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Robert Tesh ’61, Worldwide Expert on Tropical Disease

Judd Moul ’82, Chief of Urology at Duke
Message from the President

In my Presidential Address last October, I asked: “Who, when presented with Jefferson’s legacy, would not jump at the opportunity to continue to build on its outstanding record of science and service?”

In writing to you, Jeff’s distinguished alumni, I again recognize the great privilege I have in leading Jefferson at a momentous time in its history: a period in which the university will establish its place as a national leader in defining the future of clinical care.

In the months ahead, the university community will be working closely with TJUH to craft a strategic plan that will position TJU as one of the nation’s premier educators of health care innovator, and a major center for patient-oriented research and clinical trials.

Clearly Jefferson has rested too long on its time-honored laurels. Our students, faculty, and community deserve better – and so do you. The time has come to restore the university’s top ranking in general medicine and research-oriented medical education. The time has come to renew Jeff’s outstanding reputation in faculty and student recruitment, and in philanthropy. At the same time, all of us must maintain Jeff’s focus on leading-edge patient care.

Affecting virtually every facet of the institution, the University Strategic Plan is the scaffolding that will support our rebuilding efforts to meet 21st century challenges in research, education, clinical care, and space. Each of these areas will demand our collective energies and test our commitment to change. The most pressing and visible steps will involve physical changes to the campus to meet academic needs, create a sense of “place,” and open up sorely needed green space. But this plan will also yield dramatic changes in education, research, and clinical care. For example:

• In education, we must expand to become a comprehensive health care university. This entails taking full advantage of multidisciplinary opportunities, designing our educational programs to meet tomorrow’s health care delivery needs, increasing our use of educational technology, and promoting all the good things TJU offers its students.

• In research, TJU must achieve growth in a difficult funding cycle, strengthen its translational and clinical portfolio, and maximize its collaboration as we have done with the NIH roadmap.

• In clinical care, TJU must project a stronger image of its clinical excellence, promote its integrated clinical practice, and identify the key differentiating areas in which to focus its clinical growth.

The physical changes will come first but will herald the changes ahead in education, research, and clinical care. This spring will bring renovations at McClellan Hall, with completion in time for the upcoming academic year. Funding from the Foerderer Foundation is making it possible to transform McClellan into a modern 250+ seat educational auditorium, with state-of-the-art technology.

Other changes in the near future will include:

• Constructing a 5-story academic building on the southwest portion of Scott Plaza. This structure, with underground parking, will house another large auditorium, the clinical skill assessment center, small group study space, and additional classrooms and meeting rooms. Groundbreaking for the 2-year project is slated for later this year.

• Converting the remainder of Scott Plaza into a campus green. This will lend a more typical “university” feel to the campus and allow an open view to Jefferson Alumni Hall and the Bluemle Life Sciences Building (BLSB).

• Building a new ambulatory care facility for clinical practices at the corner of 10th and Sansom Streets. This facility would enable us to centralize physician practices that are now scattered throughout the campus.

• We also expect, in a later phase of the construction plan, to add up to 100,000 square feet of new research space to the BLSB at the corner of 10th and Locust. By design, the current Bluemle Building contains the core building systems necessary to accommodate this expansion.

Making these changes is about more than simply adding rooms or reshaping our architectural footprint.

We seek a physical plan that fosters a “community of scholars” – a campus that encourages meeting and co-mingling by all members of the Jefferson community. To further encourage this atmosphere we are considering converting the west side of the Scott Building’s street floor to a café.

The space changes, and the entire Strategic Plan, will go a long way toward helping Jefferson’s students, faculty, physicians, nurses, and other healthcare professionals deliver first rate patient care – and that’s what TJU is all about.

Our timeline for the planning process is aggressive. We have already formed faculty working groups around the major areas of the plan and expect their reports in April. After submitting the reports to rigorous review by the President’s Advisory Council, we will put these reports before the University Board of Trustees in June. Over the summer, each college will work on its own specific plan and help create institution-wide recommendations to form the final detailed University Strategic Plan.

Throughout the planning process, we will fix our view on the ultimate goal: positioning Jefferson as a national leader in medical education, research, clinical care, and a multi-disciplinary approach to healthcare. This is the Jefferson you expect and deserve. This is the Jefferson our community, and the nation, needs.
The Circle of Life

The community of teachers and learners here, and those who have come through Jefferson, is often called the Jefferson family, because of the collaborative and caring environment that we value. This perception is furthered by the loyalty of our employees, the support of our alumni, and the long tenure of many of our faculty.

As dean, I have the privilege of participating in medical college life in a fashion unlike most others. Each August, I have the honor of welcoming the next class of students and their families. At the White Coat Ceremony, I see the pride and excitement of parents and grandparents as their offspring don the outward sign of our profession, and the first phase of everyone's dream has been fulfilled. At Sophomore Parents Day, I again see families come together to learn, and to celebrate successes. With the help of the faculty, I launch the clinical phase of our students' education, speak with them about medical errors, and preside over the delivery of the Match results and the awarding of prizes on Class Day. I am the first to shake the hand of these Jefferson physicians as they walk across the stage at graduation, and I marvel as I share in the renewal of longstanding bonds during Alumni Weekend each October.

I share many other moments too with Jeffersonians and their families. Births, baptisms, bar and bat mitzvahs, confirmations, and marriages are milestones in the lives of our students, faculty, and staff. I am privileged to be included in their happiness, to see their families grow, their children excel, and their hearts fill with pride.

Like all families, Jefferson suffers losses. Over the past few months I have been with Jefferson families at these most painful times, the loss of a family member. I have been joined on these occasions by numerous colleagues. Each of us has crossed the line from being a physician-healer to being intimates within that particular circle of life. In the latter role, we are helpless as healers. We cannot cure the malady. We cannot resurrect the fallen. We cannot prevent suffering. Our medical knowledge and skills are useless against the pain felt by these people who are close to us. In these settings I sense my own discomfort. I am accustomed to being able to help, to make a difference with a physician's armamentarium of technology and molecular insight.

In our roles as physicians, we are comfortable with death, in the sense of feeling intellectually in command of the facts, and able to leave the setting after announcing the unwanted news. When we are part of the family that is suffering loss, however, we are stripped of everything that makes us physicians. It is of no use here. We are not in control. We are participants engulfed in the grief.

We stand by quietly, whisper words of condolence, and attempt to support the grieving on their painful journey to acceptance. We are thankful for the rituals of our individual religious heritage, as they show us the way to navigate the storm, providing some comfort of predictability during those difficult first days. We use the skills not of our medical mentors, but of our mothers and fathers, grandmothers and grandfathers. Those attributes that make us who we are—not what we do—are what are needed in these moments of despair.

As I looked out over the sea of people at each of the 3 ceremonies I have recently attended, I saw this humanity in the hundreds of members of the Jefferson family in attendance. They represented 3 different religious traditions, 3 different ages, 3 unique losses that paralyzed the hearts of those close to the fallen.

In his book Man's Search for Meaning, Frankl teaches us much about our battle with despair in these settings. We enter that “provisional state” where no meaning, no goal of life, no clear direction is present. We cannot fathom life without the one who has left this earthly existence. We experience a state of existential vacuum, “without a future and without a goal.” He shows us that there can be meaning in suffering, although it is often hard to identify. He also teaches us that the highest aspiration of the human soul is the love of another. It is what draws us to each other, and it is what has drawn most of us to the healing arts.

We do function as healers when we gather with our family to mourn, to validate loss and the importance of the lost one to us all, and reaffirm that highest aspiration, to love others.

I bring this to you this month for 2 reasons. First, may all of us celebrate, and keep in our thoughts and prayers those members of the Jefferson family whom we have recently lost. We strive to incorporate the goodness of their lives and the lessons that we learned from them into our own personae as physicians, and as humans. In this way, we can derive some meaning from the seemingly senseless or capricious loss of a cherished life.

Second, we must occasionally permit ourselves to lose the mantle (and protection) of the title “physician,” so we can be “person” to those who need us, for it is our humanity, not our physicianship, that adds value to our presence at these difficult times. We must not fear the exposure of our individual humanity. And we must teach our students and residents to let their humanity and their physicianship coexist and flourish.

Jefferson is the kind of family where that degree of humanity is nurtured, respected, and celebrated. A place where meaning can be derived from suffering, and pain can be ameliorated in many ways.

Warmly,

Thomas J. Nasca ’75
Senior Vice President, Thomas Jefferson University
Dean, Jefferson Medical College
President, Jefferson University Physicians
SHAPING THE FUTURE

The Alumni Bulletin devotes a column in each issue to introduce readers to Jefferson's junior faculty members (Instructor and Assistant Professor) who are doing and publishing significant basic, translational, or clinical research. All whose stories appear in this space were nominated for this recognition by their department chairperson.

Carol M. Artlett PhD is a Research Assistant Professor in the Department of Medicine, Division of Rheumatology. She was awarded a PhD in the genetics of scleroderma in 1996 by the Royal Free Hospital School of Medicine in London, triggering a deep interest in understanding the pathogenesis of systemic scleroderma. The same year Dr. Artlett and her husband relocated to Philadelphia so she could work with Sergio A. Jimenez MD, the Dorrance H. Hamilton Professor of Medicine and Professor of Biochemistry, a world renowned expert in this disease. Dr. Artlett soon began investigating the role of microchimeric cells in the pathogenesis of scleroderma with research support from both the Scleroderma Foundation and the Arthritis Foundation.

As a result of this investigation Dr. Artlett was awarded the Penn State Hershey Finkelstein Award as well as the American College of Rheumatology Larry Freeman Physician Scientist Award, and the initial findings of her research were published in the New England Journal of Medicine in 1998. Also in 1998, Dr. Artlett received a ‘FIRST’ award from the National Institutes of Health. Her research has extended to other autoimmune diseases including males with juvenile idiopathic inflammatory myopathies and she has been able to demonstrate that these patients have cells from their mothers in the muscle lesions. A collaborative project in which Dr. Artlett is involved is investigating the hypothesis that some dietary supplements can reduce the collagen expression of SSc fibroblasts which may be susceptible to modulation through the glucose pathway.

Some of Dr. Artlett’s future goals include investigating the activation of microchimeric cells to determine if they are involved in disease or are just inflammatory markers of disease. She plans to learn more about the allograft inflammatory factor-1 (AIFI), a newly identified gene which she and others showed is expressed in scleroderma. Dr. Artlett also is interested in the role of dendritic cells in the pathogenesis of scleroderma. To date, she has been the principal investigator on 5 funded research grants and lead author on 11 of her 34 published articles.

James G. Zangrelli ’88, an Assistant Professor of Medicine at Jefferson, has a special interest in asthma. His research focuses on the mechanisms by which the survival of inflammatory cells in the asthmatic pathway are regulated. Dr. Zangrelli points out that Jefferson is one of only a few centers in the country using a relevant human model of airway inflammation.

In this model, an isolated area of a lung is “challenged” with pollen by using a bronchoscope and cells and secretions are sampled over time for analysis. It is believed that this approach will help researchers identify the mechanisms by which the survival of inflammatory cells in the asthmatic airway is regulated. Once these mechanisms are understood, Dr. Zangrelli believes it will be possible to develop novel treatment strategies for patients with asthma and rhinitis. He and his colleagues also are involved in characterizing and studying patients with severe asthma according to their airway physiology, inflammation, genetics, and racial characteristics.

Between 1994 and 1999, Dr. James Zangrelli was awarded a Merck Young Investigator Award, an Allen Hamburgs Pulmonary Fellowship, a Parke B. Francis Fellowship, and an American Lung Association research grant. Since 1995 his pulmonary research has been supported by 6 awarded grants, including a National Institutes of Health training grant. Zangrelli has 22 publications in peer reviewed journals and has contributed 7 book chapters in his field of interest. To date, he has spoken about his results at 22 venues around the country.

