Leaders Among Us

The Jefferson community knows what it means to be a leader
Crafting a Strategic Plan

Jefferson has a proud history of shaping the science and practice of medicine. To continue this tradition in the face of our current national healthcare crisis, we must create a collaborative approach to healthcare that continues to focus on the patient. To do so, Jefferson has crafted a strategic plan that will revolutionize the way we educate healthcare practitioners, hasten the translation of research discoveries, improve the quality of patient care, and transform the face of our campus. As a result, we will be able to teach, discover, and heal more effectively.

You’ve heard a lot from me in these pages about teaching our students to lead healthcare delivery teams, and how the new Dorrance H. Hamilton Building will allow students from across the university to learn together using the most sophisticated educational tools. But improved facilities and innovative curricula are not enough. The rising cost of medical education is limiting access to the study of medicine. To help reverse this trend, our strategic plan calls for an increase in the number of scholarships available to our students. We will also intensify our efforts to recruit students that are currently underrepresented in medicine.

Just as integration is critical to our vision for healthcare education, it is also a central theme for our efforts in research. Integration provides greater opportunity for scientists and clinicians to collaborate on research activities in translational medicine. We are committed to bringing findings from the laboratory to the patient bedside and into the community.

In keeping with our commitment to the community, we will expand our offerings in public health and population medicine. Additionally, working closely with Thomas Jefferson University Hospital, we will make it easier for patients to receive the superior care that Jefferson offers. A new ambulatory care building, currently in the planning process, will consolidate practices that are now scattered throughout campus and coordinate clinical services in a manner that reflects the way patients use them.

Tomorrow’s research, education, and clinical care will require the very best and most dedicated faculty in the field. Building on the legacy of McClellan and Gross, our strategic plan calls for strengthening and retaining an outstanding faculty, by creating new endowed professorships in many key areas.

Our goal is to transform the university into a broader, more robust, and integrated entity: supporting the sciences from basic to clinical, bringing educational undertakings to the patient setting, and linking physical and academic spaces together into one great university that is connected to our community. The Eakins Legacy Fund (see page 12 of this issue), created with the proceeds of the sale of The Gross Clinic, will help us achieve these transformative goals. In this way, we will bring the Jefferson tradition into the future.

Sincerely,

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

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Please be prepared. If you read further, you will be asked for money!

I have the opportunity to observe acts of gratuitous kindness, unanticipated altruism, unsuspected courage, and quiet, persistent bravery — sometimes on a daily basis. A series of events took place on a sunny, warm spring day last April that brought me to tears on at least two occasions and will result in my request to each of you.

A number of years ago, now more than I am willing to admit, I was the residency program director and vice chairman of the department of medicine at Jefferson. In those capacities, I oversaw the medical student, resident, and fellowship educational programs of the department of medicine, and often became an advisor or a counselor, based on the nature of the problem at hand. One evening, I found myself in a situation that I had heard of from other physicians — most often with their patients. My experience, however, was with one of my trainees. These are my recollections.

A very special resident came to me for advice. She was not doing well and was questioning many things in her life, including her career choices. She was an individual who cared deeply for her patients and had special skills in other areas, but was challenged in the setting of high technology and inpatient acute and critical care. This, of course, is a large part of a university’s internal medicine residency program. She was in my office for advice on her future, and where it might take her.

As we began speaking, I noticed that her voice was weak, that she was tremulous, and appeared hyperpneic. I also noticed that she was pale and appeared to have lost weight. I inquired as to the possibility of diabetes and ketoacidosis and was stunned to hear that she had not eaten in a few days, thus manifesting starvation ketosis rather than diabetic ketoacidosis, which was my first thought. I asked her why she had not eaten, and she related that she was a little “down on her luck.” Her mother was very ill, and she was using her salary to provide for her mother’s needs. As I recall, she was having trouble with the power bill and other financial exigencies.

I was devastated. Here she was, a physician, one of my residents, and she was unable to buy meals. She was living in difficult circumstances and had not asked for help.

I knew what could be done on Monday, but it was Friday evening, and she needed help right then. I reached into my pocket and pulled out all the money I had — a one dollar bill! I offered to go to the bank machine in the hospital building, but she would have nothing of it. I was afraid that I would lose the opportunity to intervene prior to Monday if I didn’t do something at that moment. Then I remembered what my father had made me do from the moment I began to drive. He insisted that I put some money in my wallet to be sure that I had some cash in case I was stuck on the roadside, and the tow truck would only take cash (we didn’t have AAA). In my wallet, folded and stiff, was a one hundred dollar bill. I removed it and handed it to my resident. With tears in her eyes she accepted it and went home to buy some groceries for her mother and herself.

As a resident, she was eligible for emergency aid from a hospital fund. I put her in contact with our director of the house staff office. I never received specific detail, other than that she was “fine.” She left the program, and over the years, I have received notes from her telling me of her career. As time passed, her
It left me with a persistent pain in my Jefferson heart that I did not have a way to help.”

story faded into my memories, filed under “wonderful memories of a good Jefferson physician.”

On a Friday in April of this year, another young woman came to my office, this time a second-year medical student seeking a letter from “the dean” for a transfer to another medical school. This is a very unusual event, and I was very concerned. If a Jefferson student wanted to leave, I wanted to hear firsthand what the circumstances were.

Expecting dissatisfaction with some aspect of the curriculum, I was unprepared for what I was about to hear. Somewhat embarrassed, the young physician-in-training explained that she had to transfer because her soon-to-be husband could not get a job in Philadelphia. He was a recent honors law school graduate who had passed the bar on his first attempt, but was unable to successfully compete for the positions available in his field. He had done locum tenens work, but that was not regular enough to support the two of them. He had several excellent offers in Washington, DC, and hence she was asking for a letter to assist her in transfer to Georgetown. On further questioning, I learned that she was a very good student who loved Jefferson. Her father had given them some additional money, but there was no more support that would be available to them. They couldn’t pay the rent.

Immediately, our Office of University Counsel began a campaign to get this young man a job. Despite this effort, I knew that I would have to write the letter and help her transfer. I am personal friends with the deans of the medical schools in Washington, and one of them had an opening in the second-year class. She needed little help, as her record was outstanding. She successfully transferred and is doing well in Washington. But it left me with a persistent pain in my Jefferson heart that I did not have a way to help her. You see, there is no fund that I could access, in contrast to the situation in the hospital for residents. And, one hundred and one dollars wasn’t going to solve the problem.

I got in the car that afternoon and drove to an alumni gathering. I knew most of the 50 or more alumni who were there, and it was a festive event. In attendance was my former resident. Now older and clearly part of the physician community, she had found her niche and was happy, successful, and content.

In addition to describing the student body, their activities, the curriculum, and the building plans of the medical school and university, I told the group the story of the medical student I had seen that afternoon. After dinner, I sat down to have a cup of coffee before the drive home. My former resident sat down next to me and took out her checkbook. She neatly and precisely wrote a check for one hundred and one dollars, and carefully tore it off the book and handed it to me. In the blink of an eye and a warm smile, she conveyed to me that she remembered that small act of kindness, and she wanted me to know that she was grateful. She also wanted me to know that I still had work to do. It was my job to make sure that the students and residents would have the chance to finish their training while caring for themselves and their families.

Another one of my students had become my teacher. I knew that her gift to me was more than the one hundred and one dollars that she was returning to me. It was to use that gift and her story, as the seed of a much larger gift, to help those students who needed our help.

At a Jefferson celebration a few days later, I had the opportunity to tell this story to Dr. Stan Smullens and his lovely wife, SaraKay. The next day I received a wonderful note of encouragement and a check for one hundred and one dollars from the Smullens Family.

I ask that each and every one of you, no matter how recent a graduate, mail me a check for one hundred and one dollars (and no more), to be placed in the One Hundred and One Fund. This fund will be a restricted fund, for use only to assist students in extreme circumstances as determined and authorized by the dean or the dean of students, with approval by the dean. I ask you to send these checks either to my office, at the address below, or to The Jefferson Foundation. I ask that you send these checks once a year, in addition to and separate from your response to the Alumni Annual Giving campaign. I will ask the Alumni Association Executive Committee to review the use of this fund on an annual basis, in order to ensure that the funds are truly used only for emergency situations.

My goal is to create a fund that is a lifeline for our students in their hour of greatest need, from all of us who have gone before them, to those who need it most. It is assistance that they will never forget.

Nor will I.

Thank you in advance for helping.

Thomas J. Nasca, MD’75, MACP

The One Hundred and One Fund
c/o Thomas J. Nasca, MD’75, MACP
Office of the Dean
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Jefferson Medical College
1025 Walnut Street
Philadelphia, PA 19107
Findings

Gleevec Revisited

As reported in the last issue of the Bulletin, the leukemia drug Gleevec has some downsides. Recent studies have linked the drug to heart failure in a small number of patients, and drug resistance continues to be a problem. Researchers at the Kimmel Cancer Center at Jefferson may have found a new way to sidestep such resistance. They have discovered that by reactivating a protein that is normally shut off in leukemia and in Gleevec-resistant cancer cells, leukemia development is halted.

A drug that could turn on the gene that makes the protein C/EBP-alpha, a "transcription factor" required for cells to differentiate, might control or even eliminate the cancer. According to Bruno Calabretta, MD, PhD, professor of cancer biology at Jefferson, transcription factors are molecular switches that turn on genes when their function is needed. C/EBP-alpha expression is low in leukemia cells such as those with the BCR-ABL protein defect, which causes chronic myeloid leukemia (CML), a disease that Gleevec treats.
When the disease advances to the terminal stage, the cells, called blasts, remain undifferen-
tiated and accumulate rather than becoming mature white blood cells called
granulocytes. Gleevec is much less effective
in this stage, Calabretta says. Yet, in leukemia
cells that respond to treatment with Gleevec,
expression of C/EBP-alpha increases.

