philadelphia and Fitzgerald Mercy Hospital in Darby, PA. He was Medical Director for Provident Life Insurance Company for 20 years. He is survived by a son.

Joseph P. Long '39 died August 29, 2002. A member of the Jefferson Medical College faculty for 30 years, he retired in 1978 as Honorary Clinical Professor of Obstetrics-Gynecology. He is survived by his wife Dorothy, a daughter and three sons. Son Paul R. is Jefferson '76.

Louis G. Kareha '43 died July 26, 2002. He practiced family medicine in Clarks Summit, PA. He held staff appointments at Scranton State and at Community Medical Center in Scranton. He is survived by a son and a daughter.

Joseph L. Garcia-Oller '45 died May 23, 2002. He was a former Chief of Neurosurgery at Charity Hospital and was Chief of Staff and founder of the intensive care unit at Memorial Medical Center, New Orleans. He held a faculty appointment in neurosurgery at Tulane University School of Medicine. He received the Special Leadership and Service Award of the Louisiana State Medical Society in 1988. He is survived by four daughters and two sons.

Robert A. Haines '46 died August 12, 2002. He served as Chairman of the Obstetrics-Gynecology Department of Cooper Hospital-University Medical Center, Camden, NJ. He also served as a Clinical Associate Professor of Obstetrics-Gynecology at the University of Medicine and Dentistry of New Jersey. He is survived by his wife Genevieve, two sons and a daughter.

Daniel S. Harrop Jr. '46 died August 24, 2002. He was in family practice in West Warwick, RI. He was Chief of the Department of Family Practice, Kent County Memorial Hospital, Warwick, RI, and past President of the Kent County Medical Society. He is survived by his wife Dorothy, three daughters and two sons.

Dante E. Marino '47 died July 24, 2002. He practiced family medicine in South Philadelphia, PA until 1972 when he relocated his practice to Ocean City, NJ. He is survived by his wife Rose, two daughters and two sons.

William V. McDonnell '47 died July 16, 2002. He served in the Departments of Pathology at Jefferson and Methodist Hospitals, 1952-61. He then became Director of Clinical Laboratories for the West Jersey Health System, Voorhees. In 1969 he was appointed Medical Director and Senior Vice President of the West Jersey Health System. He is survived by his wife Eileen and two sons.

Dennis S. O'Connor '54 died March 7, 2002. He was Chief of Pathology, St. Mary's Hospital, Huntington, WV. He also served as its Chief of Staff, 1983-84, and as Clinical Professor of Pathology, Marshall University School of Medicine, Huntington, WV. He is survived by his wife Virginia, four daughters and a son.

Joseph F. Centrone '55 died September 18, 2002. He was Chief of Radiology for the West Jersey Health System, Voorhees, and for its successor, Virtua Health System. He is credited with developing the department into one of the leading radiology groups in the Delaware Valley. In addition, he served as President of the West Jersey Health System medical staff. He is survived by his wife Edna, two daughters and a son.

Richard Raiber '56 died March 28, 2002. He practiced obstetrics-gynecology in Wilmington, DE and was on staff at Memorial, Wilmington General and St. Francis Hospitals in Wilmington. After retirement, he earned a PhD degree in German history posthumously from the University of Delaware. He discovered and presented important previously unknown information about the activities of former German Field Marshall Kesselring during the Italian campaign, which was later published. He is survived by his wife Winifred, a daughter and a son.

Robert H. Kirschner '66 died September 15, 2002. He spent his entire professional academic career in the Department of Pathology at the University of Chicago School of Medicine. A world-renowned forensic pathologist and a tireless worker for world peace and human rights, he helped bring justice to victims of political massacres by his documentaries of torture and killings in Argentina, El Salvador, Guatemala, Bosnia, Rwanda, Palestine and Israel. He is survived by his wife Barbara and three sons.

Alan Lee Morrison '68 died August 27, 2002. He was a psychiatrist on staff at the Belmont Center for Comprehensive Treatment in Philadelphia and maintained a private office in Philadelphia. He is survived by his parents and two sisters.