GIFT OF LEARNING

Scholarship Honoring Paul Brucker Is Established by Stratton Family Foundation

Paul C. Brucker MD, who stepped down September 1 after 14 years as President of Thomas Jefferson University, has been specially honored by James W. Stratton and the Stratton Family Foundation, which established a scholarship in his name to support students in the accelerated BA/MD program of Pennsylvania State University and Jefferson Medical College. Mr. Stratton is a longtime University Trustee and past Chairman of the Board. The establishment ceremony included remarks by Dean Thomas Nasca ’75 and President Robert L. Barchi MD PhD, who praised Dr. Brucker’s strong advocacy for outstanding clinical education—a top priority at Jefferson.
Using Shaped Beam Surgery to Sculpt Therapy for Hard-to-Reach Brain Tumors

In contrast to traditional surgical techniques, neurosurgeons and radiation oncologists at Jefferson are using a new type of advanced radiation technology to “surgically” treat a wide range of tumors in the brain and spine, curing tumors that they couldn’t treat before. The new technology, called shaped beam surgery, can mold radiation beams to fit the exact size and shape of a tumor. Jefferson is the only medical center in the Delaware Valley that offers it, and one of only a few centers in the nation.

“Shaped beam surgery is a huge advance in treating both benign and malignant tumors in the brain and the spinal cord regions,” says neurosurgeon David Andrews MD, Professor and Director of the Division of Neuro-oncologic Neurosurgery and Stereotactic Radiosurgery. So far, the new technology has mostly been used against benign tumors in the brain. “We are curing benign tumors we couldn’t treat before,” he says, and as a result, “often restoring vision and hearing if tumors involve these functions.

“Shaped beam surgery gives us infinite flexibility to deal with lesions from the top of the head to the bottom of the spine. We can wrap doses around structures such as the spinal cord, and can create a very high dose of radiation while leaving the cord untouched. There’s no other technology out there that can do this.”

The new technology enables specialists to focus radiation more precisely on specific targets while leaving healthy tissue virtually untouched, holding great therapeutic promise for hard-to-reach and difficult-to-treat tumors, including meningiomas, pituitary tumors, recurrent brain tumors, spine tumors, and acoustic tumors. Shaped beam surgery relies on computers to develop and carry out a treatment plan that includes tailoring the shape and intensity of the radiation beams to fit the exact size of the tumor, while sparing healthy tissue.

A recurrent challenge in radiosurgery is to position the patient properly for radiation treatment. The new technology overcomes this in part by rotating around the patient, constantly editing the beams of radiation and adapting the shape of the beam to the shape of the tumor, in order to supply exactly what is needed at any angle. The preparation begins with x-rays that are taken to locate the tumor. Then, along with results from a CT scan, a computer program calculates to the millimeter the best position for treating the patient’s tumor. A computer-guided treatment couch then positions the patient—and repositions him or her as necessary—moving the individual’s tumor into exactly the position needed to receive radiation. Treatment planning that might take hours, if not days, can be reduced to minutes. “This is important because many tumors are irregularly shaped, and we want to spare healthy tissue,” notes Maria Werner-Wasik MD, Associate Professor and Director of Radiation Oncology within the radiosurgery program.
While it's still early in its use, Dr. Andrews notes that there is evidence that the technology is already helping improve survival for individuals with the usually deadly brain tumor, glioblastoma multiforme. Preliminary data show that patients' median survival time has improved from 12 to 19 months.

The new technology will not replace Jefferson’s on-site Gamma Knife, which is used in many similar ways for treating difficult-to-reach areas of the brain. The Gamma Knife is more likely to be used when the individual patient’s tumor requires targeting a very high dose of radiation at a very specific point in the brain. The Gamma Knife is static, whereas shaped beam surgery is dynamic. “Shaped beam surgery does everything the Gamma Knife can do and more,” Andrews says, including treatments for various types of tumors, epilepsy, trigeminal neuralgia, and even, in some cases, obsessive compulsive disorder and movement disorders. TJU

Converting Adult Human Stem Cells to Longer-Lasting Dopamine Neurons

Jefferson researchers have found a new way to coax bone marrow stem cells into becoming dopamine-producing neurons. If the method proves reliable, the work may ultimately lead to new therapies for neurological diseases such as Parkinson’s disease, which is marked by a loss of dopamine-making cells in the brain.

Developmental biologist Lorraine Iacovitti PhD, Professor of Neurology and Associate Director of Jefferson’s Farber Institute for Neurosciences, and her colleagues had previously shown that by using a potion of growth factors and other nutrients in the laboratory, they were able to convert adult human bone marrow stem cells into adult brain cells. Human adult bone marrow stem cells—also known as pluripotent stem cells—normally give rise to human bone, muscle, cartilage, and fat cells.

While nearly all cells in her experiment, after conversion, looked like neurons with axonal processes, they invariably reverted back to their original undifferentiated state in 2 to 3 days. Dr. Iacovitti and her colleagues instead attempted to grow the cells in a different way. Rather than an attached monolayer of skin-like cells, they grew the bone marrow cells in suspension as neurospheres—groups of cells early in development—akin to the way neural stem cells are grown.

They found that the newly differentiated cells didn’t merely look like dopamine neurons, but expressed traits of neurons and related cells called astrocytes and oligodendrocytes—cells derived from neural stem cells. What’s more, the neurons produced tyrosine hydroxylase, an enzyme needed to make dopamine.

The Jefferson scientists also found a 2nd enzyme involved in dopamine production, and an important molecule called the dopamine transporter.

Interestingly, Dr. Iacovitti notes, some of the cellular markers that would be expected to be expressed by new bone marrow cells were present in bone marrow stem cells grown in the original monolayers, though they were fewer in number. “The markers don’t disappear. The cells seem to have markers of both bone marrow cells and dopamine neurons all the time. They don’t forsake what they normally would be.”

While she can’t say for sure whether or not the stem cells grown with the new method have markers of both bone marrow stem cells and dopamine neurons, the new dopamine neurons did not revert back to stem cells.

“There are limitations to differentiating adult stem cells the way we want them—to get them to permanently give up being what they were meant to be and become neurons. Maybe this is a way to grow these stem cells to get them to truly become dopamine neurons instead of just looking like neurons.

“If we can now Appropriately direct the differentiation of bone marrow stem cells, these cells could provide an abundant source of adult human neurons for use in the treatment of neurodegenerative diseases.” TJU

New Evidence Helps Explain Statins’ Effects in Alzheimer’s Disease

Scientists at Jefferson’s Farber Institute for Neurosciences have taken another step in understanding the potential effects of anti-cholesterol drugs on Alzheimer’s disease. They have identified a biochemical pathway that affects the activity of statins, particularly their ability to break down an early form of the protein amyloid that clusters and forms sticky plaques in the brain, creating Alzheimer’s disease. The results may eventually help provide new targets for anti-amyloid drugs to help treat the disease.

Some epidemiological studies have found a link between people taking statin drugs to lower blood cholesterol and a lower incidence of Alzheimer’s. Statins work by inhibiting an enzyme involved in cholesterol production, and currently are being tested in clinical trials for their possible effects in slowing the progression of Alzheimer’s.

In a series of experiments, Steve Pedrini PhD, a postdoctoral fellow in neurology, and his colleagues found evidence suggesting that an enzymatic pathway called Rho/ROCK may play an important role in the metabolism of APP, which is an early form of amyloid, and in turn, affect the ability of statins to break down a form of APP. “It’s particularly important to understand the pathways involved in Alzheimer’s, in order to find more specific therapies,” Dr. Pedrini says.

“This reveals an unsuspected pathway linking statins and amyloid metabolism,” notes Sam Gandy MD PhD, Director of Jefferson’s Farber Institute. “This may help unravel statin action in Alzheimer’s as well as point the way toward novel anti-amyloid drugs.” TJU
Liver Transplant:
Less Rejection, Better Survival with New Drug Regimen

Transplant surgeons at Jefferson have found that a new combination of drugs results in fewer incidences of rejection in liver transplant patients than do current treatments. Led by Ignazio Marino MD, Professor and Director of Liver Transplantation and Hepatobiliary Surgery, the team analyzed the results of 50 liver transplant procedures they performed over the course of 3 years. To try to prevent or lessen the severity of rejection, Dr. Marino’s group used a monoclonal antibody, basiliximab, as part of a group of drugs that included tacrolimus, a standard anti-rejection agent, and low doses of steroids. Basiliximab, which ties up an important immune system cell (IL-2) receptor, has been used for kidney transplantation.

The group found a much lower incidence of liver rejection. “When we added basiliximab, the rate of rejection dropped dramatically to 12 percent,” says Dr. Marino. He notes that the rate, which is after one year, is comparable to a French study that showed that 38 percent of patients had a rejection episode in the first year. Another trial conducted by the University of Pittsburgh had a 45 percent rejection rate after one year. “The big advantage [of this combination of drugs] is that the incidence of rejection is significantly decreased,” he says. “These results could change the standard of care for liver transplant recipients.”

The results show that the drugs may have helped improve survival as well. Of the 50 patients who received transplants, 88 percent were alive 3 years later (the actuarial survival rate at 3 years was 88 percent). According to the Transplant Liver Registry of the United Network for Organ Sharing, approximately 78 percent of those who receive liver transplants live for at least 3 years. Dr. Marino notes that in the past 15 months of using this combination of drugs for liver transplants at Jefferson, the one-year patient survival is 100 percent.

In the 1990s at the University of Pittsburgh, surgeons developed a tacrolimus-based drug combination that changed the face of liver transplantation. Its use greatly decreased the reliance on steroids, which can produce nasty side effects, but high doses of the drug caused neurotoxicity and kidney toxicity. In the last decade, surgeons began using antibodies that were given to the patient initially before surgery in an attempt to reduce side effects from high doses of tacrolimus.

Tacrolimus is a drug that suppresses the immune system by inhibiting an enzyme (calcineurin) crucial for T-cell proliferation, which is important in the immune process. The Jefferson surgeons’ trial marks the first time anyone had evaluated the effectiveness and safety of basiliximab and tacrolimus to suppress the immune system to prevent the body’s rejection of a liver. “We think we have much less toxicity in the short term because we use less tacrolimus,” he says. They expect less toxicity in the long term as well, because they used fewer steroids. As a result, he says, they expect fewer of the complications associated with long term steroid use, which can include hypertension, osteoporosis, and diabetes.

Dr. Marino has also discovered that basiliximab may affect hepatitis C virus (HCV) recurrence. “We also suspect that the recurrence of HCV is lower, though we don’t have enough data to confirm this,” he says. Typically, immunosuppressed liver transplant patients experience high rates of HCV recurrences, Dr. Marino notes, because the virus has fewer restrictions on its growth. Perhaps, he says, the anti-IL2 monoclonal has some mechanism affecting the replication of the HCV.

“If this observation can be confirmed, it’s important news because 60 percent of the patients we transplant are diagnosed with HCV. This would mean an immunosuppression that can delay the recurrence of HCV, on top of having fewer episodes of rejection and toxicity than before.”

While Dr. Marino says that he would like to continue to investigate whether these drugs indeed reduce the recurrence of HCV, he has another clinical trial in mind. “We would like to begin a new study with no steroids—just 2 doses of this new drug at the time of the liver transplant and then tacrolimus for life.”

“We think in the long term, we need to shift the paradigm of immune suppression,” he says. “We may someday be able to wean patients away from immune suppression.”

Translational Research:
Gene Therapy Rescues Failing Hearts in Lab Animals

Heart researchers at Jefferson Medical College have used gene therapy to bring failing rat hearts back to normal. Scientists led by Walter Koch PhD, Director of the Center for Translational Medicine, used a virus to insert the gene for a protein called S100A1 into failing rat hearts. “In contrast to other gene therapy strategies geared to overexpressing a gene,” says Dr. Koch, who is the W.W. Smith Professor of Medicine, “because this protein is reduced in heart failure, simply bringing the protein level back to normal restored heart function.”

S100A1, which is part of a larger family of proteins called S100, binds to calcium and is primarily found at high levels in muscle, particularly the heart. Previous studies by other researchers showed that the protein was reduced by as much as 50 percent in patients with heart failure. A few years ago, Dr. Koch and his colleagues put the human gene that makes S100A1 into a mouse, and found a resulting increase in contractile function of the heart cell. The mice hearts worked better and had stronger beats.

Dr. Koch’s Jefferson team now examined whether the gene could make failing hearts normal again. Twelve weeks after they had simulated a heart attack in the rats, the researchers delivered the human S100A1 gene to the heart through the coronary arteries by injection of a genetically modified common cold virus as a carrier. After about a week, they found the hearts began to work normally. In addition, the animals’ heart muscle showed improved efficiency in using its energy supply, which had been decreased in heart failure.
According to Dr. Koch, the improvements were seen in both the whole animal as well as in individual heart cells.