The researchers looked at what might
happen if C/EBP-alpha was turned back on
in blast crisis patients and in CML patients
who were resistant to Gleevec. Reporting in
the journal Blood, they found that in both the
laboratory and in mice, immature white
blood cells began to differentiate again, and
leukemia development was stopped.

In one study, reactivating C/EBP-alpha in
Gleevec-resistant mice cured leukemia in six
out of seven animals.

This isn’t surprising, Calabretta says, because
C/EBP-alpha isn’t involved in the mechanism
of action of Gleevec. "Essentially, this is a
downstream effect," he explains. "The BCR-
ABL protein repressed C/EBP-alpha. In
bypassing BCR-ABL, which is the first target,
regardless of whether BCR-ABL is normal or
mutated (and Gleevec-resistant), turning on
C/EBP-alpha will always suppress leukemia.
If the function of C/EBP-alpha is introduced
in leukemia cells that are resistant to Gleevec
because of a mutation, the phenotype is
reverted.

“This could be used as a new strategy," he
says. "The strategy now against leukemia
resistant to BCR-ABL is to develop compounds
that may inactivate the mutant — so-called second generation compounds.
But another way to do this is to focus on
targets downstream."

The protein can only be activated by treating
mice with a hormone, in this case tamoxifen,
which is used in breast cancer. The receptor
responds to tamoxifen. "Now we essentially
have an in-vivo system in which we have
leukemia cells that carry a chimeric protein,
C/EBP-alpha-ER," Calabretta explains. "If you
activate the C/EBP-alpha by injection of
tamoxifen, this chimeric protein is switched
on and suppresses tumorigenesis." They also
were able to halt leukemia in cells resistant
to Gleevec. They established a leukemia cell
line that expressed a Gleevec-resistant mutation,
reactivated the C/EBP-alpha, and stopped leukemia development.

Less Radiation Effective in Fighting Brain Tumors, Saving Hearing

Radiation oncologists at the Kimmel Cancer Center at Jefferson have found that giving
less radiation than usual is just as effective
against a benign but potentially devastating
brain tumor called an acoustic schwannoma,
which may save more of a patient’s hearing.

They reported their results at the annual
meeting of the American Society for
Therapeutic Radiology and Oncology.

When the researchers adjusted statistically
for patients in both groups that had only up to
two years of follow-up, they found a signifi-
cant improvement in hearing as gauged by
pure tone average. Patients who had the
higher radiation dose had a mean difference
in PTA before and after treatment of 15.4,
versus those in the lower dose level at 5.37.

Werner-Wasik is optimistic. “We think that
the lower dose level is associated with
more of a patient’s hearing. among 115 patients with acoustic schwannomas treated at Thomas Jefferson University
Hospital between 1994 and 2005. One group of
74 patients received fractionated doses —
small, daily doses of radiation — resulting in
“excellent tumor control and reasonable
hearing preservation,” says Werner-Wasik.
The remaining 41 patients also received frac-
tionated doses, but at a lower radiation dose.

The researchers found that the local tumor
control was the same for both groups, around 98 to 100 percent. The fifth and
seventh nerve toxicity levels were the same
— between 0 and 2 percent — but the
hearing seemed slightly better in the lower
dose group than in the higher dose group.

About 2,000 to 3,000 cases of acoustic
schwannomas occur annually in the United
States. Because it is a slow-growing tumor
that develops in the vestibular nerve that lies
very close to the auditory nerve, the most
common symptom is hearing loss. Left
untreated, the hearing loss can be severe.
While surgery is the only way to remove the
tumor, it is tricky and can potentially
damage surrounding cranial nerves. Treating
the tumor with radiation is usually effective,
less risky, and the vast majority of tumors do
not grow back, says Maria Werner-Wasik,
MD, associate professor of radiation
oncology at Jefferson.

But higher doses of radiation carry some risks
of hearing damage too. David Andrews, MD,
professor of neurological surgery at Jefferson,
Werner-Wasik, and their collaborators
wanted to find out if lower doses would work
just as well. They compared two groups

<table>
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<th>SRT Dose</th>
<th>Mean PTA (initial/last)</th>
<th>Mean PTA difference (range)</th>
<th>Mean SDS (initial/last)</th>
<th>Mean SDS difference (range)</th>
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<td>50.4 Gy</td>
<td>28.48 / 43.89</td>
<td>15.40 (9.9, 21.0)</td>
<td>89.52 / 64.18</td>
<td>-25.33 (-35.3, -15.4)</td>
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<td>N=29</td>
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<tr>
<td>46.8 Gy</td>
<td>26.96 / 32.33</td>
<td>5.37 (-0.6, 11.3)</td>
<td>86.54 / 75.20</td>
<td>-11.34 (-22.0, -0.7)</td>
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<tr>
<td>N=26</td>
<td></td>
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<tr>
<td>p value</td>
<td>0.017</td>
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High Glucose before Surgery Increases Risk of Potentially Life-threatening Complications

Jefferson scientists have found that patients who have high blood sugar run an increased risk of developing blood clots, deep-vein thrombosis, and even pulmonary embolism after undergoing surgery.

Boris Mraovic, MD, assistant professor of anesthesiology in the Artificial Pancreas Center at Jefferson, along with his colleagues examined records of nearly 6,500 hip or knee replacement surgery patients who were admitted to Thomas Jefferson University Hospital between 2003 and 2005. They researched what happened to patients with high blood sugar that wasn’t controlled prior to surgery.

Of these patients, 38 had very high blood glucose — more than 250 mg/dl — on the day of preoperative testing and the day of surgery. The team found that approximately 10.5 percent of the patients with high blood sugar developed a pulmonary embolism, a life-threatening condition in which blood clots travel to the lungs after surgery. That rate is 6.2 times greater than would be expected in the general population. The researchers reported their findings at the annual meeting of the American Society of Anesthesiologists.

Physicians should be aware of these risks, Mraovic notes, and should make it a priority to be sure that the patient’s glucose levels are under control prior to and during surgery.

He adds that recent studies have begun to show connections between increased blood sugar and a greater risk of dying from medical complications for hospital patients in intensive care or cardiac care units. Tightening glucose control dramatically cuts those risks, as well as reduces hospital stays.

Mraovic will confirm his findings in a randomized, prospective trial to determine whether controlling blood sugar before and during surgery could result in a lower risk of blood clots and pulmonary embolisms. He also would like to explore some of the potential physiological mechanisms related to increased blood glucose levels and blood clotting.

Prognosis Indicates “Dachshund” Gene Reverts Cancer Genes to Normal

Scientists at the Kimmel Cancer Center at Jefferson have shown that the activity of a gene that commandeers other cancer-causing genes, returning them to normal, can predict the prognosis of an individual with breast cancer.

The “Dachshund” gene normally regulates eye development and development of other tissues, in essence playing a role in determining the fate of some types of cells. Richard G. Pestell, MD, PhD, director of KCC and professor and chair of cancer biology, and his team examined cancer cells from more than 2,000 breast cancer patients and found that this commandeering or “organizing” ability is increasingly lost in cancer cells and is associated with the progression of the disease. The more the gene is expressed in breast cancer, the researchers discovered, the better the patient did. The scientists reported their findings in the journal Molecular and Cellular Biology.

“This is a new type of gene in cancer that commandeers the cancerous genes and returns them to normal,” says Pestell. “The standard cancer treatment strategy has been to block the proliferation of cancer cells or cause them to die. This is quite different. We’ve shown that the Dachshund gene reverts the cancerous phenotype and turns the cell back to a pre-malignant state. Cells don’t die, but rather, they revert.”

“It’s a bad prognostic feature if you lose this organizer gene,” he says, adding that it could be used as a prognostic marker for breast cancer. The average survival was almost 40 months better in women whose breast cancer continued to express Dachshund.
Jefferson Medical College is proud to present its online alumni community. This online service is free and available exclusively to Jefferson alumni. Using the online directory, you can find an old classmate or a former lab partner, search for friends or make new connections. Special My Page and Class Notes features allow you to upload a photo and share information about your family or career. You can also view upcoming events or create a lifelong e-mail forwarding account.

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Visit this site and register now. Please make sure you add your e-mail address to your personal information so we can stay in touch with you and keep you up-to-date with all of our services and key developments in the Medical College.

The online alumni community is maintained by the Alumni Relations Office of The Jefferson Foundation.
Jefferson-sponsored symposium recognizes the importance of international communication in advancing scientific discoveries.

Two-day Symposium on Neurological Disease

Thomas Jefferson University honored Alzheimer’s disease researchers Colin L. Masters, MD, laureate professor in the department of pathology in the School of Medicine at the University of Melbourne, and Konrad Beyreuther, PhD, professor and director of the Institute for Molecular Biology at the University of Heidelberg, with its prestigious Lennox K. Black International Prize for Excellence in Medicine. The prize recognizes the importance of international communication in scientific discovery and the advancement of medicine.

The award was given during the Jefferson-sponsored symposium, Molecular Basis of Neurological Disease. The honorees’ achievements have provided a path to the current development of therapeutic strategies for Alzheimer’s disease and other neurodegenerative diseases. The team identified the sequence of the protein beta amyloid in the brain of a patient with Alzheimer’s disease more than two decades ago.

Janet Reno, the 78th attorney general of the United States and the first woman ever to serve as attorney general, discussed her experiences living with Parkinson’s disease.

According to symposium organizer Sam Gandy, MD, PhD, director of the Farber Institute for Neurosciences, Masters and Beyreuther’s work led to the discovery of Alzheimer’s genes, and within the last three years, has made possible the advent of a potentially revolutionary technology called amyloid load PET scanning. Such scans employ compounds that bind to amyloid plaques in the brain, enabling doctors and scientists for the first time to visualize plaque buildup in humans.