Kelly Joseph Comroy '77 died August 26, 2002. He practiced emergency medicine in Glen Mills, PA.
J'44
Frank H. Butt of North Warren, PA is writing his memoirs. He feels it is important for his children and grandchildren to give them a perspective of "how they relate to history." Dr. Butt notes that he has lived through six wars. He came to Warren General Hospital more than 40 years ago as an anesthesiologist and general practitioner.

'54
Revised Report for the 54th Annual Giving Campaign: Alfred P. Spivack's generous gift brings the donor total to 80 and the percent of class participation to 70 percent.

'62
William V. Harrer was featured on the cover of New Jersey Medicine, October 2002, which contained a detailed interview with him. Dr. Harrer is currently President of the New Jersey Board of Medical Examiners.

'63
William Renzulli has left his medical practice in Elkton, MD to devote all of his time and energy to his art, which he has been pursuing professionally on and off for the past 20 years. He and his wife are moving to Paducah, KY where he will relocate his studio and open his own gallery, becoming part of a growing artist's community in this quaint river town in western Kentucky.

'68
Bohdan Malyp is celebrating the third anniversary of his retirement and has moved to Wilmington, NC. He and wife Patricia are enjoying the free time to travel. Son Tim '99 has just completed a family medicine residency and relocated to Fort Collins, CO to practice.

'70
Norman Loberant of Nahariya, Israel served as scientific committee chairman for the 20th annual Barry B. Goldberg Lecture and Convention of the Israel Society for Diagnostic Ultrasound in Medicine, which took place in Herzliya, Israel in June. Dr. Goldberg, Professor of Radiology at Jefferson, was the guest speaker, and delivered four lectures. At the meeting, Norman was elected Secretary of the Society and will be its official representative at the European Congress of Ultrasound in Copenhagen, April 2003.

'72
Arlen Meyers of Denver has been appointed to the Colorado Governor's Commission on Science and Technology. Dr. Meyers is Professor of Otolaryngology-Head and Neck Surgery at the University of Colorado and Executive Director of the Colorado Alliance for Bioengineering. He is the Editor-in-Chief of eMedicine.com (Otolaryngology) and was recently awarded the University of Colorado Department of Otolaryngology Teacher of the Year Award.

'75
David Mayer of Closter, NJ completed a two-year program at the Harvard University School of Public Health in Boston and was granted an MS in health care management.

To Submit Class Notes, Send to:
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Serving the Underserved through Telemedicine—and Dance

Everyone can and should dance. For Ana Maria Lopez MD’88, MPH, this positive outlook has proven one of the keys to her success—even in treating her patients.

Oncologist and Director of both the Arizona Telemedicine Program (ATP) and the Women’s Health Initiative at the University of Arizona, Lopez uses dance and movement to reconnect patients with their bodies. “Cancer patients feel betrayed by their bodies,” she says. “There is something joyful in movement—as witnessed by children who move naturally to music—and by dancing, or moving in any way, patients can begin to feel themselves in their bodies again.”

Lopez has always viewed dance as a joyful celebration, but her clinical work with movement is part of a bigger picture: a desire to increase access to specialty care for patients from all socioeconomic backgrounds. And while she recognizes that some cancer patients do have access to specialists and innovative treatments, there are many more who don’t.

It is this disparity that ultimately led Lopez to the field of telemedicine. As medical director of the ATP, Lopez coordinates medical services that reach more than 44 remote Arizona communities.

“I believe serendipity played a role in my telemedicine assignment,” Lopez explained. “My expertise in oncology, experience in public health and interest in outreach to underserved populations ultimately made me a good candidate.” She says she finds a perfect blend of these interests while providing colposcopy services to rural women via telemedicine.

“Telecolposcopy allows for the transmission of digital cervical images after an abnormal pap smear,” she explained. “This technology may improve our ability to manage cervical disease at a stage where malignant transformation may still be preventable.” Increased access to telecolposcopy services, she says, may improve overall mortality since cervical cancer is not easily curable.

The Basics of Telemedicine

Radiographs, echocardiograms and other images taken by a health care professional at the patient’s home clinic are electronically transferred via high-speed network cable—a T1 line—to consulting physicians at ATP hub sites in Tucson, Phoenix and Flagstaff.