“This is one of the first studies to do intracoronary gene delivery in a post-infarcted failing heart,” he says. “This proves it could actually be a therapy since most of the previous studies of this type are aimed at prevention—giving a gene and showing that certain heart problems are prevented. In those cases, heart problems are not actually reversed. This is a remarkable rescue and reversal of cardiac dysfunction, with obvious clinical implications for future heart failure therapy.”

Close to 5 million Americans have heart failure and more than 400,000 new cases are diagnosed each year. While the overall death toll from heart disease has declined, the number of people dying from chronic heart failure continues to rise. For example, the death rate from coronary heart disease dropped 49 percent between 1970 and 1990, while deaths due to heart failure increased 64 percent over that period.

“We have a unique molecule necessary for normal heart function,” Dr. Koch says, noting that animals lacking the gene for S100A1 are seemingly healthy until they are subjected to cardiac stress, after which they usually die. The animals in the current study that received the gene transfer were fine.

Next, he and his colleagues hope to learn more about the mechanisms behind S100A1’s actions, and eventually, develop gene therapy protocols in humans. S100A1 is also found in the cell’s energy-producing mitochondria, he notes. He thinks the protein may be a link between energy production and calcium signaling in the heart cell—a crucial part of the process that makes the heart beat.

A Potential Trigger of Diabetic Kidney Disease

Scientists at Jefferson and at Mount Sinai School of Medicine have identified a protein that plays a leading part in triggering kidney disease in diabetic patients—the condition known as diabetic nephropathy and the leading cause of kidney failure worldwide. The finding could lead to the development of compounds that might be used to treat diabetic kidney disease.

According to study coauthor Kumar Sharma MD, Director of Jefferson’s Center for Diabetic Kidney Disease, more than 40 percent of patients with end-stage chronic kidney disease also have diabetic nephropathy. While diabetic nephropathy affects approximately one in 3 people with type 1 and type 2 diabetes, how diabetes damages the kidneys is poorly understood.

Dr. Sharma, along with Erwin Böttinger MD of Mount Sinai School of Medicine in New York and their coworkers, studied kidney samples from mice and people with and without diabetes and looked at the effects of high glucose on the kidney cells. The researchers found that a protein called CD36 was present in a specific cell type called the proximal tubular epithelial cell in human diabetic kidney disease. In humans, the cells seem to be involved in a self-directed cell death or apoptosis in diabetic kidney disease.

“We think CD36 might be a switch that is turned on in the human condition, and might be one of the reasons these cells die in human disease and start a cascade of progressive kidney failure,” Dr. Sharma explains. “If we can develop compounds to block CD36, it could potentially be a clinical intervention.

“Our thinking is completely novel—that CD36 is a key player in causing progressive diabetic kidney disease,” he says. “We think as the diabetic kidney gets damaged, more and more of these proteins and free fatty acids go through the urine and hit these tubular cells. The tubular cells, via CD36, take them up and start the apoptosis pathway and ultimately cause fibrosis and progressive kidney failure as a result. We found almost all of the apoptotic cells had CD36 in them. If we block CD36 in cell culture, these proteins and free fatty acids don’t cause apoptosis.”

Next, the researchers would like to develop a mouse model that overexpresses CD36. “By increasing CD36 levels, we’d like to find out if this does cause the apoptotic pathway with coexisting diabetes,” Dr. Sharma says. He adds that there is some evidence showing that CD36 might be involved in vascular damage in diabetes and lead to atherosclerosis.

Dr. Sharma currently is evaluating how a new medicine may reduce scar tissue in damaged kidneys. “The goal of this study—which is the only one of its kind in the United States—is to evaluate the extent to which a new compound, called pirfenidone, can prevent the kidney scarring that often results from diabetes,” he says.

Kidney scarring results from the excessive activity of a molecule called transforming growth factor-beta (TGF-beta). In previous studies, Dr. Sharma’s research group found that TGF-beta stimulates overproduction of the scar tissue in the kidneys of diabetic patients and prevents normal kidney function. The new drug, pirfenidone, was shown to block the damaging effects of TGF-beta. “This trial will help us is to see if an antifibrotic approach will add to the armamentarium for arresting diabetic nephropathy.”

Zinc May Help Prevent Esophageal, Oral Cancers

Cancer researchers at Jefferson’s Kimmel Cancer Center have found that zinc treatment may help prevent esophageal and oral cancers in those individuals at high risk. Oral and esophageal cancers are associated with nutritional zinc deficiency, and a rise in the expression of the enzyme COX-2 is connected with these cancers. Louise Fong PhD, Assistant Professor of Microbiology and Immunology, and her colleagues have found that zinc given orally to zinc-deficient rats reverses the development of precancerous conditions in the esophagus and tongue and reverses the high expression of COX-2 there as well.

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• **Renato Baserga MD** has received the 2004 Scientific Achievement Award from the American Cancer Society, an award that is given annually to those who have made extraordinary efforts in research. Dr. Baserga, a Professor of Microbiology and Immunology at Jefferson, broke new ground with his kinetic cell research in the mid 1950s, and was one of the first to publish the cell kinetics of a tumor in 1960. In addition to his research, Dr. Baserga has been an active editor and associate editor of numerous scientific journals.

• **Ronald E. Myers DSW PhD** was presented with the American Cancer Society’s Cancer Control Award. Dr. Myers is a Professor of Medicine and directs the Division of Behavioral Epidemiology in the Department of Medicine at Jefferson Medical College. Early in his career, Dr. Myers concluded that colon cancer screening and the appropriate follow-up of abnormal colon cancer screening results could have notable impact on cancer survival, during a time when early detection was not on the forefront of healthcare issues. This drove Dr. Myers to focus his attention on educational interventions to promote colon cancer screening.

For the last 5 years, he has led the Access to Clinical and Educational Studies project. Its aim is to develop a cancer education and research network in the Philadelphia area that links leaders of community organizations, community based health care providers, volunteers, and advocates with cancer researchers and cooperative oncology groups.

• **Walter J. Curran Jr. MD**, Chair of the Department of Radiation Oncology and Clinical Director of Jefferson’s Kimmel Cancer Center, has been awarded honorary membership in the European Society of Therapeutic Radiology and Oncology. This honor recognizes Dr. Curran’s contributions to clinical research through his leadership of the Radiation Therapy and Oncology Group (RTOG), a National Cancer Institute-funded cancer clinical trials group headquartered in Philadelphia that carries out multidisciplinary cancer research throughout the United States and Canada. Dr. Curran was recently reelected to his third 4-year term as Group Chair of the Radiation Therapy Oncology Group (RTOG), a Philadelphia-based federally funded cancer clinical trials group that carries out multidisciplinary research nationwide and in Canada.

As Group Chair, Dr. Curran serves as chief scientific leader of the organization, as well as administrator. He also is principal investigator of 2 major National Cancer Institute-funded grants awarded to RTOG to support a number of clinical trials, in addition to the organization’s Community Clinical Oncology Program (CCOP). CCOP provides communities with the latest cancer prevention and treatment research findings through participation in clinical trials.

Dr. Curran, one of only 4 Group Chairs in the organization’s 35 years of existence, looks forward to his role. “RTOG continues to conduct landmark trials and establish new standards of care for brain tumors and for cancers of the head and neck, lung, gastrointestinal tract, and prostate,” says Dr. Curran. “The coming years will be exciting.”

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• **The Greater Philadelphia Bioinformatics Alliance (GPBA)** has chosen a Jefferson student as one of 2 winners of the BioAdvance Fellow Award in Bioinformatics. BioAdvance is launching this new fellowship program to support innovative researchers in the region, and will award $35,000 to each of 2 graduate students in bioinformatics and computational biology. **Rishi Lee Khan** is a joint degree candidate at Jefferson working towards a cross-disciplinary PhD in electrical and computer engineering and pathology, anatomy, and cell biology. Rishi’s research focuses on linking in vivo physiology to microarray-based gene expression analysis, and novel data analysis approaches to better understand how neurons adapt to acute hypertension. It is expected that the approach will lead to insights into receptor-driven neuronal adaptation. TJU

**Gift of Learning**

**Clinical Skills Center Named For Dr. and Mrs. Robert D. Rector ’48**

President Robert L. Barchi MD PhD formally dedicated the Dr. and Mrs. Robert D. Rector ‘48 Clinical Skills Center at 833 Chestnut Street in February. Family and friends of Dr. and Mrs. Rector, faculty, students, and the center’s standardized patients gathered to mark the occasion. Jefferson recently received a $10 million bequest from the estate of Dr. and Mrs. Rector in support of the center.

Dean Thomas Nasca ‘75 expressed his appreciation for the generous bequest. “The foresight and generosity of Dr. and Mrs. Rector will provide generations of Jefferson medical students with state of the art clinical education and evaluation and permit Jefferson faculty to conduct research in clinical skills education,” Nasca observed. “Jefferson will be a national leader in the continued production of outstanding clinicians, and in the identification of educational and evaluative tools in the education of tomorrow’s physicians.”

**Simulating a Clinical Setting**

The Clinical Skills Center, directed by Katherine Worzala MD, offers key components of a Jefferson medical education. Students use computerized mannequins to become familiar with a variety of pulses, heartbeats, and murmurs, and practice lifesaving techniques such as placement of an IV, central line, or breathing tube. Students learn to conduct an Objective Structured Clinical Examination (OSCE) in cooperation with standardized patients—actors who are trained to present a set of symptoms commonly seen in clinical settings.
“If we train them to be masterful clinical skills people, they will come back to that again and again throughout their careers. It’s the one common denominator in every physician,” says Dale Berg MD, Director of the Clinical Skills Curriculum.

In the future Jefferson will train medical, nursing, and health professions students to work in teams in simulated emergency and operating rooms—just as they will in actual clinical settings. Beginning with groundbreaking in the fall of 2005, a new building will rise in the plaza between the Scott Building and Alumni Hall.

The Good Doctor

In the community of Chambersburg, PA, Bob Rector was known as “The Good Doctor.” After graduating from Dickinson College and then from Jefferson Medical College in 1948, Dr. Rector served his internship at the Philadelphia Naval Hospital. He completed residencies and fellowships at Good Samaritan Hospital, Cincinnati, OH, and the Veterans Administration Hospital in Saginaw, MI. He served aboard the U.S.S. Valley Forge as a general surgeon and was chief of surgery at the VA Hospital in Saginaw. In 1961, Dr. Rector joined the staff of Chambersburg Hospital, where he served with distinction for 40 years.

Dr. Rector’s lifelong commitment to the health of the citizens of the Chambersburg area was shared by his wife Dorothy, a registered nurse who devoted herself to running his one-man surgical practice for 40 years without outside help or even a computer. Dr. Rector would perform surgery on Monday, Wednesday, and Friday. On Tuesday, Thursday, and Saturday, he would see patients in his office. It is estimated that he performed more than 40,000 surgical procedures during his career and often saw up to 60 patients each day in his office.

“Dorothy was at his side in everything he did. She sacrificed a lot to promote his career,” says Jack Weber, a nephew. “The 2 of them dedicated their lives to the well-being of the community. In addition to managing her husband’s practice, she took care of day-to-day living so that he could concentrate on his patients.”

Dr. Rector was greatly respected by his fellow physicians, who often called upon his skills when faced with a difficult surgery. Said one colleague, “I truly think that he was one of the most brilliant surgeons I have ever met. Dr. Rector had that gift from God. You either have it or you don’t—and he just had it.”

The son of a minister, Dr. Rector grew up in a regimented household where rules were strictly enforced. As a physician, he resolved to never keep his patients waiting and to always go the extra mile to meet their needs. Dr. Rector’s no-nonsense approach appealed to patients, although his bedside manner could be gruff—especially if the individual was not following his instructions.

Jack Weber says, “My aunt and uncle would be thrilled to know that everything they hoped for is going to take place at Jefferson as a result of their bequest. My uncle was very impressed with the education he received at Jefferson and wanted to make sure that today’s medical students had the same advantages.” TJU
Since our last report to the alumni, Peter V. Scoles ‘70 of Philadelphia joined the University Board of Trustees as an Alumni Trustee, replacing Stephen Slogoff ‘67 of Chicago.