Gandy, who is also professor of neurology and biochemistry and molecular biology at Jefferson Medical College, says that their research has also led to three major areas of anti-amyloid therapies: anti-clumping medications, vaccination, and enzyme modulators.
Spinal Cord Injury Center Receives $2 Million Grant
The Regional Spinal Cord Injury Center of the Delaware Valley (RSCICDV), a partnership between Thomas Jefferson University Hospital and Magee Rehabilitation Hospital, will receive a $2 million federal grant to allow the center to continue its work to research and treat spinal cord injuries.

In addition to awarding Jefferson $464,000 per year for a five-year period, the National Institute on Disability and Rehabilitation Research (NIDRR) of the U.S. Department of Education again designated the RSCICDV as a Model Spinal Cord Injury System of Care for a five-year period, making it one of only 14 such facilities in the United States and the only one in the Delaware Valley. This partnership has been funded as a Model Spinal Cord Injury System of Care since 1978.

“Our staff is very proud to be recognized again as a center of excellence in clinical care and research,” said Ralph J. Marino, MD, clinical director of the Regional Spinal Cord Injury Center and associate professor of rehabilitation medicine. “We are gratified by the NIDRR’s support of our work through this funding.”

Sang Receives Grant to Study Cancer Growth
Molecular biologist Nianli Sang, MD, PhD CGS’97, has received a two-year grant for nearly $180,000 from the prestigious W.W. Smith Charitable Trust to study the role of a unique molecular switch in the development of cancer.

Sang, assistant professor of medicine in the Cardeza Foundation for Hematologic Research at JMC and the Kimmel Cancer Center at Jefferson, is using the funding to focus on novel biological pathways that block angiogenesis, a process by which new blood vessels form to feed cancer growth. More specific, he and his colleagues are studying HIF-1, a protein complex that promotes new blood vessel formation and tumor growth, which are necessary for red blood cell production. It also protects cells in lesions with reduced supplies of oxygen and glucose, which can occur during strokes and heart attacks.

He and his colleagues recently discovered anti-cancer compounds that inhibit HIF-1 by two new biological pathways. He hopes to identify key components of these pathways and to improve the effectiveness and safety of cancer therapies by learning how to modify HIF-1 functions.

Cohn Named to Head Adult Allergy Division
John R. Cohn, MD’76, has been named to head the adult allergy division of pulmonary and critical care medicine at Jefferson.

During his tenure at Jefferson, Cohn has taken an active role in the Allergy and Pulmonary Fellowship Programs, specifically strengthening the training in the area of adult allergy and asthma care.

Cohn is one of a small group of physicians trained and board certified in allergy and immunology and in pulmonary medicine. He is clinical professor of medicine and clinical assistant professor of pediatrics at Jefferson where he has been a member of the faculty since 1982. He is president-elect of the medical staff of Thomas Jefferson University Hospital.

Kozuch Joins Division of Gastroenterology and Hepatology
Patricia L. Kozuch, MD, joins the division of gastroenterology and hepatology in the department of medicine at Jefferson to help the department meet the needs of a significant population of patients who suffer from inflammatory bowel disease (IBD).

Kozuch is a specialist in IBD, which includes Crohn’s disease and ulcerative colitis. She joins Jefferson from the University of Chicago Hospitals where she completed an IBD advanced fellowship.

Kozuch completed a residency in internal medicine at the New York Presbyterian Hospital-Cornell Campus in New York City in 2002 and a fellowship in gastroenterology at the Montefiore Medical Center of the Albert Einstein College of Medicine, NY, in 2005.

Bray Named Director, Division of Hematology
Paul Francis Bray, MD, has been named director of the division of hematology at Jefferson. He is also Thomas Drake Martinez Cardeza Professor of Medicine and director of the Cardeza Center for Hematologic Research.

A clinical hematologist, Bray joins Jefferson from Baylor College of Medicine in Houston, TX, where he was professor of medicine and pediatrics, as well as chief of the thrombosis research section in the department of medicine.

“We are pleased to welcome Dr. Bray to Jefferson,” said Arthur Feldman, MD, PhD, Magee professor and chair of the department of medicine. “He is well regarded both as a
clinician and a researcher. He is internationally known for his work in platelet biology and thrombosis and has been a leading investigator in the Women’s Health Initiative."

At Baylor, he built a world-renowned group that established the Specialized Center of Research in Thrombosis (one of only four in the United States). The Thrombosis Research Program was greatly strengthened when Bray became principle investigator of a National Institutes of Health (NIH) Training Grant in Thrombosis Research. Bray has had continuous funding from the NIH for 20 years.

Currently, he is pursuing research on the effects of estrogen and progesterone on blood vessel thrombosis, as well as the identification of new genes that predict clinical blood clots.

**Researcher Awarded $200,000 Grant**

Hypertension researcher, Andrea Eckhart, PhD, has received a two-year, $200,000 grant from the W.W. Smith Charitable Trust to study the molecular roots of high blood pressure, a condition which affects one in four Americans.

Eckhart, associate professor of medicine and director of the Eugene Feiner Laboratory for Vascular Biology and Thrombosis in the Center for Translational Medicine in the department of medicine, says that a better understanding of the molecular signaling pathways underlying high blood pressure will help lead to improved therapies. She and her team plan to study the role of a type of protein receptor, Gq, in constricting blood vessels and in the development and progression of hypertension.

"If our predictions are correct, after we study the Gq signaling," says Eckhart, "we may be able to create new antihypertensive therapies that knock out all of these receptors at once, instead of hitting each receptor one at a time, the way we do now. This could transform the treatment of hypertension, making it a condition that is much easier for patients to manage on a day-to-day basis."

**The Hamilton Building Update**

In the last progress report, construction had recently broken ground level. Now the building has reached its zenith! All six stories have been erected. The structure is slated for completion by November 2007. You can check progress by visiting Jefferson’s Web site at www.jefferson.edu.

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**JMC Annual Fund Phonathon a Success**

This fall, alumni and students volunteered their time during the Jefferson Medical College Phonathon. The Phonathon was initiated to promote alumni participation in and awareness to the JMC Annual Fund. More than 30 JMC Alumni Association and student volunteers, including Lorraine C. King, MD, OBG’75, REN’77, Alumni Association president and Phillip Marone, MD’57, executive director of the Alumni Association, devoted two nights to this fundraising effort. Gifts to the JMC Annual Fund are unrestricted, supporting technological advancements, facilities enhancements, and day-to-day operations. Alumni may also designate gifts to scholarships or specific departmental programs. Special thanks to our generous community sponsors for providing refreshments and prizes for the volunteers.

**Phonathon Sponsors**

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- Lucy’s Hat Shop
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- Radisson Plaza - Warwick Hotel Philadelphia
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- Robbins Diamonds
- Siam Cuisine Thai Restaurant
- Spasso Italian Grill
- Starbucks
- Steven Singer Jewelers

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Craig T. Haytmanek, MD, JMC’72, and son, Tommy Haytmanek, JMC’08, making phone calls.
Alumni Association Sponsors Career Day

Thirty-seven alumni presented information to help JMC students prepare for their futures at the 25th Annual Career Day. Alumni with specialties from anesthesia to neonatology, from ophthalmology to vascular surgery were available to answer student questions. Our alumni representatives ranged from the class of 1957 to those who graduated as recently as 2004 with the majority of presenters from the 1990s.

Charles A. Pohl, MD’87, associate dean, student affairs and career counseling, gave the opening talk, “The Scoop on Match Day.” Hoping to encourage students to investigate specialties they had not previously considered, alumni provide JMC students with counsel for the decisions they will make in the coming years. Alumni Association president, Lorraine C. King, MD, OBG’75, REN’77, welcomed students by offering a history of the event.

Jefferson Radiologist Honored

Yeo, who is Greek-American, was honored at the 70th Annual Scholarship Gala during the medical society’s annual scholarship and scientific symposium weekend celebration for his medical and surgical expertise, his commitment to scientific research and his strong Hellenic values.

Leading the scientific program on pancreatic disorders, Dr Yeo, a national expert, discussed pancreatic diseases and surgical options for them. He is editor-in-chief of the latest (sixth) edition of Shackelford’s Surgery of the Alimentary Tract, considered to be an essential reference for general surgeons, surgical residents and gastroenterologists, with a special focus on alimentary tract diseases.

Jefferson Radiologist Honored

David C. Levin, MD, professor and chairman emeritus of the department of radiology, received the Gold Medal of the American College of Radiology in May 2006.

This textbook has served for more than four decades as the leading clinically-oriented encyclopedic review of surgical diseases that concern the alimentary tract. The new edition offers cutting-edge perspectives in the field with help from a new editorial team and highlights the latest technology, detailing information on key topics such as laparoscopic surgery, small molecule therapy, and PET scans. Each page is illustrated with full-color images. The textbook now contains a CD-Rom, which provides all the book’s illustrations to the readers.

Yeo worked with Elsevier not only to expand the topics in this new edition, but also to make the text more user-friendly, trimming the set from five volumes to two.

Giving List Corrections

Jefferson deeply appreciates the generous support of its donors and regrets that the following individuals were incorrectly listed or omitted in the fall 2006 issue of the Bulletin’s giving list. The following are members of the Winged Ox Society.