Lopez is responsible for daily operations of the ATP, reviewing all medical cases, as well as coordinating the practitioners and consulting physicians who will work with patients. She also conducts weekly meetings to determine which educational courses will be transmitted to physicians in remote areas, and works with the technical staff on new technology development.

Lopez says that the clinical rotations she completed at Jefferson Medical College fueled her interest in public health issues. “Rotations in Center City exposed me to a wide diversity of people with equally diverse needs,” she says. “I just knew—if I could get the resources and medical services to some of these underserved communities—that I could really make a difference.”

Telemedicine is allowing Lopez to achieve that goal, where since 1997, the ATP has provided close to 24,000 clinical telemedicine sessions to remote communities—in more than 70 specialty areas including dermatology, radiology, pathology, rheumatology and psychiatry.

After completing undergraduate and medical studies in Pennsylvania, Lopez matched in internal medicine at the University of Arizona, where she was named chief resident and concurrently completed a general medicine fellowship as well as a master’s degree in public health. At the completion of two medical oncology fellowships, she was offered a position on the University of Arizona faculty, where she continues to teach clinical medicine.
A Glimpse into the Future
What does the future hold for Lopez—physician, researcher, wife and mother of two?

Aside from completing an American Cancer Society-funded study on the barriers preventing Latinos from participating in clinical cancer trials, she’ll continue to prescribe dance and movement therapy to her patients.

The multi-grant funded research measures the emotional and physical impact of movement on breast and colon cancer patients at the conclusion of chemotherapy. “In one program, patients exercise to music, choosing the type of movement that feels right for them,” explained Lopez. In another, patients participate in walking exercises. “Patients keep a diary, indicating perceived exertion, how they feel physically and any improvements over time,” said Lopez. “These exercises have improved anxiety and depression in breast cancer patients, but we are still measuring the impact on quality of life, long-term effects on recurrence and overall impact in combating cancer.”

Despite this busy schedule, Lopez still finds time to volunteer on the local PTA and attend her children’s sporting events and music recitals. She also finds time to dance. On her own. And with patients.

— Melissa Cryter Fry

Attention Student Borrowers:
Federal Stafford Loan and Federal Consolidation
Interest Rates Are at an All Time Low

Holders of student loans, consider this: for the second straight year, Federal Stafford Loan rates and related federal consolidation rates dropped to an all time low.

The formula for Federal Stafford Loans disbursed after July 1, 1998 is based on the 91-day T-Bill plus 1.7% while in school, grace or deferment and 2.3% while in repayment or forbearance. A similar formula exists for loans disbursed between July 1, 1995 and June 30, 1998 with the corresponding rates of T-Bill plus 2.5% while in school, grace or deferment and T-Bill plus 3.1% while in repayment or forbearance.

Applicable Federal Stafford Loan rates for the period July 1, 2002 to June 30, 2003 are as follows:

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<th>In-School, Grace, and Deferment Rate</th>
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<tr>
<td>7/1/1994-6/30/1995</td>
<td>4.86%</td>
<td>4.86%</td>
</tr>
</tbody>
</table>

Considering Federal Stafford Loan interest rates are so low, now is a great time to think about ‘consolidating.’ Federal consolidation is the process by which borrowers may combine all of their federal debt into one ‘refinanced’ loan. Federal loans eligible for consolidation include:

- Federal Stafford Loan (subsidized and unsubsidized)
- Federal Direct Loan (subsidized and unsubsidized)
- Federal Perkins Loan
- Health Professions Student Loan (HPSL)
- Nursing Student Loan (NSL)
- Federal Insured Student Loan (FISL)
- Auxiliary Loan to Assist Students (ALAS)
- Federal Supplemental Loan for Students (SLS)
- National Direct Student Loan (NDSL)
- Health Education Assistance Loan (HEAL)
- Federal Parent Loans for Undergraduate Students (PLUS)
- Loan for Disadvantaged Students (LDS)

Consolidation is extremely helpful if the borrower has many federal loans with different lenders. However, consolidation may be done even if the borrower only has federal loans with one lender.