Dr. Paul Brucker, after 14 years of distinguished service as President of Thomas Jefferson University, stepped down in September 2004. He will continue to teach medical students in a new learning center named for him on the 2nd floor of the College Building. In a fitting tribute to Dr. Brucker, the Scientific and Academic Affairs Committee reported that 90 percent of current students at Jefferson would recommend Jefferson to potential applicants.

The Presidential Search Committee of the Board of Trustees selected Robert Barchi MD PhD, former Provost of the University of Pennsylvania, as Dr. Brucker’s successor. A Philadelphia native, Dr. Barchi is a neurologist and molecular neuroscientist with a strong research background, having had his lab supported by nearly 30 years of continuous NIH funding.

Dr. Barchi, at his first meeting, advised the board that he plans to bring in consultants to advise him on an academic plan, a business plan, and a development plan, including potential and costs. They will have a response date of June 2005.

President Barchi also proposed 1) a complete review of all buildings and their uses and needs (he noted that some of Jefferson’s educational facilities are outdated and need to be improved in order to attract the best students to Jefferson), 2) converting the university to a 3 to 5 year budgeting process with rolling projections and more robust planning mechanisms, and 3) developing a better framework for strategic relationships between Thomas Jefferson University and other academic institutions and city and state entities.

He also noted that Jefferson needs to continue growing its research programs, particularly translational research. These activities are critical for recruiting nationally known faculty and the brightest students. He believes Jefferson should maintain its current level of basic research while targeting Jefferson’s traditionally strong areas of clinical research for additional growth. These include cancer biology, neuroscience, and cardiology. At present, Jefferson’s research profile is not optimally balanced because more than half of the research dollars are spent on basic science. Compared with other medical universities, Jefferson conducts relatively little clinical research, a situation that must be rectified.

President Barchi also told the board that he and Dean Nasca are leading Jefferson’s senior medical faculty through a strategic planning program designed to secure Jefferson’s status as a nationally recognized health care university. He reminded the board that Jefferson holds a unique position in medical education: Jefferson is known as the place you want your family doctor, your specialist, and your residents to be from, regardless of specialty, and regardless of where in the country you live. Jefferson is known as a university that educates outstanding clinicians. Jefferson will focus its efforts on preparing clinicians who are prepared to be the best in whatever discipline they enter, and to be clinical leaders wherever they practice.

This goal must not only be maintained but improved upon. It will be Jefferson’s challenge to define the standard of clinical care in this country in the 21st century. This will require a solid financial position and investment in medical education and research—and increased contributions from alumni, alumnae, and friends of Jefferson.

President Barchi told the Board of Trustees that Jefferson is ideally prepared to turn its dream into reality. “We have all the elements of first rate health care delivery on one compact campus. We are ideally configured to pursue a future of integrated health care. A future in which many more people in this country will have access to quality primary care and preventive medicine. A future in which we redefine the education we provide for doctors, nurses, and other health professionals. A future in which we recognize that collaboration in research can produced remarkable results that would have been impossible otherwise. A future in which we maximize the impact of these advances on all levels of our society.”

Charles J. Stahl III ’56
Nancy S. Czarnecki ’65
Peter V. Scoles ’70

Taking to the Skies to Provide Full Medical Transport Services

Thomas Jefferson University Hospital and JeffSTAT, Jefferson’s ground medical transportation service, now provide air medical transport services, making it the only all-inclusive provider of ground and air medical transportation in the Philadelphia region.

JeffSTAT will operate an EC 135, single pilot, twin-engine, instrument-equipped helicopter capable of traveling at speeds up to 150 mph and owned by Air Methods of Englewood, Colorado, the largest provider of medical helicopter services in the world. JeffSTAT, a part of Thomas Jefferson University Hospital, has been providing medical transportation services to the Delaware Valley since 1988. Jefferson Hospital transports approximately 400 patients annually by air and has relied on outside helicopter services in the past. But this new service will provide Jefferson, its physicians, and patients with dedicated air transportation. Most of the patients transported to Jefferson Hospital by air require treatment for aneurysms and cerebral hemorrhages, under the care of a skilled neurosurgeon, as well as for stroke, spinal cord injury, trauma, and cardiac care.

While most helicopter services are unable to operate during adverse weather conditions, JeffSTAT is able to safely provide transportation via ambulance. The availability of both ground and air transportation from one source will also make it easier for hospitals and physicians to coordinate services, because they will not have to rely on 2 separate companies. The helicopter is based at a heliport on Columbus Boulevard on the Delaware River in Philadelphia, and is available 24 hours a day for both inter-hospital transports and on-scene trauma transports. A flight paramedic, flight nurse, and pilot are based full time at the heliport. The helicopter can accommodate up to 2 patients. Jefferson supplies the medical crew, consisting of critical care transport nurses and paramedics, medical direction for the program, training, and medical oversight.
Zinc and cancer, continued from page 11

These findings suggest that zinc supplements may prevent the development of esophageal or oral cancers, particularly in developing countries where zinc deficiency is a problem. Zinc in the diet comes mostly from red meat and seafood. While 10 percent of Americans have a zinc-deficient diet, as many as 2 billion individuals in developing countries are zinc-deficient. Epidemiological evidence shows that the incidence of esophageal and oral cancers has been rising in recent years. As many as 13,000 Americans die from esophageal cancer each year.

Dr. Fong has been studying zinc deficiency and its connection to esophageal cancer for some 20 years, and has developed animal models of zinc deficiency and cancer susceptibility. Zinc deficiency, she says, increases cell proliferation in the esophagus and in the tongue, making both areas susceptible to carcinogens and increasing the risk of cancer development. In 2002, Dr. Fong reported that rats given a carcinogen while on a zinc-deficient diet developed esophageal cancer. Giving zinc prevented the cancer.

Dr. Fong wanted to know if zinc could regulate COX-2 expression in esophageal and tongue cancers. She and her coworkers compared COX-2 protein and gene expression in esophageal and tongue tissue in normal rats, zinc-deficient rats, and zinc-deficient rats that had received zinc. They found COX-2 expression was increased 10-fold to 15-fold in zinc-deficient rats. Cellular proliferation was similarly increased.

After zinc was given to the deficient rats, COX-2 expression was markedly reduced and the precancerous cellular proliferation was reversed.

The rats lacking dietary zinc were also treated with COX-2 inhibitors, celecoxib (Celebrex) and indomethacin. They found that the rats treated with the COX-2 inhibitors had a reduction in both COX-2 and cellular proliferation in the esophagus.

"Zinc treatment restores many systems affected by the lack of zinc," Dr. Fong notes. "Zinc deficiency upregulates COX-2. Zinc replenishment restores it to near normal levels." In the future, she and her coworkers would like to determine whether zinc in combination with low amounts of celecoxib can prevent upper aerodigestive tract cancers, including esophageal and oral cancers.

To Make Your Annual Giving Contribution, Simply Clip Out This Coupon and Envelope

As the alumni know, the cost of providing a medical education to our students far exceeds the tuition and state appropriation that Jefferson Medical College receives each year. The practice of medicine is economically challenging, at best. Thus, the clinical faculty now struggle to support themselves financially, while providing their time to educate medical students, residents, and fellows. The basic science faculty are increasingly supporting themselves through research grants, while providing their time to educate medical and graduate students. Jefferson's facilities are aging, and the costs of maintenance of the physical plant are high. Your annual undesignated contributions are used solely to support the academic infrastructure for our educational programs. They are essential as we face the constantly escalating costs of providing the kind of education that Jefferson stands for.

So please be generous. Any gift, no matter how small, is appreciated and valued.

JEFFERSON MEDICAL COLLEGE – 57th ANNUAL GIVING CAMPAIGN

My gift to the Annual Giving Campaign is $______________

I pledge $__________ # of payments ______________

Enclosed is an initial payment of $______________

NAME ________________________________ DEPT./ YEAR __________________

ADDRESS ________________________________

CITY/STATE/ZIP __________________________

PHONE (H) ____________________________ (O) __________________

EMAIL ADDRESS __________________________

____ Check here if address is new _____ Home _____ Office

Gift in memory of _____ or in honor of _____

☐ Jefferson is in my will or estate plans.

☐ Please send information on bequests and gifts that return lifetime income.
Jefferson Pride

Pride, according to Webster's Dictionary, is “delight or satisfaction in one's achievements.” This feeling comes naturally to many Jefferson Medical College alumni, when the magnitude of Jefferson’s achievements in the care of patients, in the advancement of medical science, and in the education of medical and postgraduate students is considered. These achievements are particularly praiseworthy when one considers that Jefferson has always been a stand-alone, private medical school and never part of a full service university or a state supported school. It never had a university’s associated programs, like athletics, that encourage a sense of pride. Instead, Jefferson’s sense of itself rests squarely on the work of its faculty and its alumni. The past and present of Jefferson Medical College are the foundation for a sense of pride that should be embraced by all of us.

When Dr. George McClellan, who had founded Jefferson Medical College the preceding year, insisted in 1825 that Jefferson medical students be involved in the supervised care of patients in the school’s attached Infirmary Department, he set off a medical education revolution, the consequences of which he could not have imagined. American educators of those days saw neither need nor purpose for medical students to be involved in the clinical care of patients, believing that the lectures given by medical school professors, and repeated verbatim for 2 consecutive years, were sufficient education. McClellan was ridiculed for his outlandish concept. Some 180 years later we know that McClellan’s historic medical student teaching initiative was a landmark step that evolved over time into the now nationally emulated clerkship programs for the clinical education of medical students in every American medical school, and it all began at Jefferson Medical College in 1825. In addition to this historic teaching initiative, graduates of Jefferson Medical College were instrumental in founding 10 other medical schools in the United States.

Jefferson’s history is replete with medical and surgical greats. Samuel D. Gross ’1828, the first alumnus to be appointed to a Jefferson professorship, is recognized as the outstanding American surgeon of the 19th century. His book Systems of Surgery, first published in 1839, went through 6 editions and was translated into several European languages and Japanese. He is immortalized in the Thomas Eakins portrait The Gross Clinic, painted in 1875. J. Marion Sims ’1829 is remembered today as the father of modern American gynecology. Jonathan Letterman ’1849 was a Union Army surgeon during the Civil War, ultimately becoming Medical Director of the Army of the Potomac. He developed the first practical plan for the evacuation of wounded soldiers from the battlefield, a plan that led directly to the establishment of the Army Ambulance Corps. Letterman Army Medical Center in San Francisco is named in his honor. S. Weir Mitchell ’1850 was such a brilliant neurological researcher and writer that he is often referred to as the father of American neurology. Carlos Finlay ’1856 studied the epidemiology of yellow fever in his native Cuba over several decades and was successful in identifying the mosquito as the carrier of this dread disease.

But these are only the beginning. William W. Keen Jr. ’1862 was Chairman of Surgery at Jefferson in the period 1889 to 1907. In 1876 he was the first Philadelphia surgeon to adopt Lister’s principles of antisepsis and, in 1887, he became the first American surgeon to successfully excise a large meningioma of the brain (the patient lived without recurrence for more than 30 years). In July 1893, Dr. Keen assisted in the operation on President Grover Cleveland to remove a verrucous carcinoma from the roof of the president’s mouth. (In all, 19 of the 43 U.S. presidents have been treated by Jefferson alumni or faculty members before, during, or after their terms of office.) Keen’s Textbook of Surgery became the preeminent textbook for surgeons in this country during the period 1906-1921.

Jefferson was given special recognition in the 1910 Flexner Report on medical education in the United States and Canada. In addition to lauding the value of clinical clerkships for the education of medical students in American medical schools, Flexner pointed out the excellence of Jefferson’s library.

John H. Gibbon Jr. ’27 is revered as the father of open heart surgery worldwide. On May 6, 1953, at Jefferson, he successfully repaired an interatrial septal defect in the heart of an 18-year-old female patient while her heart and lung functions were controlled by a heart and lung machine of Dr. Gibbon’s own design. This brilliant surgical achievement, the first of its kind anywhere, initiated the era of open heart surgery for the repair of acquired and congenital heart defects, as well as for heart transplants.