• George F. Blechschmidt, MD’58
• Ms. Mary Gross
• H. Edward LaVoice Jr, MD’51

Also omitted was Karen Novielli, MD’87, a McClellan Society member.
Thomas Eakins’s painting *The Gross Clinic* was sold recently for $68 million, the highest price ever paid for a work by the artist and, by far, a record for any work of art created in the United States before World War II. Initially, the painting was slated to be sold to the National Gallery of Art in Washington, DC, and the new Crystal Bridges Museum of American Art in Bentonville, AR. However, Jefferson wrote a clause into the contract which allowed Philadelphia-area institutions 45 days to match the offer. Philadelphia rose to the occasion, and the painting will now be owned jointly by the Philadelphia Museum of Art and the Pennsylvania Academy of the Fine Arts.

Jefferson has owned the painting, considered to be Eakins’s masterpiece, since its purchase by alumni in 1878. The sale provides the university with a unique opportunity to continue to advance its mission as a leader in the fields of healthcare education, research, and clinical care. It will help achieve the realization of the university’s strategic plan, including its campus plan, while also providing broad exposure of this important work to the general public.

“This decision will profoundly and positively impact the future of our great university and generations of medical students, physicians, and patients,” said Brian G. Harrison, chair of the board of trustees. “By selling this painting, the exhibition and preservation of which is outside the scope of our central mission, we are managing our resources most prudently and will be able to further our essential responsibility to educate, teach and heal.

“We are gratified that the Eakins painting will join the public collections of two great institutions, where it can be seen and appreciated by millions of visitors,” said Harrison. Currently, an estimated 500 viewers visit the painting annually.

When *The Gross Clinic* is displayed in its new public location, a plaque acknowledging the role of the Alumni Association, Jefferson Medical College, and Thomas Jefferson University in obtaining and preserving the portrait will be prominently posted, according to alumni wishes. Harrison explains, “The Board acknowledges the affection that many in the university community have for *The Gross Clinic*. Recognizing that Dr. Gross and the Eakins painting are a part of our treasured history, the relationship of Jefferson to this painting will be acknowledged when the painting is exhibited. This will communicate to a wide audience the important role that Jefferson and its alumni have played in the furtherance of medical science and healing.”

Although the decision to sell the painting was a difficult one, the sale was undertaken to promote Jefferson’s important mission. “The university’s strategic plan calls for many new programs and initiatives, including a redefined medical education, research, and teaching complex to support the delivery of 21st century medicine,” said President Robert L. Barchi, MD, PhD. “Jefferson is beginning to carry out its strategic plan. This sale will help us realize our strategic goals, bolstering Jefferson’s leadership position and strengthening our reputation as a premier academic health center.”

The strategic plan, which was developed with the assistance of more than 400 faculty members and students, calls for the creation of an integrated approach to healthcare education, research, and delivery. Addressing Jefferson’s mission, goals, and academic, research, and clinical aspirations, the plan proposes actions ranging from the establishment of student scholarships to the creation of new academic programs and the new
This decision will profoundly and positively impact the future of our great university and generations of medical students, physicians, and patients.

Alumni Respond

“The true value of that picture cannot be described in Dollars and Cents. Many nights during my four years at Jefferson, I was tired and run down. One of the stops I made many times was in the hall [to look] at the picture. I am sure many other students have found inspiration in that picture late at night when the board members are asleep...I think in selling this picture, you missed the bigger picture.”

John McGuire, MD’92

“As a layman, I was shocked the first time my wife and I saw The Gross Clinic formally displayed at Jefferson... No significant environmental protection, easily reached by the unconcerned, etc. Great historic treasures call for professional maintenance. Would we allow our patients to go unprotected into the world of viruses, bacteria, and other anticipated challenges? No. We would insist on professional care and protection. But hey, we are doctors—not curators.”

Jay Hughes, MD’58

“The amount mentioned, $68 million is...less than a fifth of the yearly malpractice tab for the Jefferson physicians. In other words, it is too low a price for a painting of such stature, renown, and emotional meaning to all Jefferson alumni... Why is it so important to sell the Eakins at a pitance? Why can you not root out money-losing services, departments, or poorly-planned capital projects? ...I touched that painting as a boy and students put out their cigarettes on the frame before taking exams during World War II, when it was outside McClellan Hall at 1025. ...The Gross Clinic inspired me to become a physician and join the Jefferson family. It is what gives Jefferson some of the intangible qualities that separate it from other, routine, run-of-the-mill schools.”

William H. Nelson, MD’88

“The Board made the right decision. Jefferson must adhere to its mission of training outstanding physicians to care for our patients, and this decision to further the mission. Owning a painting, even a spectacular one, will not make Jefferson a better medical school. And a masterpiece should be where it can be properly cared for and widely seen and appreciated.”

Catherine McLaughlin Silva, MD’87

facilities they will require. The university has developed a Facilities Master Plan to provide the infrastructure needed to attain these goals. The first step in this plan has already been taken: the Dorrance H. Hamilton Building will create an environment where students from across campus will be taught in healthcare teams. Additional plans call for upgrading the university’s research capacity and a new ambulatory care facility, which will consolidate the outpatient environment and increase efficiency of the offices.

Proceeds from the painting’s sale will not be expended to carry out these plans. “Only the interest earned from these proceeds will be spent,” Barchi explains. “We have created the Eakins Legacy Fund with the money received from the sale of the painting. It is our intention that the corpus of this fund will never be spent.” The plan calls for about half of the interest the fund earns annually to return to the fund as new endowed scholarships for meritorious students and endowed professorships for outstanding faculty, thus continuously growing the Legacy Fund while fulfilling two key strategic plan goals. Each year, the remaining interest income will be used to support other critical initiatives in the strategic plan, ranging from new faculty recruitment to classroom and laboratory renovations for new programs. “We will seek the input of an Eakins Advisory Committee that will include alumni, faculty, and students in determining the specific uses of these funds,” Barchi says.

Last year, Jefferson’s long-term investment pool grew by 14.3 percent. Even at a more conservative estimated investment return rate of 10 percent, the Eakins Legacy Fund would generate about $6.5 million next year. Returning half of this to the fund could create seven full scholarships in perpetuity in a single year alone. Barchi explains, “Under similar assumptions, we could create, for example, ten endowed professorships and fifty endowed scholarships over the first ten years of the Eakins Legacy Fund’s life. During the same period, the fund will provide an additional $31 million for other needs of the strategic plan, while the fund itself will grow to more than $105 million.”

“Most important,” Barchi concludes, “by creating the Eakins Legacy Fund we will be investing in our future for as long as there is a Jefferson. Within the working lifetime of this year’s graduates, 50 of our best and brightest faculty could hold Eakins endowed professorships, more than 250 deserving students each year could be supported with Eakins scholarships, and $150 million could be made available to support new initiatives.”

Jefferson will retain full rights to the image for use on publications, both paper and electronic in perpetuity. Furthermore, Jefferson has commissioned a high-quality reproduction of The Gross Clinic, which initially will be displayed in the Eakins Gallery in Jefferson Alumni Hall, until its permanent campus location is determined. Many have suggested that the reproduction hang on the second floor of the College Building, but the university intends to get input from alumni, students, and faculty before making a final decision.

The Gross Clinic depicts the commanding figure of Dr. Samuel D. Gross operating in Jefferson’s surgical amphitheater, demonstrating to a group of students, how to remove a diseased bone caused by osteomyelitis, a technique he pioneered. Groundbreaking for its bold brushwork and unconventional style of portraiture as well as controversial in its brutally realistic depiction, the painting illustrates the confrontation of the human mind and the human body. Eakins, a Philadelphia native, took classes in anatomy at Jefferson, where he determined that the human body, understood as an expressive mechanical system, is the basis of all art.
Early Jeffersonians were pioneers in medicine, research, and leadership. True to this history, the Jefferson community continues to lead, innovate, and excel.

Whether motivating others by teaching, mentoring, administrating, volunteering, or giving of resources, Jefferson leaders are guided by an absolute sense of mission and a reputation for changing the lives of others.

When Monica Morrow, MD’76, FACS, entered surgical training, cancer treatment was in transition. “Cancer was evolving from a disease almost entirely treated by surgeons to a multidisciplinary effort,” she remembers. “During that time there were still family members requesting that their loved one not be told he or she had cancer even though the patient was jaundiced, required surgery, and knew something was wrong.” She was attracted to doing a fellowship in surgical oncology at the University of Vermont when she saw a different approach to cancer taken by Roger Foster, MD, compared to that of the average general surgeon. While she initially treated all kinds of cancer in her practice, she became interested in breast cancer because it is a common disease which affects women of all ages that has both genetic and sporadic components. “Cancer treatment was undergoing a dramatic evolution, from radical mastectomy to breast conserving therapy,” she adds.

Morrow is the latest recipient of the Alumni Achievement Award. She was “very surprised and extremely honored to have been selected. There are many graduates of Jefferson who have had outstanding achievements.” Her own achievements are impressive: She holds the G. Willing “Wing” Pepper Chair in Cancer Research at the Fox Chase Cancer Center and chairs the department of surgical oncology—one of a few women nationally to chair a surgery department. Professor of surgery at Temple Medical School, Morrow was recently elected fellow of the Royal College of Physicians and Surgeons of Glasgow. She is also a member of the Board of Scientific Counselors of the National Cancer Institute.
An outstanding advocate in the effort to ensure that women receive the best possible breast cancer treatment, Morrow has worked to expand prevention options for women and has made a significant contribution worldwide to developing standards of care for women with breast cancer. As an editor for *Breast Cancer for Dummies*, she has brought her knowledge to a lay audience, as well.

Travel and history are hobbies that she shares with her husband, V. Craig Jordan, OBE, PhD, DSc, a pharmacologist known as the “father” of the breast cancer drug tamoxifen. Because they both work in the breast cancer area, they are invited to the same meetings and can combine attendance at these conferences with their love of travel. Recently their work brought them to Australia, where they tasted wines; Prague, where they explored the history of Eastern Europe; and Malta, where they visited Neolithic ruins.