Advantages of Consolidation

- Lock in your interest rate. A consolidation loan will have a fixed interest rate associated the new loan. The interest rate for the Federal Consolidation Loan is fixed and is equal to the weighted average of the interest rates of the loans being consolidated, rounded up to the nearest 1/8th of one percent, not to exceed 8.25%.
- Monthly payment is reduced. As a repayment period of up to 30 years may be granted based on loan size, monthly payments will be much lower than an original payment based on a 10-year repayment period.
- Save money on payment incentives. Some lenders are offering payment incentives in the form of interest rate reductions.
- Make one monthly payment to one lender for all of your federal loans.

Disadvantages of Consolidation

- More interest may be paid on the borrowed funds if you extend payment based on options offered under federal consolidation.
- Eligible deferment options may change.
- Payment incentives you currently are receiving on the loans you want to consolidate may be forfeited.
- Only federal loans may be included in the Federal Consolidation Loan. Institutional loans and private loans may not be included.

If you have any questions regarding the Federal Stafford Loan or the Federal Consolidation Loan, please contact your Federal Stafford Loan lender(s) or contact the University Office of Student Financial Aid at (215) 955-2867 or financial.aid@jefferson.edu.
Remember the New Date for Alumni Weekend: October 9, 10, 11, 2003

'S9
Philip Dwonczyk was recently promoted to Clinical Associate Professor in the Department of Medicine at the Upstate Medical University, Syracuse, NY where he serves as a member of the faculty for the geriatric medicine clerkship. He is the Medical Director of the New York State Veterans Home at Oxford. Philip and wife Andrea live in Norwich, NY.

'S0
Stanton Miller of Lafayette Hill, PA received the Master of Public Health degree from the Johns Hopkins Bloomberg School of Public Health this May. He is currently a medical director at Independence Blue Cross of Philadelphia.

'S2
Alex Levin is an Associate Professor in the Departments of Pediatrics, Genetics, and Ophthalmology at the Hospital for Sick Children, University of Toronto. He is the Co-Director of the Ocular Genetics Program and the Director of the Pediatric Ophthalmology Fellowship Program, as well as the University of Toronto Director of Postgraduate Bioethics Education.

'S3
Don Zeller and his family have moved back to Berwyn, PA “to be closer to family and great schools” after spending 16 years in private family practice in Raleigh, NC. Don accepted a position in July at Penncare’s Chesterbrook Family Medicine in Wayne. He remains active in music, having played guitar and “blues harmonica” in several bands in recent years. He’ll miss North Carolina’s beaches, mountains, and $1,800 annual malpractice premiums!

'S8
Scott Oulisky has moved to Kansas City, MO where he is the Section Chief of Ophthalmology at The Children’s Mercy Hospital.

'S9
Douglas Field of Hummelstown, PA was awarded the Outstanding Teacher of the Year Award by the pediatric residents at Penn State Children’s Hospital, Hershey Medical Center. His second child, William, was born November 19, 2001.

Andrew Sirotznik of Denver was honored by a chapter of Colorado Court Appointed Special Advocates for Children in October. Andrew is an Associate Professor of Pediatrics at the University of Colorado School of Medicine and directs the Kempe Child Protection Team of The Children’s Hospital in Denver.

'91
Andrew Feng received the 2001-02 Teaching Award from the Pediatric Residents at The Floating Hospital for Children. Wife Diane Ching ‘92 joined Mansfield-Westwood Pediatrics in September. They reside in Walpole, MA.

'H3
Hermann Moreno and wife Mary Donovan P ‘95 are two of the four psychiatrists in the town of Laramie, WY. They have two children, Madeline and Alexander.

'94
David Lipson has been appointed an Assistant Professor in the Department of Medicine at the University of Pennsylvania. David completed his internship and residency in medicine followed by a three-year fellowship in pulmonary and critical care medicine at HUP. His interests include chronic obstructive pulmonary disease, adult cystic fibrosis and lung transplantation. His research activities focus on the development of noninvasive imaging techniques to study gas and blood flow in the lung. In 2001, David received the Will Rogers Institute Research Fellowship Award.

Rodolfo Pasqual of Mount Laurel, NJ has joined the Division of Critical Care, Pulmonary, Allergic and Immunologic Diseases at TJUH. He has also been appointed Assistant Professor of Medicine at Jefferson Medical College. He completed his residency and a fellowship in critical care and pulmonary medicine at TJUH and served as Chief Resident in 1997-98.