A Department of Radiation Therapy and Nuclear Medicine was established at Jefferson in 1969 under the direction of Dr. Simon Kramer. The first national randomized study of treating advanced head and neck tumors by radiation and adjunct chemotherapy had been initiated by this team of Jefferson radiotherapists the preceding year. The Radiation Therapy Oncology Group, a nationwide collaborative group of university departments, was created by Dr. Kramer in 1969, with its base at Jefferson. In 1972 the National Cancer Institute funded a 10 year study by Dr. Kramer and his colleagues to determine the patterns of care in cancer management by radiotherapy. In a first for medicine anywhere, this study established national benchmarks and a method of quality assessment for radiation therapy throughout the United States.

Allen J. Erslev MD, a native of Denmark, joined the Cardeza Foundation for Hematological Research at Jefferson in 1959 and directed it from 1963 to 1985. He was the first to demonstrate the existence of a renal hormone that stimulated red blood cell production. His later work identified this hormone as erythropoietin. Dr. Erslev gave this important information to medical science freely and now erythropoietin is used to treat the many patients who, for a variety of reasons, need a boost in red blood cell production.

Jefferson Medical College began admitting female medical students in 1961 and now they represent about one half of each entering
Since 1984 Jefferson Medical College has been awarding its most cherished award, the Alumni Achievement Award, to those whose academic accomplishments have made all of us proud to be fellow graduates. Since 2000 additional graduates have had their achievements profiled in the Alumni Spotlight feature which appears in each issue of the Bulletin. Their achievements should surely be a cause for pride.

To date, 2 female graduates have been honored with the Alumni Achievement Award. Margaret A. Boulman ’76, now Professor and Chair of the Department of Family Medicine at the University of Pennsylvania, was the Alumni Achievement Award recipient in 1995, and the very next year Barbara Atkinson ’74, a cytopathologist, was the honoree. Dr. Atkinson is Executive Dean and Vice Chancellor for Clinical Affairs at the University of Kansas School of Medicine, one of only 9 women in the country to serve as a medical school dean. Dr. Atkinson credits Jefferson with fostering her interest in academic medicine.

Faculty

All department chairs at Jefferson now are members of the full time faculty. Each clinical department has a mix of full time and volunteer faculty, ensuring that the students are exposed to all types of medical practice arrangements. For the first 120 years of Jefferson’s existence, the faculty did little original research because they were advised by each succeeding dean that their responsibility at Jefferson was to teach medical students. This attitude gradually softened between 1940 and 1980, reflecting the nationwide mushrooming of biomedical research during this period, fueled by steadily increasing grants disbursed by private and public sources led by the National Institutes of Health.

During the 1980s Dean Joseph S. Gonnella MD became convinced that to flourish in an increasingly competitive health care and education environment, Jefferson had to add a larger and better organized research component to its existing educational and patient care programs, becoming a better balanced medical school.

Dean Gonnella believed that Jefferson needed, in addition to cancer clinical programs, basic science researchers on campus who studied the causes of cancer and other life threatening disorders, and who could initiate translational research efforts to convert basic science discoveries into improved patient care. The University Board of Trustees supported this initiative to increase Jefferson’s faculty and space. It was an initiative that paid enormous dividends. Well over half of Jefferson’s faculty members are currently engaged in sponsored research, a startling turnaround from the 1940-1970 period. By June 2004, Jefferson’s annual research income from private and government sources exceeded $123 million and Jefferson ranked 45th among the 123 medical schools in this country that received grant funds. Jefferson, now, can truly be called an academic medical center.

The vitality of a university like Jefferson depends on its ability to foster and sustain a stimulating research and learning environment. Access to a world class medical library, excellent laboratory and clinical facilities, and an exceptional faculty have infused the Jefferson campus of today with new ideas, energy, and creativity in diverse areas of medical education, clinical care, and basic, translational, and clinical research. All Jeffersonians should take enormous pride in what our medical college has accomplished since its founding in 1824. And we should take pride in what is promised to occur at Jefferson in the years to come. Like any work in progress, however, a medical university like Jefferson must have regular and sustained financial support from all who have benefited from being Jeffersonians.

According to a May 2004 account in The New York Times, Germany’s Heidelberg University, founded in 1386 and renowned worldwide for its academic excellence, has been slipping recently. The reason given is decreasing financial support. As one of its celebrated faculty members puts it, “To be in the top, you have to be continually supported.” The same argument can be made for Jefferson Medical College. Our school has gained an enviable reputation over the years based on the good doctors it produces, the educational advances it champions, and the medical research it shares with the community and with the world. These proud activities must not be allowed to diminish because of lessened financial support from the alumni, the principal beneficiaries of Jefferson’s strong reputation.

What Jefferson can become with our continued and increasing financial support is the basis for our Jefferson pride. All of us who have gained from the school’s legacy and future promise must agree that what has happened recently to Germany’s Heidelberg University must never be allowed to happen to Jefferson Medical College.

John J. Gartland S’44
Phillip J. Marone ’57
Malcolm Clendenin, Editor, Alumni Bulletin
'42
Edgar Gibson and his wife, Helen, are living in Boothbay, ME. They recently built a new house. Ed supervised its design and construction and is still adding features. He plays tennis or works out at the YMCA daily. "Would love to hear from classmates."

'46
G. Robert Senita of Wexford, PA was inducted into the Franklin and Marshall College Athletic Hall of Fame for cross country running in October 2004.

'48
George Risi has moved to Melbourne, FL after 18 years of living in Montana. "Getting too old for the weather and the rugged lifestyle."

'52
Kurt Lauer of Yonkers, NY is still practicing cardiology and is the medical administrator of a small group practice. He would enjoy seeing classmates.

'53
Joseph Armao of Springfield, PA is currently serving as Medical Director of Fair Acres Geriatric Center in Lima, PA.

Henry Kane of Wilmington, DE is working part time at the Alfred I. duPont Hospital for Children.

'54
John Purnell of State College, PA is happily retired but finds himself returning to classes at Penn State. He is taking 3 courses a semester and enjoying every class. His main interest is astronomy and early religious history. Tennis, golf, and vegetable gardening fill in the extra time.

A. G. Scottolini of Spokane, WA is working part time as a medical consultant for the State of Washington, Department of Social and Health Services, Division of Disability Determination Services. In addition, he fills locum tenens positions in pathology a couple of times annually. "Despite professional demands, manage to travel and enjoy my so-called retirement."

'56
Wallace Miller of Philadelphia has been named to the 2003-04 edition of Best Doctors in America. His book Field Guide to the Chest X-ray has been translated into Chinese.

'57
Jerry Labriola of Naugatuck, CT is still writing murder mysteries as well as books in collaboration with forensic scientist Dr. Henry Lee. The Maltese Murders and The Budapest Connection will be released this summer. A new book is under way which will include the Scott Peterson case.

'58
Richard Eshbach of Loutraki, Greece had a nice visit with classmate Jay Hughes and his wife, Lynn, in October. "Wish we could have more visitors here in Greece, the land of the Olympics in 2004!"

Bert Hurowitz of Scottsdale, AZ is Chief of Rheumatology at the Maricopa Medical Center in Phoenix. He teaches in the medical residency program.

Robert Somers of Elkins Park, PA stepped down as Chair of the Department of Surgery at Albert Einstein Medical Center in January after more than 20 years as Chair. He will continue to practice surgery, limited to breast cancer, and teach the Jeff students who rotate through Einstein in their 3rd and 4th years.

'60

He is into his 36th year at Northwestern University, teaching students, doing research, and caring for patients. He resides in Chicago.

'61
William Anderson of Somerville, NJ is now fully retired and enjoying not having night calls, beepers, and insurance forms.

Maurice Lewis of New Cumberland, PA is teaching history taking and physical diagnosis to first year medical students from Penn State Medical College in Hershey.

'62
Robert Glazer of Wynnewood, PA left private practice and has been doing orthopaedics at the Wilmington VA Medical Center.

Mark Pliskin of Canadensis, PA picked up a new sailboat in California in April 2004 and sailed it from Newport Beach, CA to the Chesapeake Bay via the Panama Canal. He arrived in Havre de Grace, MD on July 3, 2004 after a "great" trip of 6,400 nautical miles.

'63
Herbert Rader of Floral Park, NY is Senior Vice President for Medical Affairs, New York Community Hospital in Brooklyn, NY, and Medical Consultant for the Salvation Army USA, Eastern Territory.

'64
James Barton of Chambersburg, PA writes, "Advice needed! At 66, I am close to retirement. How does one leave a practice where there are thousands of patients who have become friends? No matter, for with the continued thinning of my cortex, and the loss of a synapse here and there, I’ll just start showing up at the wrong office."

Anthony Harrison of Pittsburgh is still working and "still loving it." He operates 3 days a week.

Charles Thompson of Lake Arrowhead, CA is doing occupational medicine 50 hours per week with no plans to retire.

John Whitecar of Columbus, MS is still practicing hem/onc. Daughter Linnane Batsel ’99 is practicing emergency medicine in Altoona, PA and youngest daughter Colleen is a 3rd year medical student at Jeff.

'65
Nancy Czarnecki "thanks the alumni for the awesome experience of serving on the TJU Board of Trustees." She continues to work at Aetna, Incorporated. Oldest son Joseph ’95 completed his orthopaedic residency at Harvard Medical School and is now in his sports medicine fellowship at Massachusetts General Hospital. "Let’s get together with all our ’65 classmates and make this 40th reunion a hash!"

William Wood of Mankato, MN continues in a part time anesthesiology practice primarily at surgicenters and enjoys teaching students. He also is traveling and "trying to believe that golf is a learnable game."
‘66
Ken Heaps is currently commuting weekly from York, PA to Chicago to work as VPMA for Central DuPage Hospital in Winfield, IL. He decided he wasn’t ready for retirement after all. He is enjoying the people and the work and thus far doesn’t mind the travel.

W. Scott Williams of Millville, NJ has been named the 2004 South Jersey Healthcare Physician of the Year. His service on the Medical Executive Committee spans 4 decades; he was the first President of the joint Bridgetown-Millville-Elmer Medical Staff and also involved in the development of the health system’s JointCare program, which brought an innovative joint replacement philosophy to South Jersey Healthcare.

‘67
Anne Thompson of Great Falls, VA is a Clinical Professor of Medicine at George Washington University. She also has a busy nephrology practice. Husband Bill is in a private psychiatry practice.

‘68
Joel Barish of Cherry Hill, NJ has finally retired. His last working year was in Tokyo, as a visiting Professor in Medicine. He has returned to northern Nevada to enjoy the beautiful scenery. "In almost 40 years of medicine, I have never met anyone who received a better medical education than all of us."

John Frost of Anchorage, AK has limited his orthopaedic practice to arthroscopic knee surgery for the past 18 years. He has been Chief of the Medical Staff at Alaska Regional Hospital and is currently serving on the hospital’s Board of Trustees.

Joseph Glaser has moved to Salem, OR after 26 years in Coronado, CA in a private psychiatry practice. He notes that over the past 10 years it has become one of the premier centers for research and training in emerging and tropical infectious diseases.

Tesh freely admits that most of his medical career has been spent in field and bench research on the epidemiology and pathogenesis of a variety of vector-borne viral and parasitic diseases. His current research is aimed at West Nile encephalitis, yellow fever, and arenaviral hemorrhagic fever. His career has taken him to work in many fascinating places to work, such as South America, Asia, Africa, and the Middle East.

Tesh has been the principal investigator on 15 funded research projects totaling over $20 million in grant funds. He is the author or coauthor of 211 peer reviewed journal articles and 23 book chapters in his field of interest. At present, he serves on 2 editorial boards and functions as a manuscript reviewer for 15 other journals in this country and abroad. He holds memberships in 8 professional organizations internationally, including the American Association for the Advancement of Science, the American Society of Tropical Medicine and Hygiene.

Strong influences on him at Jefferson were Dr. Ken Goodner’s lectures in microbiology and Dr. John Hodges’s course in laboratory medicine. He notes that Goodner had worked at the Rockefeller Foundation and had spent time in Africa before coming to Jefferson. As a consequence of this experience, he brought firsthand accounts of diseases to his lectures. “Those 2 courses made a lasting impression on me,” says Dr. Tesh.