Being back in Philadelphia has afforded her the opportunity to keep tabs on her alma mater as well. “Walking by the Jefferson campus today, I barely recognized it. There has been so much growth and new construction. It’s nice to see how the school has prospered and grown.”
“Deanship is a position of power, but with accountability,” writes Samuel S. Conly Jr., MD’44S, in *Thomas Jefferson University: Tradition and Heritage*. When Jefferson Medical College began, Benjamin Rush Rhees, MD, was elected to the position of dean; it carried little weight, and for a short time, the job could not be held for two successive years. Today, the deanship has become an involved and complicated job. The medical school dean manages student and faculty affairs, curriculum, research, budgets, facilities, continuing medical education, graduate medical education, and alumni. There are three senior deans and 24 more associate and assistant deans to carry out all the tasks and uphold the multitude of responsibilities.

Over all these assistants and associates sits Dean Thomas J. Nasca, MD’75, MACP. Promoted from his position as associate dean for academic affairs and affiliations, he was appointed acting dean of Jefferson Medical College in 2000. Following a national search, Nasca was named dean of Jefferson Medical College, senior vice president of Thomas Jefferson University, and president of Jefferson University Physicians.

Previously, Dean Nasca held several leadership posts including associate dean for the Jefferson Health System and vice chair for education in the department of medicine. His commitment to teaching was recognized by the class of 2000 when they presented the university with his portrait. The Class of 2006 honored Dean Nasca at its commencement by asking him to administer the Hippocratic Oath.

“Tom has always loved young people and known how to cultivate them, how to bring out the best in students,” Gerard Berry, MD’75, director of metabolism, Children’s Hospital Boston, remarked on the occasion.

This spring, Dean Nasca will receive the Anthony F. and Gertrude M. DePalma Deanship. This named deanship honors in perpetuity not only Dean Nasca, but the DePalmas for their generosity and foresight.
He was lauded widely at Jefferson. In 1962, the senior class presented his portrait to the college. In 1975, he received the Alumni Achievement Award and an honorary doctor of letters degree from Jefferson—the first time both awards were presented to the same man in one year. A university auditorium is named in his honor.

He was recruited by the University of Medicine and Dentistry of New Jersey to start the orthopaedic department. Later, he moved to Florida where he had an active private practice. When he closed that office, Jefferson invited him to teach again. He flew from Florida to Philadelphia twice a month for eight days of teaching. Finally, in 1989, he retired for good.

Of DePalma, it was once said, “Anyone who has watched Dr. DePalma operate is left with an impression of supremely dexterous hands at the bidding of an agile and resourceful mind. If these were the only qualities possessed by Dr. DePalma, they alone would make him an outstanding surgeon. But he has more than that. He has a keen consciousness of his obligation toward the profession and of his duty to contribute to the extension and diffusion of knowledge in orthopaedics, particularly by seeing that future orthopaedic surgeons are carefully selected and intensively and thoroughly trained. …In honoring Dr. DePalma, you pay deserving tribute to a multifaceted individual: a teacher, an author, an investigator, a gifted and resourceful surgeon, and above all, a loyal friend of Jefferson.”

INVESTING IN LEADERSHIP

There is a long tradition of deans whose imprint on students comes from mentoring, teaching, and guiding. The role of the dean is critical to the success of Jefferson Medical College. A permanent named fund honors the incumbent and affirms the importance of this appointment throughout academia and the world at large.

The significance of endowed positions cannot be overstated. They enable the college to recognize exceptional teaching, research, clinical care, and leadership. They help ensure the financial security of the college. Similar to a professorial chair, an endowed and named deanship will support and maintain deans whose character, scholarship, and conviction will guide generations of students. It is a vital way to ensure Jefferson’s ability to attract an outstanding doctor, teacher, and administrator whose leadership and vision are essential in training the world’s foremost physicians. A named deanship helps defray the salary, benefits, and other expenses associated with this key position.

Beyond simply underwriting the salary of a distinguished leader, the annual income from such an endowment may be used in a range of creative ways—for student stipends, crucial equipment, travel—to advance the work of the dean, making each endowed position a center of learning and excellence, drawing the most promising students and young researchers to Jefferson.

“A HISTORY OF LEADERS

Anthony F. DePalma, MD’29, FACS, was the James Edwards Professor of orthopaedic surgery at Jefferson from 1950 – 1970. Following WWII when the faculty recognized the department of orthopaedic surgery needed a new and vigorous leader, they recruited DePalma who was then chief orthopaedic surgeon on the USS Rixey, a hospital combat ship. He was induced to return as an assistant professor in 1946.

In 1950, he was named the third James Edwards Professor of Orthopaedic Surgery and chair of the department.

In 1952, he became the founding editor of Clinical Orthopaedics and Related Research, a respected series published by the Association of Bone and Joint Surgeons, which DePalma co-founded. While teaching, researching, and operating, DePalma wrote five medical books, which are considered classics and have been translated into several languages.

DePalma proved to be a forceful teacher, a gifted technician, and a busy clinician. His private practice grew to match his surgical reputation as it spread beyond Jefferson. A sense of excitement returned to Jefferson orthopaedics because of his expertise and dynamic nature.

“There is a long tradition of deans whose imprint on students comes from mentoring, teaching, and guiding.”
“There have been some great results from this program—kids have gone on to college and been accepted into magnet schools and honors programs.”

Julia Lou ’07 thought she’d get fewer phone calls from her mentee as the girl got older, and Lou got “less cool.” But she’s finding that she’s being called on as an advisor more often. She and her fellow Jeff Mentors are asked to help with all sorts of troubles.

Alicia Rapson ’07 elucidates. “We’ve had mentees whose friends and fellow students were killed, shot in drive-bys. We’ve never dealt with this kind of thing ourselves. As a doctor, as a mentor, how do you talk about this? How can you reassure them that this won’t happen to them?”

It’s a big task and a nearly monumental undertaking to offer this help while studying for a career in medicine. Jeff students make a two-year commitment and see their mentees at least four hours a month. Lou iterates, “Our mentors really work hard. They give a lot.”

Lou and Rapson are fourth-year medical students at Jefferson who mentor students from the Honickman Learning Center and Comcast Technology Lab. Together, they administer the Jeff Mentors Program, now in its ninth year.

R. Patrick McManus, MD, PGFPX’95, residency director for the department of family and community medicine, is the faculty advisor to Jeff Mentors. The program began based on a community-needs assessment done by the department of family and community medicine. “What kept emerging was the number of kids struggling with lack of adequate adult role models manifesting in poor school performance, early sexual activity, violence, and drug use,” explains McManus. “A sort of ‘lost generation’ was occurring with kids unsupervised by parents and guardians who were often ‘not so healthy.’” Because the parents were unable to spend time with their children, the residents...
in family medicine started to mentor them. “But the residents’ time was less flexible than the students’ time, and their participation was not only difficult to mandate, it didn’t make sense to require participation,” McManus says. The program was expanded to include Jefferson students from all the colleges, although the participants were — and remain — primarily medical students.

McManus insists the success of the program is dependent upon the student leadership. “Julia and Alicia have done a great job.” Early leaders, like Sarah Messick ’03 and Dan De Joseph ’05, established the structure that continues to provide success today. Many of the students who are part of the program leadership, and the mentors who have signed on for longer than two years, contribute to its vast achievement. “Without the student leadership, it’s hard to maintain a level of intense involvement.”

Today about 25 mentors participate. “Administrating the program can be pretty involved. There are enough mentees for us to have a larger program; but we have to work with manageable numbers. Being in contact with the mentees and their families can be very challenging because their lives can be so chaotic. We have to limit our numbers so that we give the best quality,” Lou explains.

The program allows Jeff students to get the experience of working with different populations. “Maybe some of our mentors, after doing the program think: ‘This isn’t for me — I need more structure; I need more straightforward issues.’ For others it’s a great way to see another world that we don’t necessarily get to see on campus,” Rapson says. Lou explains, “It can be very overwhelming — you see one problem and you realize it has a domino effect.” I think it can overwhelm some people,” Rapson agrees. “In the end, you can understand why there is such disparity in healthcare.”

The activities the mentors do range from baking brownies to walking in the park, explaining how the internet works to getting ice cream or walking the dog. “A nice thing about our program is that a lot of these kids haven’t been out of their neighborhoods, so we really encourage our mentors to bring them to their own neighborhoods so the kids get a chance to see a different part of the city and realize that different opportunities exist,” Lou says. Even a trip to the grocery store provides opportunities to work with the mentees. “My mentee loves the automatic checkout!” Lou exclaims. Math skills can be reviewed, shopping cost-effectively can be introduced, and good nutrition can be underscored. Louis mentee “always tries to eat healthier than me.” Rapson’s mentee isn’t allowed to go to the basketball courts by herself, so she brings the young girl down to her neighborhood to play. Ultimately, “a lot of it is getting one-on-one time with adults who are focused on them,” says Rapson.

The organization also plans group activities. “Gym Day” found the mentors and their mentees at the Jefferson gym. “They got to swim inside in February, which was unreal to them,” Rapson says. The group recently gathered for Thanksgiving dinner and a Christmas party.

The program has been a success. McManus explains, “There have been some great results from this program — kids have gone on to college and been accepted into magnet schools and honors programs. But he defers, “We’re just one component of a much larger effort.”

The mentorship program provides additional training for the medical students. Lou plans to attend to the underserved in the inner-city. Rapson plans to become a pediatrician, and this program has helped her understand the aspects of healthcare that are more policy-related. “It gives you a viewpoint of underserved areas that you couldn’t get anywhere else; you’re in the homes learning about the problems these kids face. So you can understand why they’re not getting the education they need, why they’re not getting the opportunities that would be great for them, which includes healthcare. As a physician, you start to better understand this is why they missed their checkup; this is why they’ve never seen a doctor before. To actually see it gives it a personal aspect, a new look at a community that you usually hear about in the news or read about in books.”