'96
John Masonis has joined Miller Orthopaedic Clinic as a physician in the clinic’s Joint Replacement and Arthritis Center. John is looking forward to returning to Charlotte, NC. He specializes in hip and knee replacement surgery for arthritis.

BOOKSHELF
Jerry Labriola ‘57 has penned Murders at Brent Institute, the latest in his Dr. David Brooks Medical Murder Mystery series (published by Strong Books). Dr. Labriola also recently co-wrote a nonfiction title, Famous Crimes Revisited. In addition to being the author of many books, Dr. Labriola is a former State Senator from Connecticut. Recently he visited the island of Malta where he and his wife collected material for his next novel, tentatively titled The Maltese Murders.
Alumni Spotlight: Monica Morrow

Monica Morrow ’76 was a member of the Penn State Five Year Cooperative Program, 1971-1976. During that period she also was a National Merit Scholar and Magna Cum Laude at Penn State University. She took a surgical residency at the Medical Center Hospital, Burlington, VT, 1976-81, followed by a 1981-83 fellowship in surgical oncology, Memorial Sloan-Kettering Cancer Center in New York. Board certified in surgery in 1983, she began her academic career in 1983 as Assistant Professor of Surgery, State University of New York Downstate Medical Center, Brooklyn, NY, also serving as Director, Surgical Oncology Service, Kings County Hospital Medical Center, Brooklyn, NY. She was recruited to the University of Chicago in 1988 as Associate Professor of Surgery and Director, Multidisciplinary Breast Cancer Team, and won the Alpha Omega Alpha Outstanding Clinical Faculty Award in 1991. She was recruited to Northwestern University Medical School, Chicago, IL in 1993 as Associate Professor of Surgery and Director, Clinical Breast Program, Northwestern Memorial Hospital. Since 1997, she has been Professor of Surgery with tenure, Northwestern University Medical School, and Director, Lynn Sage Comprehensive Breast Program at Northwestern.

As part of her recruitment, Northwestern Memorial Hospital custom built a 20,000 square foot breast cancer center where, she reports, they currently perform 40,000 imaging studies and treat about 650 new patients annually. Her present responsibilities are divided equally between patient care and research. In 1996 she was awarded one of three Breast Cancer Grants ($4.3 million) from the Department of Defense. As a result, Avon Products Foundation in 2000 identified her program as a Center of Excellence for breast cancer research and health care delivery to the underserved, and selected the Lynn Sage Breast Program at Northwestern as a Flagship center for breast cancer funding. The Avon Products Foundation now provides one to two million dollars annually for research, for career development of junior faculty, and for training young investigators. Dr. Morrow presently is Principal Investigator of a study correlating breast tissue density, menstrual cycle function of steroid hormones, and the effect of Tamoxifen.

To date, Dr. Morrow has been Principal Investigator or Co-Principal Investigator of 11 funded research projects dealing with breast cancer. She is the editor of 3 books, is or has been, a member of 16 editorial boards, has written 48 book chapters and has published over 100 journal articles. Between 1995 and 2001 she presented 15 named lectures, including the William Erb Sr. Lecture at the Philadelphia Academy of Surgery in 2001. She is a member of the Clinical Oncology Special Emphasis Panel, the Breast Cancer Program Review Group, and is Co-Chair, Access and Cancer Control Subcommittee of the National Cancer Institute. She holds membership in numerous professional organizations including the American College of Surgeons, the American Surgical Association, and the Society of University Surgeons.

She served as Director of the Cancer Department of the American College of Surgeons and as Executive Director of the American Joint Committee on Cancer. While working with the American College of Surgeons she was responsible for the National Cancer Data Base, the largest repository of clinical treatment data in the U.S., and for the Approvals Program which certifies the quality of hospital based cancer care in over 1600 hospitals. As Executive Director of the American Joint Committee on Cancer, Dr. Morrow supervised the TNM cancer staging system used throughout the country, and currently is an editor of the most recent edition of the TNM staging text. In addition, she is the first surgeon member of the National Cancer Policy Board of the Institute of Medicine. She has held memberships on the Executive Committee of the Society of Surgical Oncology, on the Board of Directors of the Society of Surgical Oncology, and on the Board of Directors of the American Society of Clinical Oncology.