One of his most vivid memories of Jefferson was the large painting of Carlos Finlay ‘1855, the Cuban physician educated at Jefferson who identified the mosquito as the vector of yellow fever. The portrait hung in the stairwell of one of the lecture buildings. Dr. Tesh tells the Alumni Bulletin he had the opportunity to visit Dr. Finlay’s grave in an old section of Havana in 1984, a visit he cherished particularly because he believes he and Carlos Finlay shared similar origins and interests. We congratulate Dr. Robert B. Tesh ‘61 on a distinguished professional career and thank him for bringing honor and distinction to Jefferson Medical College.
Leon L. Berns ’30 died December 26, 2004. He had been in the general practice of medicine in Philadelphia for 70 years and was on staff at Einstein Medical Center during his entire medical career. He also served as Clinical Professor of Anatomy at Jefferson from 1931 until 1993, and is fondly remembered by many on campus. He is survived by his wife, Mildred, a son, and a daughter.

Lawson E. Miller Jr. ’34 died November 5, 2004. He practiced radiology in New York City and held a part time faculty appointment at Columbia-Presbyterian Medical Center. He is survived by his wife, Elsie.

F. Johnson Putney ’34 died December 18, 2004. He was Clinical Professor of Laryngology and Bronchoesophagology at Jefferson until 1967 when he became Professor of Otolaryngology/Head and Neck Surgery at the Medical University of South Carolina. He was the author or coauthor of 107 published articles and 10 book chapters, and served on 4 editorial boards. He was President of the American Broncho-Esophagological Society in 1961, and President of the American Laryngological Society in 1971. He is survived by his wife, Virginia, 3 sons, and a daughter.

John L. Gompertz ’36 died November 14, 2004. A member of Alpha Omega Alpha Honor Medical Society, he practiced internal medicine in Oakland, CA. He was President of both the California and Alameda County Tuberculosis and Health Associations. He was a past President of the California Thoracic Society, as well as the American Lung Association. He is survived by his wife, Margaret, 2 daughters, and a son.

H. Richard Ishler ’36 died September 17, 2004. He practiced family medicine in State College, PA until 1997. He held a staff appointment at Centre Community Hospital in State College. He is survived by his wife, Mary Jane, a son, and a daughter.

R. Howard Lackay ’38 died October 10, 2004. A Colonel in the U.S. Air Force Medical Corps, he served as deputy Commander of the Aerospace School of Medicine, Brooks Air Force Base, and of the Air Training Command Medical Wing, Randolph Air Force Base. He was working in the station hospital at Schofield Barracks, Oahu, HI on December 7, 1941 when Japanese planes attacked Pearl Harbor. He is survived by his wife, Laura Jane, and 2 daughters.

J. Woodrow Savacool ’38 died January 13, 2005. He was in the private practice of internal medicine and chest diseases for 45 years and, since 1942, had been a Clinical Associate Professor of Medicine at Jefferson. He served as President of the Laennec Society of Philadelphia, the Pennsylvania Thoracic Society, and the Pennsylvania Chapter of the American College of Chest Physicians. Dr. Savacool collaborated with Frederick B. Wagner Jr. ’41 in writing and publishing a 3-volume history of Jefferson (1989-1996). He was presented with an Honorary Doctor of Letters degree from Jefferson Medical College in 2004. The J. Woodrow Savacool Prize in Medical Ethics was established at Jefferson upon his retirement. He is survived by a son and a daughter.

Arthur F. Hoffman ’41 died October 26, 2004. He practiced anesthesiology at St. Joseph’s, Lutheran, and Parkview Hospitals, Fort Wayne, IN. In 1983 he was awarded the Indiana Physician of the Year Award for his community service. He is survived by his wife, Mary, 6 sons, and 3 daughters.

Phil L. Barringer ’42 died October 25, 2004. He had practiced general surgery in Monroe, NC. He was on staff at Union Memorial Hospital, Monroe, where he served as Chief of Surgery and as Chief of Staff. He is survived by his wife, Vivian, 3 daughters, and 2 sons.

Howard M. Oliver ’44 died September 12, 2004. He served as Chief Pathologist at the Cheshire Medical Center, Keene, NH. He also served as President of the Cheshire County Medical Society in 1960 and again in 1985. He is survived by his wife, Myra, 2 sons, and a daughter.

Charles E. Hannan ’46 died October 20, 2004. He practiced general and colorectal surgery at the Virginia Hospital Center in Arlington, VA. He had served as a Clinical Instructor in Surgery at Georgetown University Medical School, and was a past President of the Arlington County Medical Society. He is survived by 4 sons and 3 daughters.

Frederick Urbach ’46 died July 8, 2004. He was a noted dermatology researcher. He served as the Chief Cancer Research Dermatologist, Roswell Park Memorial Institute, Buffalo, NY, Medical Director, The Skin and Cancer Hospital of Philadelphia, and Professor and Chairman, Department of Dermatology, Temple University School of Medicine. He published 85 scientific articles and 2 books in his field of expertise. He is survived by 3 sons.

Robert B. Funch ’47 died August 5, 2004. He was Chief of Radiology, Germantown Dispensary and Hospital, 1968-77, and Clinical Professor of Radiology, Temple University School of Medicine, 1963-77. From 1977 until 1987 he was Director of Radiology, Memorial Hospital, Norway, ME. He is survived by his wife, Beatrice, and 2 daughters. His father was Jefferson ’20 and a brother was Jefferson ’47.

Gail G. L. Li ’47 died October 17, 2004. He practice obstetrics-gynecology in Honolulu and was on staff at the Queen's Medical Center, Honolulu. Daughter Gaylyn is Jefferson ’78 and daughter Sheryl is Jefferson ’92.

Richard E. Strauss ’47 died May 12, 2004. He practiced dermatology in Bristol, PA. He is survived by a son and a daughter.

Julio J. Amadio ’48 died January 4, 2005. He practiced internal medicine within the Jefferson Health System, holding staff appointments at Paoli Memorial Hospital and Bryn Mawr Hospital. He is survived by his wife, Judith, and 2 daughters. Joseph G. Matthews ’52 died December 9, 2004. He practiced orthopaedic surgery in Orlando, FL where he headed the Matthews Clinic, and was a past President of the Florida Orthopaedic Society. He was on staff at the Orlando Regional Medical Center. He is survived by 2 daughters and a son.

William J. Walker III ’53 died June 24, 2004. He practiced obstetrics-gynecology and was on staff at Chestnut Hill Hospital in Philadelphia. He relocated to Irvine, CA in 1977 to work for Kaiser Permanente. He is survived by 2 daughters and a son.
Jack G. Watkins '53 died October 31, 2004. He practiced pediatrics and was on staff at Sutter-Amador Hospital in Jackson, CA. He later developed the Pediatric Department at Roseville Community Hospital, Roseville, CA. He is survived by his wife, Katherine, 4 sons, and a daughter.

Stewart E. First '56 died December 3, 2004. He practiced at Lankenau Hospital, Wynnewood, PA where he was Chief of Gynecology, and also at Paoli Memorial Hospital, Paoli, PA. He was a Clinical Associate Professor of Obstetrics-Gynecology at Jefferson Medical College. He is survived by his wife, Sandra, 2 sons, and a daughter. His brother, Howard, is Jefferson '55.

Peter Amadio Jr. '58 died December 7, 2004. A Professor of Family Medicine at Jefferson, and a very popular teacher, he was awarded the Christian R. and Mary F. Lindback Award for Distinguished Teaching at Jefferson's Class Day ceremonies in June 1989. His career was highlighted by service to others, including numerous Jefferson medical students. He is survived by his wife, Vilma, 2 sons, and 2 daughters. Son Peter C. is Jefferson '73 and daughter Patricia is Jefferson '89. Donations are suggested to the Juvenile Diabetes Foundation, Bala Cynwyd, PA, or the Mayo Foundation, Brain Research Center and held privileges at Lancaster General Hospital. He is survived by his wife, Jane, 2 sons, and a daughter.

Samuel M. Eppley '61 died October 8, 2004. He was in general practice in Enosburg Falls, VT. Locally active in his community, he received the Robbins Community Service Award and was chosen Family Physician of the Year by the Vermont Academy of Family Physicians in 1992. He was a past President of the Franklin County Medical society. He is survived by his wife, Linda, a son, and a daughter.

Paul J. Coverdale '69 died November 25, 2004. Board certified in internal medicine, he was on staff at Doylestown Hospital, Doylestown, PA. He is survived by 3 sons and a daughter. Brother Edward is Jefferson '67.

Robert F. Chatfield-Taylor '70 died October 3, 2004. He practiced psychiatry in Brookline, MA. He was on staff at Taunton State Hospital, Taunton, MA. He is survived by 2 daughters and a son.

Cheryl R. Zaret '72 died November 18, 2004. She was on staff at Northwestern Memorial Hospital in Chicago where she served on the hospital's Medical Executive Committee. She was an Assistant Professor of Ophthalmology and Neurology at Northwestern University School of Medicine. She is survived by her parents and her brother, Bruce Zaret, Jefferson '74.

David E. Nutter '76 died September 20. He practiced psychiatry in Lancaster, PA and was a partner in Mid Atlantic Psychiatric Physicians with Kurtis D. Jens, Jefferson '76. He had been on the staff of Lancaster Regional Medical Center and held privileges at Lancaster General Hospital. He is survived by David and Aaron, sons of Rita Nutter; Ivory, daughter of Susannah Nutter; and his companion, Carol Emerson. His father was P. David Nutter, Jefferson '35.

Amy Lu Weaver '85 died September 26, 2004. She was an attending family physician, Department of Emergency Medicine, Lewistown Hospital, Lewistown, PA, and also served as Director of the Tyrone Hospital Emergency Department.

Rafik Zaky Makary P'73 died April 15, 2004. He was a psychiatrist with the Veterans Administration Hospital, Philadelphia.

William Fraimow MD, Honorary Associate Professor of Medicine, died October 26, 2004. He practiced both internal medicine and pulmonary medicine at Jefferson and was a steady influence in the Student and Employee Health Service. He was a gifted teacher and an excellent role model for hundreds of medical students and residents at Jefferson. He is survived by his wife, Gloria, 3 sons, and a daughter.

E. Marshall Goldberg MD, Professor of Medicine, Psychiatry, and the Creative Arts, died January 20. An endocrinologist, he joined Jefferson's faculty in 1989, having already established a 2nd career as a writer of medical mysteries. One of his novels, The Family Scalpel, was set at Jefferson. In 1995 he was chosen Teacher of the Year by residents in the Department of Medicine. He also received an appointment in the Department of Psychiatry. Survivors include 2 sons and 3 daughters.

Jackson V. Scott '59 died September 17, 2004. He was a general practitioner in Mount Holly, NC for 42 years. He enjoyed a busy practice, delivering more than 1,000 babies in his first 10 years of practice, and had a patient base of over 5000 people during his years in Mount Holly, NC. He is survived by his wife, Jane, 2 sons, and a daughter.

James Turchik has retired from his position as Clinical Professor of Medicine at SUNY Upstate and Director of Infectious Disease at Crouse Hospital. After 30 years in Syracuse, NY, he and wife Evelyn have moved to Sarasota, FL. He is now taking piano lessons and running in the Sarasota Senior Games.

Lou Freeman of Fresno, CA completed the Singlehanded TransPacific Yacht Race to Hawaii in 2002 and plans to go again. He continues his private anesthesiology practice and his medical directorship at Fresno Surgery Center.

Marilyn Kerchner of Coronado, CA is still at Kaiser Permanente in San Diego. "Despite its flaws, it insures the sick, not only the healthy."

Charles Schleifer of Penn Valley, PA chairs the Patient and Family Council and is Chairman-Elect of the Delaware Valley Chapter of the National Kidney Foundation.

Michael Blecker of Milltown, NJ has moved on to the emergency department at Lenox Hill Hospital-Manhattan after 25 years as an attending at St. Vincent's Hospital-Manhattan.

Robert Chandlee of Atlanta is in his 30th year of diagnostic radiology practice. In this time, Quantum Radiology Northwest has grown from 3 to 35 and is the largest single-specialty private practice group in the state.

Edwin Ewing ran the 2004 Thanksgiving Day Marathon in Atlanta, where he lives. He was one of just 8 male finishers his age (61) or older. He and Kim Kahng '79, retired from surgery and pathology, respectively, performed

CLASS NOTES
a 4-hand (2-piano) concerto at a Sonata Piano Camp recital in Bennington, VT in September 2004 after meeting at Sonata the previous year.