The group’s biggest financial burden is transportation, whether it is getting the students to Jeff or the mentors to North Philadelphia. “We try to give the mentors about $10 per month for transportation. It’s hard because the bus is a little scary up there and the taxis won’t pick up in that area. It’s the biggest barrier.” Lou and Rapson say. To raise money, the organization sponsors a “Wing Bowl” — a chicken wing eating contest — at McGillin’s, a nearby pub. Angela Au ’08 and Mike Baretz ’08 are lauded as the “brains behind it.” Money is raised through a cover charge, and the wing-eating teams must raise an entry fee. “McGillin’s has been phenomenal, donating the wings last year.” The group will hold the upcoming bowl in March or April. And we’re all invited.
When Richard C. Wender, MD, PGAFPX’82, chair of the department of family and community medicine at Thomas Jefferson University and Thomas Jefferson University Hospital, assumed the presidency of the American Cancer Society, he followed Carolyn Runowicz, MD’77, in the position. He’s not surprised to be succeeding a fellow Jeffersonian. “Jefferson has always valued humanism, service, and a clinical focus, while attempting to train leaders,” says Wender. “So even if the odds are against it, I’m not shocked.” He jokes, “We may allow some other school to share in the future.”

Wender became the first family primary care physician to hold the post. “It makes good sense to have a primary care physician as president of the American Cancer Society. Primary care physicians work on the front line in the fight against cancer. We often make the initial diagnosis and help our patients navigate their cancer treatment.” More important, however, Wender sees his background as a way to strengthen bridges between cancer care and primary care communities.

As president, Wender will facilitate and help define key strategic outcomes. The American Cancer Society has a goal of reducing cancer mortality by 50 percent by 2015. “We’re on the way but there’s still a lot of progress to be made. One of the things that has become increasingly clear is that we cannot achieve this goal under the current healthcare delivery system. Too many people, too many patients, don’t have access to high quality care. There are 46 million uninsured and 30 million more underinsured in this country. There are many more who, once they are diagnosed with cancer, bear extraordinary out-of-pocket expenses. To get to our goal, we have to improve access to care.” He currently chairs a board committee to develop coalitions that address this issue.

Wender has been involved with the American Cancer Society since the mid-1980s, serving at local, divisional, and national levels. He has also been a member of the Centers for Disease Control and Prevention’s prostate and colorectal cancer task forces. Since 2004, he has been a member of the board of directors for the National Colorectal Cancer Roundtable, and has served as co-director of the Cancer Research Foundation of America’s colon cancer conference for the past three years.

When asked what he has learned about leadership at Jefferson, he says, “Considering my entire professional career has been spent here, I have learned a great deal about what it means to be a leader.” He directed the family practice residency program at Jefferson from 1985 to 1995 at which time he was named vice chair of the department and clinical professor of family and community medicine at JMC. He continues, “Being a department chair is a phenomenal training ground. Chairs are in the middle of a management structure; they serve upon request of the president and dean, and make sure that the department plays its role in the college’s mission and are also responsible as leaders of the units to make the day-to-day work happen, guiding all of the staff. I’m a different person and a different leader than I would have been without Jeff.”

“I have learned by observing others. I feel extraordinarily free to learn from everyone. I don’t come in with preconceived notions about who is doing it right or wrong, or which position a person has to hold for me to learn about leadership from them. I’m open to trying out things that I’ve seen others do. I’ve seen residents and even medical students who are tremendous leaders. During a training session for new chairs organized by Associate Dean James Selzer, MD’71, I met a consultant from Wharton who helped me form my philosophy: ‘Lead by managing relationships, not by asserting authority.’”

Wender does count his parents among his role models. His father, Irving Wender, a distinguished university professor in the School of Engineering’s Department of Chemical and Petroleum Engineering, is just now, at age 91, thinking of retiring from the University of Pittsburgh. Wender admires the way he’s been dedicated to his family and his community. “And my mom has a wonderful sense of humor.” When it’s suggested that’s where he gets it, he’s quick to add, “My dad thinks he’s funny, too.”

Recently, Wender received the Cancer Control Award, given to honor exemplary individual achievements in this field. He was nominated by President Robert L. Barchi, MD, PhD. Asked how he felt about this honor, he responded enthusiastically, “It felt really good!” He explained, “It means an incredible amount. In my work as department chair, we try to fit what we’re doing with goals of the institution, and it provides high levels of validation for what we’re attempting to do when you’re nominated by one of your bosses.” He adds, “It meant a lot just to be nominated.” And you get the feeling that unlike Oscar nominees who say that, he really means it.
I remember the very first day I assisted on an open-heart operation. I was in training at Thomas Jefferson University Hospital in Philadelphia. The patient was undergoing a routing coronary bypass procedure. The attending surgeon was John Y. Templeton III, MD’41, a pioneer in the field of cardiac surgery.

To say the least, I was in awe of Dr. Templeton and quite nervous to be in his operating room. He was a tall, thin man with a biting sense of humor that was accentuated by his southern drawl. He was a magnificent professor, researcher, and teacher, and like many of the giants of his time, he demanded hard work and perfection from his students.

Every surgeon remembers his or her first day in an operating room. I recall just standing there praying not to make a mistake or be yelled at! Of course, Dr. Templeton had seen hundreds of new surgeons in training, long before he met me. He was known to welcome a new resident surgeon to his operating room with the quip, “Who is my worthy opponent today?”— humorously implying that a new resident is often more of a hindrance than help during the operation.

Dr. Templeton handed me the scalpel. I was in shock. He actually wanted me to make an incision on this patient’s chest on my very first day. I immediately felt the sweat beading up on my forehead. Out of the corner of my eye, I noticed the scrub nurse rolling her eyes, as she too had seen many surgeons in training freeze under pressure. I must have stood there shaking for what seemed an eternity until I finally brought the scalpel slowly down onto the patient’s skin, my first cut barely scratching the surface.

Suddenly, Dr. Templeton looked up at me with his surgical headlight blinding my eyes and said very loudly, “Young Dr. Singer, will you please just cut something? There isn’t anything in the human body you can break that I can’t fix!” By now, I wasn’t breathing. He just smiled and looked back down at the surgical field. I realized at that moment, my indoctrination to the operating room had begun. I put my head down, went to work, and never looked back. That is, until now.

I can hardly believe that a quarter of a century has passed since that first day. As it turned out, among his many accomplishments, Dr. Templeton was the 18th president of the Pennsylvania Association for Thoracic Surgery. He quickly became a mentor to me, as I had the privilege of training under him during the last few years of practice prior to his retirement. He taught me so many things, but his greatest lesson was the passion he shared for both his field and his surgical colleagues. He once told me that only surgeons understand what it takes to be a surgeon.

This past year, I have had the honor of following in Dr. Templeton’s footsteps by serving as the 44th president of the Pennsylvania Association for Thoracic Surgery. Not long ago, I received a very kind note from Dr. Templeton, now in his 90s, wishing me success at our meeting at Lehigh Valley Hospital. As I read his letter, I was overcome with emotions. Indeed, it was time to reminisce and reflect upon those early days — the seemingly endless years of training, the countless sleepless nights, but most of all, the laughs and camaraderie that are a part of surgical training.

Unfortunately, Dr. Templeton is unable to attend our meeting. Nonetheless, I will be thinking of him and that very first day in the operating room. I am grateful for the lessons he taught me. There’s an old saying in surgery, “See one, do one, teach one.” It may seem simplistic, but there is truth to it. First you are the student, and then you become the teacher. I only hope that someday, I will have inspired a young surgeon in the same way.

Raymond L. Singer, MD, PGCTS’92, is associate chief of cardiothoracic surgery at Lehigh Valley Hospital and Health Network and president of the Pennsylvania Association for Thoracic Surgery.
From the time Erich Antonio Everts, MD’50, graduated from Jefferson Medical College, he was determined to give back to Jefferson for the excellent education he received, and the opportunities that were afforded to him. This past September, the IRA Charitable Rollover Provision of the Pension Protection Act of 2006 enabled him to fulfill his wish.

Everts was born and raised in the small town of Aibonito, PR. Despite the challenges he faced growing up during the Great Depression, he graduated valedictorian of his high school class in 1943 and enrolled in pre-medicine courses at the University of Puerto Rico from 1943 to 1946. In 1946, Everts was accepted at Jefferson Medical College and received a scholarship in the amount of $1,000 per year. At this time, tuition was a mere $400 annually.

When Everts started at Jefferson, he had a significant language barrier to overcome. While he possessed a vast knowledge of medical terminology, he was essentially forced to learn a second language while simultaneously pursuing his medical degree. This, however, did not hold him back; in 1948, he received the gold medal for the highest grade in anatomical subjects for his first two years at the college. He was elected to the Alpha Omega Alpha (AOA) medical honor society in his third year and received both the surgery prize and the Saunders prize for the highest exam grades in his fourth year.

After he graduated from Jefferson in 1950, he returned to Puerto Rico for a rotating internship at Bayamon Charity District Hospital. Everts returned to Philadelphia one year later to marry a “Philadelphia girl,” Gilda, whom he met as a student, and to take on a residency in pathology at Jefferson under the guidance of Peter A. Herbut, MD (who later became the first president of Thomas Jefferson University).

Everts is board certified in anatomical and clinical pathology, as well as nuclear medicine. In 1991, he retired from practice as the director of pathology at St. Mary’s Medical Center in Langhorne.