Dr. Morrow was named an Alumni Fellow of the College of Science of Penn State University in October 2001, the highest honor of the Penn State Alumni Association. She recalls that the strong foundation in clinical medicine that she received at Jefferson stimulated her interest in clinical care excellence and, ultimately, resulted in her development of one of the leading breast cancer programs in the country. Dr. Morrow also credits her Jefferson experience with her efforts to improve national quality of cancer care through the programs of the Cancer Department of the American College of Surgeons. Jefferson congratulates Dr. Monica Morrow ’76 on her distinguished career and thanks her for bringing distinction and honor to Jefferson Medical College.
Gregory Shangold of Storrs, CT recently finished his residency in emergency medicine at Geisinger Medical Center in Danville, PA and has joined Windham Community Memorial Hospital’s emergency services department.

Postgraduate Alumni

Revised Report for the 54th Annual Giving Campaign: the generous gift by Herbert Keam OTO’60 brings the donor total to 11 and the percent of class participation to 14 percent.

Vasantha Oroofsky P’80 of Rusk, TX spends 20 hours a week doing telepsychiatry and is "getting used to electronic medical records."

Thomas Connelly D’85 formed CSRC, Incorporated this year. "The objective of this company is to immunologically and genetically evaluate patients who experience complete spontaneous regression of cancer. The results of these studies will assist in the development of cancer therapies." He is the Director of the Connelly Skin Cancer Surgery Center in Stuart, FL.

Ashwini Sharan NS’01 has recently been presented the William H. Sweet Young Investigator Award by Medtronic, Incorporated for his study entitled “MRI and Spinal Cord Stimulation: An Experimental Safe Study.” He began his neurosurgical training at the University of Connecticut and finished at TJU. He plans to complete a fellowship at the Cleveland Clinic Foundation.

Barbara Atkinson Named Executive Dean of KU School of Medicine

Barbara Atkinson ’74, previously Professor and Chair of Pathology and Laboratory Medicine at the University of Kansas Medical Center, has been named Executive Dean and Vice Chancellor for Clinical Affairs of the KU School of Medicine.

"Dr. Atkinson has a superb background—as a researcher, department chair and dean—and is eminently qualified to serve as Executive Dean of the School of Medicine," announced the University of Kansas. "She is highly regarded within the profession and within the medical center and is committed to making the school a strong partner in KU’s overall mission of research, teaching and service to the region."

Atkinson came to the KU Medical Center in January 2000 from the MCP Hahnemann School of Medicine in Philadelphia, where she was Dean for three years (1996-99). Before that, she was Professor and Chair of Pathology and Laboratory Medicine at the Medical College of Pennsylvania (1987-94) and at Hahnemann (1994-96).

"I’m honored to have this opportunity to help lead the school during the challenging times that lie ahead," said Atkinson. "I will do everything possible to attract the state and federal funding we need to maintain a vital research program and educate the next generation of physicians for Kansas."

Atkinson began her career at the University of Pennsylvania School of Medicine, where she was director of the hospital’s cytopathology laboratory from 1978 to 1987. She has edited several books on cytopathology and gynecologic pathology, including Atlas of Cytopathology (1992), a revised edition to be published in 2003, and Atlas of Difficult Diagnosis in Cytopathology (1998).

Atkinson is a Trustee and past President of the American Board of Pathology and a member of the Association of American Medical Colleges’ Committee on Increasing Women’s Leadership in Academic Medicine. In 1996, she received the Jefferson Medical College Alumni Achievement Award. In 1997, she was elected to membership in the prestigious Institute of Medicine of the National Academy of Sciences.
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*** Charitable deduction will vary slightly depending on the timing of the gift due to fluctuations in the Federal Discount Rate.

**Sample Rate Charts for a $10,000 Charitable Gift Annuity***:

**ONE LIFE ANNUITY**

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**TWO LIFE ANNUITY**

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A Jefferson Planned Gift: An Investment in the Future

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