George Wineburgh has relocated to Lake Worth, FL to practice rheumatology part time and sail most of the time.

Nancy Wong of Palo Alto, CA, after years of a private dermatology practice and raising a family, is now allowing herself to explore other interests. She is doing landscape watercolor paintings and photography. You can visit her website: watercolourartworks.com.

Phil DiGiacomo of Wayne, PA is proud to share that his son, Philip DiGiacomo III, is in the Class of ‘08 at Jefferson.

Jim Redka of Williamsport, PA has been an active family physician for 25 years. He enjoys teaching residents and students.

Anton Kemps is still living in Haddonfield, NJ with wife Tina. He practices primary care internal medicine full time and is a Clinical Professor at UMDNJ-Robert Wood Johnson School of Medicine.

Michael Wrigley of Jeffersonville, PA is currently the Medical Director at Academy Industrial and Occupational Health Services in Northeast Philadelphia.

Elizabeth Kuhlmann Blackwell of Highland, UT is a co-author and consulting editor of a new book, Choose the Right Tests: Endocrine Disorders.

Albert Blumberg of Baltimore, MD has been reelected as Vice Speaker of the American College of Radiology. He was elected to the Board of the American Society for Therapeutic Radiology and Oncology as Vice Chairman of the Government Relations Council.

John Lubicky of River Forest, IL has left Shriners Hospital after almost 17 years to be full time at Rush University Medical Center and Rush Medical College in Chicago. His new titles include the Ronald L. De Wald Professor of Spinal Deformity, as well as Professor of Pediatrics.

William Bierrmann of Blue Bell, PA has fully recovered from a heart transplant in 2001 and is currently President of the Medical Staff at Montgomery Hospital in Norristown. He is also in the American College of Physician Executives MBA program.

Mark Dembert of Norfolk, VA has started a new career. He is now a full time public health director for the Western Tidewater Health District in the southeastern part of the state, including 2 cities and 2 rural counties. He also continues as head of the statewide Terrorism and Disaster Behavioral Health Advisory Council.

John Hocutt continues a full time family medicine practice in Wilmington, DE where he works with Jefferson medical students. Daughter Beth Lyn is in the Class of ‘08 at Jefferson.

Bob Sataloff of Bala Cynwyd, PA remains active at TJU as Professor of Otolaryngology and is celebrating the 35th anniversary season of the TJU Choir. He is also Chairman of the Board of Governors and of the Otolaryngology Department at Graduate Hospital. He continues to write prolifically, having produced more than 500 medical publications; his 35th and 36th textbooks will be published this year. He is married to Dahlia M. Sataloff, Chair of the Department of Surgery at Graduate Hospital, and their twins, Ben and John, turned 13 in January.

Brad Wong of Honolulu has been traveling to the Philippines in 1988-2000 and more recently to Vietnam in 2002-2004 to operate and teach general surgery. He welcomes anyone interested in traveling with his group to provide medical or surgical services to the poor in these countries.

Mark Your Calendar
Including CME Program
Reunion Weekend October 7-8, 2005
For More Information: E-mail IMC-Alumni.Office@Jefferson.edu

Robert Boran of Pottsville, PA was elected to the Board of Directors of the Eastern Orthopaedic Association in October 2004.

Kenneth Neifeld of Bradenton, FL remains busy with an internal medicine practice in St. Petersburg, in addition to teaching University of South Florida medical students.

Robert Bashore of Indian Harbor Beach, FL was elected President of the Medical Staff at Cape Canaveral Hospital in Cocoa Beach. He’s relieved to report that his family, home, and office survived all 3 hurricanes without a scratch.

Carol Narheric has been a medical missionary with the Catholic Church since 1990, first serving in the bush and desert of Kenya for 3 years, then in Jamaica and the West Indies for the past 11 years. Presently, she is the Medical Coordinator of the Medical Ministries in the Diocese of Mandeville, Jamaica.

Vikki Stefans of Little Rock is still practicing pediatric PM & R in Arkansas with a "wonderful" colleague. They are expanding their efforts to the adults in the developmental centers, and have been around long enough to watch many of their patients grow up and graduate.

Sandra Willingmyre of Cherry Hill, NJ continues as Clinical Director of the Internal Medicine Division of Camcare Community Health Center in Camden. The office received accreditation as an American Diabetes Association Center of Excellence for diabetes care in June 2004.

Charles Dunton of Broomall, PA has been named Director of Gynecologic Oncology at...
Lankenau Hospital.

**Thomas Griffin** of Flourtown, PA has recently served as President of the Philadelphia Dermatology Society, President of the Pennsylvania Academy of Dermatology, and Chairman of the Section on Dermatology of the College of Physicians of Philadelphia.

**Arthur Shedden** and family have been "blessed" by their relocation to the Warren, NJ area. As Vice President of Global Medical Affairs at Schering-Plough, he directs Phase 4 clinical research in allergy and respiratory diseases.

'82

**Neal Schorr** coauthored *The Pennsylvania Turnpike* which was recently released by Arcadia Publishing. Neal's interest in the turnpike was prompted by his travels on the highway between Philadelphia and his hometown of Pittsburgh while he attended Jefferson Medical College. He is currently practicing family medicine and living in Wexford, PA with his wife Kimberly, son Steven, and daughter Caroline.

'83

**Aaron Bleznak** and family have moved to the Allentown, PA area where he will serve as Vice Chair of Surgery at Lehigh Valley Hospital and be a member of the Division of Surgical Oncology.

**David Kramer** of Jacksonville, FL has been promoted to full Professor of Medicine at the Mayo Clinic Jacksonville. He is working as Director of Transplant Critical Care, providing critical care services for liver, kidney, and pancreas transplant recipients.

**Richard Greco** has been elected to the Board of Trustees of the American Association for Accreditation of Ambulatory Service Facilities and serves as Editor of the national newsletter ASF Source. He is a senior partner at the Georgia Institute for Plastic Surgery in Savannah, GA where he also resides with his family.

**Elizabeth Squiers** is still living in beautiful Half Moon Bay, CA. She is working with Thios Pharmaceuticals as Vice President of Development.

'84

**Jonathan Daitch** continues to practice full time pain management in Fort Myers, FL where he lives with his wife and 3 daughters.

**J. Christopher Daniel** has moved from Jakarta, Indonesia to Mystic, CT. He is now the Commanding Officer of the Naval Submarine Medical Research Laboratory in Groton.

**Terry Lynn Edwards** is currently the Chair of the Evaluation and Competence Committee for the University of Pittsburgh's Anesthesiology Residency Program.

**Evan Liu** of Media, PA has embarked on a career change, suspending his medical practice while studying law full time at Widener University School of Law.

**Guy Stofman** of Pittsburgh is the 2004-2005 President of the Pennsylvania Plastic Surgery Society.

'85

**Linda Frantz** of Scranton, PA is President of the Lakawanna County Medical Society.

'86

**W. Bradford Carter** is an Associate Professor of Surgical Oncology at H. Lee Moffitt Cancer Center and Research Institute in Tampa. He has an extramurally supported basic science research lab and leads the Endocrine Tumor Team. He lives in Lutz, FL with wife, Janie, and 3 children.

**Kenneth Margulies** of Villanova, PA has joined the faculty of the University of Pennsylvania and assumed the role of Director of Heart Failure and Transplant Research within the university's new Cardiovascular Research Institute.

'88

**Ed Kim** and wife Lori of Bernards Township, NJ welcomed the birth of twins Eliza Grace and Anneliese Rose on September 28, 2004. Big sister Olivia, a seasoned 6 year old, is a devoted 3rd parent. Professionally, Ed received his MBA from the University of Massachusetts and has been appointed Vice Chair for Clinical Programs in the Department of Psychiatry at UMDNJ-Robert Wood Johnson Medical School, and Vice President for Acute and Geropsychiatric Services. The only other thing he wants "is some sleep."

**Jeffrey Lederman** is an infectious disease physician at Sound Shore Medical Center in New Rochelle, NY. He specializes in HIV care, tuberculosis and travel medicine.

**David Williams** is currently serving as the Commander of the Medical Operations Squadron at Fairchild Air Force Base in the state of Washington.

'89

**Daria Yanez** is in a group ob/gyn practice at Riddle Memorial Hospital in Media.

'90

**Michael Dannenberg** has been elected President of the Long Island Dermatological Society.

**Vik Kashyap** and wife are still at the Cleveland Clinic Foundation. They reside with their 3 children in Moreland Hills, OH.

"Lost on 4 Continents"

Charles Bryner '81, after 27 years, 3 months, and 26 days of military service, has separated from the United States Navy. He was commissioned straight out of college in 1977 under a scholarship program and officially retired October 1, 2004. He had no intention of making a career of the navy when he first raised his hand, but along the way he had "not just a career, but a life: I have gone to 22 countries and a few colonies, have had 12 addresses from sunny southern California to New England, overseas, and Jacksonville. I have wet my feet in 5 of the 7 seas and have been lost on 4 continents.

I have eaten foods that I will never exactly know the contents of, and may not want to. I have been launched off an aircraft carrier, taught to arm and disarm live mines, and lived in a tent for months at a time in the cold winters of Korea and the heat of Guantanamo Bay. I have fashioned furniture from empty MRE boxes and learned how to make do with what they had at hand rather than worry about what they did not have. I have eaten C-rats that were canned before I was born and flown in more types of aircraft that I can recall. I have been a part of the NASA Shuttle program and a Scout leader. I have delivered hundreds of babies and sat with patients as they died before my eyes. I have gone on humanitarian missions and fast-roped out of helicopters. But mostly, I have had the honor of taking care of thousands and thousands of the men and women who serve this country every day. It has been a wonderful life." Dr. Bryner received the Legion of Merit for his accomplishments and will be taking up the private practice of family medicine in Orange Park, FL.
In the past year he was appointed program director for the fellowship training program in infectious diseases at Cooper University Hospital, Camden. He also published a chapter in the international reference text for infectious diseases: *Principles and Practice of Infectious Diseases*, 6th edition, edited by Mandell, Bennett, and Dolin.

Daniel writes, "With my life partner, Frederick Haas, I continue to be active in philanthropic causes. Current projects include the support of AIDS research and training programs in Africa as well as local arts and culture institutions."

Michael C. Sokol has accepted a position with GlaxoSmithKline, the world’s 2nd largest pharmaceutical company, as Medical Director, Medical Affairs / Commercial Operations, within the Managed Markets Division. In this role, Dr. Sokol is responsible for clinical support for major accounts, oversight of disease management programs, and client-specific health outcomes studies, as well as health policy activities. He most recently served as Senior Director, Medical Policy and Programs, Department of Medical Affairs, at Medco Health Solutions, one of the nation’s leading pharmacy benefit management companies.

'C94
Cary Rose and wife Stefanie of Minneapolis announce the birth of their 2nd child, Maxwell Mason, on September 20, 2004. Max joins his sister, Josie, who is one year older. Cary is a practicing cardiologist and surgeon, and "proud to be the only Eagles fan in the entire state of Minnesota."

Jay Schwartz of Ridgeland, MS has been appointed Assistant Professor of Radiology in the Division of Minimally Invasive Therapy and Interventional Oncology at the University of Mississippi School of Medicine.

'C95
Barbara Ioannides resides in Jacksonville, FL with husband Ken Rappaport MD, a retina specialist, and their 3 children. She has a solo internal medicine practice.

'C96
Kristin DeSimone and husband Joe ID’99 of Mullica Hill, NJ welcomed their new child Mark in March 2004. Big siblings, Joey and Katie, adore their brother and are a terrific help. Kristin is in her 4th year in the Student Affairs Office at Jefferson and truly enjoys interacting with so many JMC students.

John Findley of Winchester, MA is a psychiatrist for the Burn/Trauma Center at Massachusetts General Hospital.

Jeffrey Morrison has opened a new office on 5th Avenue in NYC specializing in integrative medicine and clinical nutrition.

Shelly Purvis and husband Rob announce the birth of their 2nd child, Kyle Jon, born July 8, 2004. After serving in the United States Army for 7 years, Shelly has resigned her commission.

They currently reside in Fort Irwin, CA.