In appreciation for the scholarship aid that he received from the Puerto Rican government, he returned to Aibonito in 1992 to establish the department of anatomical pathology at the Menonite General Hospital. Prior to his arrival, specimens had to be sent away for testing, which could often take two weeks or longer. When he returned to Pennsylvania in 1995, there were two board-certified pathologists heading the department.

The Everts have three children: Deborah Everts Hoellein, MD’78, Erich Jr., MD’79, and Leslie, MD’90. Deborah is a pediatrician, Erich Jr. is an anesthesiologist, and Leslie is a family practitioner.

Everts meant so much to Everts and his three children, which prompted him to give back. An article that he read in U.S. News & World Report in early September about new changes in tax laws facilitated his taking action.

After reading this article, Everts contacted Jefferson about making a substantial gift to fund a scholarship to benefit students who came to Jefferson Medical College from Puerto Rico as he did in 1946. “I wanted to give other students from Puerto Rico the same opportunities I had when I came to Jefferson and encourage more to apply,” said Everts. “I could not have attended Jefferson without the financial help I received.”

Everts is concerned about making sure fellow alumni and Jefferson supporters are aware of the new provision as well. “I think if more people my age knew about these laws, we could see a lot more giving in the next year,” he remarked. “I was grateful for the opportunity to make a significant gift.”

For more information about the IRA Charitable Rollover, or to make a gift, please contact The Jefferson Foundation’s Office of Planned Giving at 877-533-3443.

Understanding the Pension Protection Act of 2006

• Applies to calendar years 2006 and 2007
• Donor must be at least 70 1/2 years of age
• Contributions are transferred directly to Jefferson from a traditional or Roth IRA

Charitable distributions may be made in any amount up to $100,000 per year.* Distributions are not recognized as income and are tax free.

Assets held in IRAs are not only subject to income tax when withdrawn during one’s lifetime or by survivors, but may also be subject to estate tax if left to loved ones other than a spouse. For this reason, IRAs may be a good option when deciding how to fund charitable gifts.

Check with your advisor about the best way to take advantage of this new giving opportunity. The staff of The Jefferson Foundation will be pleased to assist you in any way possible. Please contact the Office of Planned Giving, 877-JEFF-GIFT.

* A couple with separate IRAs can each donate up to $100,000 per year.
We care what readers think about the Bulletin. Won’t you take a minute to answer this brief survey? Just tear it off and fill it out, and mail to the address below. Your feedback will be very helpful. We want to hear from you! Thank you. — The Editors

We want to hear from you!

Please rate the Bulletin in the following areas:

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<th>Area</th>
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How much of the Bulletin do you read?

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Do you ever clip and save stories from the Bulletin or pass a story or a whole issue to family members, friends, or patients?

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How significant is the Bulletin compared to other sources of information you get, in making you feel connected to and knowledgeable about medicine at Jefferson?

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How enjoyable and interesting do you find the Bulletin compared to other alumni or organizational magazines that you receive?

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What magazines (paid or free) do you find most enjoyable and interesting?

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Do you find the level of scientific and medical detail in the Bulletin to be

- much too complex and technical
- sometimes a little beyond me, but I enjoy it
- just about right for me
- a little more superficial than I’d prefer
- much too simplistic scientifically and medically

What articles in the Bulletin (or kinds of articles) have you especially enjoyed?

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What did you like MOST about the Bulletin?
(Continue on another sheet of paper if you’d like.)

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What do you like LEAST about the Bulletin?
(Continue on another sheet of paper if you’d like.)

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We would also appreciate knowing a little about you, so we can put your responses above in context.

I live in:

- Philadelphia
- elsewhere in Pennsylvania
- elsewhere in the United States
- abroad

My age is:

- under 30
- 30–49
- 50–69
- 70 or more

I work for TJU, TJUH, or The Jefferson Health System

- I currently do
- I used to
- I never have

I work as a healthcare provider or a biomedical scientist:

- I currently do
- I used to
- I never have

Mail to: Editor, Alumni Bulletin, Jefferson Medical College, 925 Chestnut Street, Suite 110, Philadelphia, PA 19107-4216
Or fax to: 215-503-5084
The annual Jefferson Awards Gala was held on Wednesday, November 8, at the Philadelphia Downtown Marriott Hotel with over 500 guests in attendance. The evening is held each year to pay tribute to those individuals whose contributions have had a tremendous effect on the university and the hospital. This year’s honorees were James W. Stratton, who received the Award of Merit, and James W. Fox, IV, MD’70, who received the Achievement Award in Medicine (see sidebars). The Gala raised over $450,000 for melanoma research and for scholarships for JMC’s underrepresented students.

Award of Merit

James W. Stratton received the Award of Merit, presented to accomplished Philadelphians who have enhanced the medical experience through leadership, contribution, and innovation. Stratton has been a member of the board of trustees of Thomas Jefferson University since 1970. At the age of 34, he was the youngest term trustee to be elected in over a century. He chaired the board from 1990 – 1995, and in 2005 he was awarded emeritus status.

Personally, and through the Stratton Foundation, he has supported many of Jefferson’s philanthropic initiatives, including establishing a scholarship to honor his friend Paul C. Brucker, MD, president emeritus of Thomas Jefferson University; this scholarship supports students enrolled in the MS-MD program at Penn State.

Scholarships for Students Underrepresented in Medicine

Stratton designated that a portion of the funds raised at the Gala be distributed to a scholarship designed to attract students underrepresented in medicine at Jefferson Medical College. This scholarship is designed to help Jefferson achieve diversity as set out in its core values. One important reason to increase the number of underrepresented graduates in medicine is that, as doctors, they serve the populations least likely to have access to quality medical care. Diverse educational environments have been found to contribute to improved intellectual and social outcomes for all group members as well, improving the overall Jefferson experience.
Achievement Award in Medicine

James W. Fox, IV, MD’70, received the Achievement Award in Medicine, which recognizes individuals who earn and maintain excellence in their profession, and who actively contribute to the growth and development of their field. Fox, professor and director of plastic and reconstructive surgery at Jefferson Medical College and chief of the division of plastic and reconstructive surgery at Thomas Jefferson University Hospital, is chairman of Jefferson’s surgical advisory committee in the department of surgery. He is past president of the Alumni Association and alumni giving and past president of the medical staff at TJUH.

Fox, who has been in private practice for 30 years, has authored over 40 scientific articles and publications, many of which have dealt with breast reconstruction. He has written five textbooks and has given lectures on his work and research all over the globe. He is a member of the board of trustees for the American Society of Aesthetic Plastic Surgeons, associate editor for the Aesthetic Surgical Journal, and president of the Philadelphia Society of Plastic Surgeons.

Fund for Melanoma Research

Fox has requested that a share of the funds raised at the Gala be dedicated to melanoma research. Jefferson is conducting breakthrough research to develop an effective melanoma vaccine known as M-Vax. With this vaccine, a patient’s own melanoma cells are removed, a chemical, hapten, is added to each protein found in that melanoma, and the cells are placed back into the patient. The foreign agent, hapten, causes the patient’s immune system to attack the cancer cells, which it would normally ignore. Preliminary tests in cancer patients have proven successful, bringing Jefferson closer to a cure for this disease.
Joe Henry Coley ’34 died October 25, 2006, at age 99 years in Oklahoma City, OK. Board certified in obstetrics-gynecology, he treated patients and taught at the Hospital of the University of Oklahoma, Oklahoma City, OK, retiring as emeritus professor after 45 years of service. A distinguished Jefferson alumnus, he served Jefferson as a trustee for eight years and established the Joe Henry Coley Lectureship at Jefferson in 1993. He was the recipient of many Jefferson awards, including the Alumni Achievement Award, the Cornerstone Award, and the Dean’s Medal. He is survived by his brother, Charles B. Coley. 

George Hollander ’39 died June 2, 2006. He had been retired from medical practice having practiced at Einstein and Frankford for nearly 50 years. He made house calls throughout his career. He is survived by his wife, Leah. 

Olaf W. Allison ’40 died August 28, 2006. He practiced anesthesiology at the Boulder Medical Center, Boulder, CO. He is survived by his wife, Marlene, two sons and two daughters.

Charles F. Richards ’42 died August 31, 2006. He was chief of surgery at Delaware Hospital, Wilmington, DE, where he had the opportunity to teach Jefferson medical students. He held a teaching position in Jefferson’s department of surgery for many years. A fellow of the American College of Surgeons, he is survived by his wife, Eleanor, and two daughters.

Joseph W. Stayman Jr. ’42 died November 2, 2006. Board certified in general and thoracic surgery, he served as director of surgery at Chestnut Hill Hospital, Chestnut Hill, PA. He also held a surgical appointment at Jefferson where he was involved in the surgical education of medical students and surgical residents. He was widely recognized as a caring physician with a deep commitment to teaching. He is survived by two sons and two daughters. Son Joseph W. III is Jefferson ’70.

Louis G. Bush ’43 died October 3, 2006. He practiced pediatrics in Pocatello, ID. He joined the Peace Corps in 1961 and served in the Philippines, before transferring to the Foreign Service in Southeast Asia, Africa, and Europe. He returned to his pediatric practice in Pocatello, in 1978, until he retired at 75. He is survived by his wife, Maryrose, and two daughters.

Paul Cutler ’44 died June 16, 2006. He initially practiced in Atlantic City, NJ, where he became chief of medicine at Atlantic City Hospital. He later moved to Afghanistan as a volunteer for Caremeds. On his return to this country he was appointed dean of the University of Texas Medical School, San Antonio, TX. In 1979, Cutler was appointed a clinical professor of medicine at Jefferson. He assisted in the development of an offshore medical school on St. George Island in 1982. He is survived by his wife, Janie.