Theoklis Zaoutis of Ardmore, PA is an Assistant Professor in the Division of Infectious Diseases at The Children’s Hospital of Philadelphia and the Department of Pediatrics at the University of Pennsylvania. He is also the Director of Antimicrobial Stewardship at CHOP. His research interests are in the epidemiology of fungal infections and nosocomial infections in children.

'C97
Scott Couan and Jennifer Tursi 'Couan ’97 have moved to Boston. Scott began a fellowship in thoracic surgery and is at Massachusetts General Hospital. Jennifer is an internist with Harvard Vanguard Medical Associates. Their son, Scott Jr., is now one year old.

Brian Devine has moved to Charlotte, NC and opened an office for Lakeside Family Physicians in Highland Creek.

Christopher Doty is an Assistant Professor at SUNY Downstate and was recently made Director of the Combined Emergency Medicine/Internal Medicine Residency Program at SUNY Downstate and Kings County Hospitals. He continues to serve as Associate Program Director for the Categorical Emergency Medicine Residency there as well. He and his wife, Beth, are living happily in Brooklyn.

AI Girolamo and wife Heather of Hopkinton, MA are proud to announce the birth of their son Hayden on August 20, 2004. Al is an Assistant Professor of Clinical Medicine at the University of Massachusetts Medical School. He is practicing general internal medicine at a community health center in Uxbridge, MA.

To Submit Class Notes, Send to:

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Daniel K. Meyer holds a faculty position as Assistant Professor of Medicine at UMDNJ-Robert Wood Johnson Medical School.
Matthew Wiesinger graduated from Harbor-UCLA emergency medicine. He married Tijen and they have 2 boys. He works as a partner at the Dominican Hospital as a member of Santa Cruz Emergency Physicians. The family lives in Aptos, CA.

'98
Jonathan Harris of Bayside, NY is enjoying practice in internal medicine in the Bronx. He and wife Dena are thrilled to welcome the newest addition to their family, Maxwell, who was born July 22, 2004.

Andrew Lehman recently completed his fellowship in hip and knee reconstruction at the Hospital for Special Surgery in NYC. He has taken a job at New England Orthopaedic Surgeons in Springfield, MA where he is subspecializing in hip and knee replacements. He and his wife, Heather, are also pleased to announce the birth of their first child, Alexander, in November 2004.

Patrick Mooney is the President and CEO of Aphton Corporation, a biotech company based in Philadelphia. He lives in Haddonfield, NJ with his wife, Liz, and their 3 children.

G. Vike Vicente has completed his fellowship in pediatric ophthalmology at Boston Children's Hospital and is enjoying a private practice in Bethesda, MD. He and wife Wendy were delighted to welcome their first child, Mark, on February 27, 2004.

'99
Alynn Bosshard Alexander and husband Chuck of Brick, NJ announce the birth of their 2nd child, John Tyler, on September 24, 2004. His sister, Brooke, is now 3. Alynn is currently in private practice with Brielle Obstetrics and Gynecology in Manasquan, NJ.

Stephanie Houser Caterson married E. J. Caterson MD PhD ’03 in Lehighton, PA. She has completed her general surgery residency at TJUH and has started her plastic and reconstructive surgery fellowship at the Lahey Clinic in Boston.

Pia Fenimore and husband have a new little boy, George Boben Fenimore, born October 26. He joins 3-year-old big brother William. They are enjoying their life in Lancaster, PA, and Pia is practicing pediatrics in a very busy private practice.

Kern Singh is currently completing his spine surgery fellowship at Emory University in Atlanta, and has already accepted a staff position at Rush University Medical Center in Chicago.

’00
Michael Baumholz will finish a general surgery residency in York, PA this year and is looking forward to hand surgery at Baylor University in Houston for ’05-’06.

Correction: Jonathan Salvin of Rockville, MD was inadvertently omitted from the Annual Giving report in the last issue. Jonathan continues to be a faithful supporter of the medical college.

’01
Elizabeth Fagan of Summit, NJ finished her residency in June, and gave birth to daughter Caitlin at the end of the same month. Elizabeth is now a faculty member for the Mountainside Family Practice Residency in Verona/Montclair, NJ.

Gregory Freimer has finished his residency and started practicing emergency medicine in Houston.

The Legacy of DBI Continues
When Renwick Hood ’81, a busy ob/gyn in suburban Atlanta, shows a visitor to a seat in his booklined study, it is not to just any seat. It is to an old, carved student desk, proudly polished, and bearing brass plaques with the words “Jefferson Medical College of Philadelphia” and “Daniel Baugh Institute of Anatomy.”

It is one of 2 identical desks that Ren’s family—of whom he is the 11th member to attend Jefferson—preserved from the old “DBI,” which had its home at 11th and Clinton Streets, just south of the present campus. When Jefferson’s anatomy facilities were incorporated into the new Jefferson Alumni Hall constructed in the late 1960s, the old “DBI” was converted into condominiums. But an identifying stone plaque is still visible today on the original dark-red brick building with big windows and white trim.

Any Jefferson grad from the sixties or earlier will remember “that” DBI, where the entire starry-eyed freshman medical class was introduced to the shocks and wonders of anatomical dissection. The institute, an integral part of the medical college, had been outfitted through the generosity of Daniel Baugh, an industrialist and trustee in the early 20th century who was an extraordinarily munificent donor.

Jefferson’s art collection includes a portrait of Baugh and also 2 other paintings in which DBI itself is depicted. In the Jefferson Archives are old black-and-white photos of dissections next to the tall windows overlooking Clinton Street.

The other historic desk preserved in Ren’s family is kept by his father, Christopher Hood ’54, at his home in Charlotte, NC. But these proud DBI graduates are only the latest in a remarkable dynasty: inscribed upon the desks are the names of all 11 members of their family who were affiliated with Jefferson as alumni or faculty:

John W. Hood (1826)
Joseph T. Hood (1865)
Richard F. Hood (1865)
Marcellus A. Renwick (1867)
Spencer C. Graves (faculty)
John P. Kennedy (1915)
William M. Kennedy (1928)
Leon T. Kennedy (1933)
Christopher K. Hood (1954)
Charles A. Porter (1966)
Renwick C. Hood (1981)
**David McCulley** started a neonatology fellowship at UCSF after finishing his pediatrics residency at the University of Vermont.

**Ryan Neff** is enjoying life with his new wife, Meghan. They were married August 6 under the Gateway Arch in St. Louis, MO and are now homeowners in Wilmington, DE.

**Nieta Green Shapiro** recently married, and is living in Wayne, PA. She completed her internal medicine residency at Fletcher Allen Health Care in Burlington, VT and is currently a hospitalist at Pottstown Memorial Medical Center.

**Steve Wing** of Perrysburg, OH is practicing emergency medicine in Toledo. He and his wife, Rebekah, have 3 children.

**Judd Moul ’82 Is Duke's New Chief of Urology**

In August 2004, Judd Moul ’82 was appointed the Professor and Chief of Urologic Surgery at Duke University Medical Center in Durham, NC after a comprehensive national search. Only the 4th Chief of Urology since the founding of Duke in 1930, Judd is heading up a division of over 100 people that is currently ranked 7th in the U.S. News and World Report annual rankings. Dr. Moul is currently creating the new DukeProstateCenter (DPC).

Dr. Moul credits his Jefferson experience with giving him a strong foundation upon which to build his medical career, and for initiating his love of urology. Upon graduation from residency at Walter Reed Army Hospital, Judd was asked to stay on at Walter Reed as a staff urologist. In 1988, he went to Duke where he was an Army-sponsored fellow in urologic oncology and became involved in prostate cancer research.

After this fellowship, Judd was hired as an Assistant Professor of Surgery at the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, MD. In the early 1990s when prostate cancer and the PSA test received greater awareness, Dr. Moul had the opportunity to help operate upon and care for some of the most powerful men in Washington. Working with his longtime mentor and colleague Dr. David McLeod, Judd cared for Senators Bob Dole, Ted Stevens, and Richard Shelby, as well as General Norman Schwarzkopf. Through these efforts, as well as public advocacy, the U.S. Congress mandated the formation of the Department of Defense Center for Prostate Disease Research in 1992. Judd was named its Director, and developed and led an internationally recognized multidisciplinary team of researchers and caregivers. The CPDR program includes a multicenter prostate research database, a genetic discovery program, and a clinical care and clinical trials center at Walter Reed Army Medical Center.

During his tenure, the program grew from a few individuals to a dynamic program of over 80 persons at multiple locations, conducting true state-of-the-art work and being recognized with top notch publications. Judd’s work during this time included the discovery that African American men had higher PSA values than white men, and his development of better screening guidelines for prostate cancer in this population. This work was published in JAMA and the New England Journal of Medicine.

Other prominent work included large molecular biomarker studies of p53, ras, bcl-2, Ki-67, HER-2/neu, and others in localized prostate cancer and a series of articles on biochemical recurrence of prostate cancer that set the early standards for this emerging clinical entity. During his career in Washington, Judd was very involved in the prostate cancer support group and advocacy movement, being a charter professional member of US TOO International and being awarded a national community service award from the AMA for this work.

In July 2004, Moul retired from the Army with 26 years of service as a full Colonel, prior to heading back to Duke. He was honored with an endowed chair being named in his honor—the Judd W. Moul Distinguished Chair in Prostate Science at USUHS.

**’02 Kelly Liang** of Rochester, MN will be starting a nephrology fellowship at the Mayo Clinic in July 2005, and **Kimberly Liang** will begin a rheumatology fellowship there.

**Christopher Smolock**, after completing 2 years of a general surgery residency, commenced a research fellowship in the Harrison Department of Surgical Research at the University of Pennsylvania.

**’03 Andrew Brown** is currently in his 2nd postgraduate year of internal medicine at Columbia-Presbyterian Medical Center. He is applying for a fellowship in hematology/oncology.

**Michael Ward** of Cleveland Heights, OH completed his transitional internship at St. Barnabas Medical Center in Livingston, NJ; he married his college sweetheart, Megan, in May 2004; and he is currently in the first year of an ophthalmology residency at Case Western Reserve University.

**Postgraduate**

**Joseph De Santis GS’89** is thriving as a plastic and reconstructive surgeon at Geisinger Medical Center. He resides in Danville, PA with his wife, Jeanne, and 3 children.

**Judith Lightsey RO’90** has joined the faculty of the University of Florida, Shands Cancer Center in the Department of Radiation Oncology. “Enjoying Gainesville very much.”

**Donna Scott PD’93** of Rose Valley, PA is the Director of Inpatient Pediatrics at Crozer-Chester Medical Center in Upland, PA.

**Michael Steinberg IM’97** is the Medical Director of the UMDNJ Tobacco Dependence Clinic. He has 2 children and lives in Princeton, NJ.

**Michael Ramjattansingh R’99** was married on August 14, 2004 to Dorothy Cieniewicz. They were married at the Hotel duPont in Wilmington. He is a practicing radiologist and Dorothy is a sonographer. They both live and work in Lewes, DE.
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Mark Your Calendar

April 8, Friday
Harrisburg/Hershey reception introducing the 4th President of
Thomas Jefferson University, Robert L. Barchi MD PhD

April 15, Friday
Alumni reception at the American College of Physicians meeting
in San Francisco
Concert by the Thomas Jefferson University Choir and Orchestra,
including a presentation of a new edition of Mozart's Requiem, 8:00
PM, St. Luke and the Epiphany Church, 330 South 13th Street,
Philadelphia (for more information, call 215 790 5195)

April 20, Wednesday
Alumni Association Annual Business Meeting
in Jefferson Alumni Hall

May 9, Monday
Alumni reception at the American College of Obstetricians and
Gynecologists meeting in San Francisco

May 4, Wednesday
Alumni regional reception, Scranton, PA

May 22, Sunday
Alumni reception at the American Urological Association meeting
in San Antonio, TX

May 24, Tuesday
Alumni reception at the meeting of the American Psychiatric
Association in Atlanta

June 1, Wednesday
Alumni Association party for the Class of '05

June 2, Thursday
JMC Commencement at the Kimmel Performing Arts Center

October 7-8, 2005: Alumni Weekend 2005
October 7, Friday: CME Program
October 7, 6:00 PM: Alumni Banquet
October 8, Saturday: Clinic Presentation, Women's Forum,
Dean's Luncheon, Reunion Parties