John B. Movelle ’44 died July 21, 2006. He was in general practice in Fairhaven, NJ, and on staff at the Riverview Medical Center where he served as president and chief of medicine. Highly regarded both as a doctor and a person in his community, he received the Golden Merit Award from the Medical Society of New Jersey. He is survived by three daughters and three sons.

Albert D. Kapcar ’54 died September 20, 2006. He practiced urology in Marion, OH. He was a Fellow of the American Urological Association. He is survived by his wife, Eleanor, three sons, and three daughters.

W. Bosley Manges ’54 died July 29, 2006. The star student in his class, he joined Fred Wagner, ’41 in a surgical practice in New Jersey. A slowly developing health problem finally forced him to give up his active surgical career. He is survived by his wife, Helen Minerva.

Clifford M. Burning ’45 died September 8, 2006. He practiced as a family physician in Kennett Square, PA, for 42 years. He was chief of medicine and chief of staff at Chester County Hospital in West Chester, PA. He is survived by his wife, Katherine, and four stepsons.

Joseph E. Larkin ’45 died August 21, 2006. He began his family and occupational medicine practice in Philadelphia, PA, in 1947. He relocated to Sea Isle City, NJ, in 1972 and continued to practice. He was also the founder and medical director of the Wheaton Industries Healthy Clinic in Millville, NJ. He is survived by his wife, Regina, seven sons, and five daughters.

Robert E. Sass ’46 died October 18, 2006. He had a family practice in Hermitage, PA. He was awarded the James Martin Orthopaedic Surgical Prize. A decorated war veteran, Sass was appointed a surgeon with full operating privileges in general and thoracic surgery at what is now Sharon Regional Health System. He continued his practice for more than 30 years at the hospital where he was chief of thoracic surgery and chief of general surgery. He was also chairman of the departments of surgery and infection control and served on the executive committee. He was president of the medical staff and lectured on surgery at what was Sharon General Hospital School of Nursing. He retired in 1987. He is survived by brother Donald, ’50; two daughters; and a son. Daughter Patti Hoffman is DN’74. Granddaughter Kathryn Trayes is MD’05.

Bruce M. Wimer ’46 died April 1, 2006. He practiced in Albuquerque, NM. Upon retirement from his medical practice he began working for a local pharmaceutical company. He is survived by his wife, Polly.

C. Thomas McCchesney Jr. ’47 died July 25, 2006. He recently retired from his plastic surgery practice. He is survived by his wife, Eleanor.

Edgar C. Smith ’47 died October 31, 2006. He practiced at Methodist Hospital in Philadelphia, PA. He was past president of the Mercy Catholic Medical Center and the Delaware County Medical Society. He is survived by two sons and a daughter.

William F. Hughes ’48 died November 8, 2004. He served eight years in the U.S. Navy before working as an orthopaedic surgeon at Norwalk (CT) Hospital. He taught at Yale. He is survived by two sons and four daughters.

Francis E. Rosato, MD, died October 18, 2006, after a long illness. Rosato was the 6th Samuel D. Gross Professor of Surgery and former chair of the department of surgery at Jefferson Medical College and Thomas Jefferson University Hospital. He received his undergraduate degree at St. Joseph’s University in 1955 and his medical degree at Hahnemann Medical College in 1959. He trained in surgery at HUP and served as a faculty member at that institution. He subsequently established the Department of Surgery at Eastern Virginia Medical School and served as its first chair from 1975–1978.

Rosato was recruited back to Philadelphia and, in 1978, began his 22-year tenure as the Samuel D. Gross Professor of Surgery and chair of the department of surgery. Under his chairmanship, Jefferson performed the region’s first liver transplants and gained distinction as a center of surgical excellence. Widely reputed for his skill and experience, Rosato authored a number of textbooks, including one on surgery of the breast; wrote over 200 papers in the surgical literature; and was instrumental in helping to establish intraoperative radiation therapy as a standard for cancer treatment. He stepped down as chairman in 2000, but continued to be clinically active through 2004.
Henry R Liss ’48, who died October 29, 2006, was a neurosurgeon at Overlook Hospital in Summit, NJ. He also served as senior vice president of medical affairs at Overlook Hospital for 10 years. He is survived by his wife, Amy, and two sons.

R. Alan Schofield ’48 died August 25, 2005. He was a pathologist and the original director of the laboratory of the Pottstown Memorial Medical Center, serving from its opening in 1973 until his retirement in 1989. Prior to that, he was director of the Pottstown Memorial Hospital Laboratory. He was an assistant professor of pathology at Hahnemann Hospital and Medical College. He was in the Navy Medical Corps during WWII and in the Navy in Korea. He was in the Navy Medical Corps at Hahnemann Hospital and Medical Department, 1980 – 1986. He is survived by his wife, Rosemarie, a daughter, and a son.

J. Robert Ball ’50 died September 28, 2006. He practiced general surgery for nearly 40 years in Fort Wayne, IN. He is survived by Margaret Jane Ball, MD, two daughters, and a son.

Charles R. Henkelmann ’50 died August 16, 2006. He was a radiologist first in San Diego, CA, and later in Chula Vista, CA. Specializing in radiation oncology, he was a co-founder of the Bonita League of the American Cancer Society. He is survived by his wife, Joan, two daughters and a son.

J. Merrill Gibson ’52 died July 15, 2006. He was chief of surgery and chief of staff at Westerly Hospital in Westerly, RI. He was a fellow of the American College of Surgeons. He is survived by his wife, Claire, and three sons.

Milton W. Johns ’53 died August 19, 2006. He formed Lancaster Emergency Associates to provide 24-hour emergency room service at Lancaster General Hospital in Lancaster, PA. He is survived by his wife, Jackie, two daughters, and two sons.

Stephen J. Kendra ’57 died May 20, 2006. He retired in 1980 as a captain in the Navy Medical Corps after serving in posts all over the world. He then was as director of the Chesapeake, VA Health Department, 1980 – 1986. He is survived by his wife, Roseanne, two sons, and a daughter.

Ronald E. Traum ’57 died October 23, 2006. A reproductive endocrinologist, he held an academic position at Jefferson and was well published. He devoted his medical practice to helping women who had difficulty conceiving children. He is survived by his wife, Shirley, a son, and two daughters.

V. Michael Vaccaro ’58 died June 27, 2006. He was a professor of psychiatry at Hahnemann University School of Medicine. He also directed Hahnemann’s master program in group process and group psychotherapy. He is survived by his wife, Alberta, and two daughters.

Ernest C. Dunn Sr. ’60 died June 19, 2006. He served as chief of radiology, Shore Memorial Hospital in Pleasantville, NJ. He was also president of the local school board. He is survived by two sons: Eris is MD’93 and E. Charles Jr. is MD’98.

Charles E. Meikle ’60 died June 6, 2006. He was in general practice in Athens, PA, for his entire medical career, delivering more than 4,000 babies. He is survived by his wife, Corky, two sons, and a daughter.

Samuel G. Morosco ’60 died July 20, 2006. He was an ophthalmologist in Ashtabula, OH. He was an affiliate of the Cleveland Clinic Compre-care staff and a fellow of the American Academy of Ophthalmology. He is survived by his wife, Phyllis, two sons, and two daughters.

Antonio Ramos-Umpierre ’65 died February 19, 2006. He was an ophthalmologist in San Juan, PR, for nearly 40 years. He is survived by his wife, Adeline, two daughters and a son. Son, Jose Ramos, is MD’02.

Samuel K. Ackerman ’72 died June 14, 2006. Board certified in internal medicine, he initially worked for the National Institutes of Health and the Food and Drug Administration in Washington, DC. In 1986, he was appointed senior vice president for medical and regulatory affairs for a drug company, which initiated his pharmaceutical career. Ultimately, he founded Pentose Pharmaceuticals, Inc, and was president and chief scientific officer. He is survived by his wife, Margaret, a son, and a daughter.

Postgraduate
Vijaya Lakshmi Naidu, MD, PDX ’75, died July 16, 2006. She practiced pediatrics in West Chester, PA, and held staff appointments at Chester County Hospital and at Hahnemann University Hospital. She is survived by her husband, Dr. Rama Naidu, two sons, and a daughter.

During his tenure as department chairman, he was responsible for mentoring, educating, and training more than 300 residents in general surgery and many of its sub-specialties. He was considered a master surgeon and teacher, and loved nothing more than to guide young trainees through the simplest or most complex operative procedures. He was admired and revered by his residents and his colleagues and was instrumental in making his residency program one of the most sought after in the region. His trainees went on to academic careers or community practice and often requested his counsel even after departing Jefferson.

Rosato was twice recognized with the Christian R. and Mary F. Lindback Foundation Award for Distinguished Teaching: in 1968 at the University of Pennsylvania when he was only 34 years old and in 1983 at Jefferson Medical College. In 2005, he received the Achievement Award in Medicine from Jefferson. Rosato was a member of many prestigious surgical organizations including the American College of Surgeons, the Society for Surgery of the Alimentary Tract, the Halsted Society, the American Surgical Association, the Southern Surgical Association, and the Society of University Surgeons. His numerous awards for contributions to surgery include the Pittsburgh Surgical Society Annual Award for “Recognition of Outstanding Contributions as a Physician, Scientist, Dedicated Teacher, and Leader in the Treatment of Cancer.” He served locally as president of the Philadelphia Academy of Surgery and the Philadelphia County Medical Society. Nationally he was a governor of the American College of Surgeons and chair of its Committee on Continuing Education, and chair of the Test Committee of the National Board of Medical Examiners. Three of Rosato’s children are JMC graduates: Ernest, MD’90, Anne, MD’97, and Francis Jr., MD’99.
Brown McDonald writes from Eugene, OR, that he served as patriarch of the McDonald Clan reunion in Calhoun County, WV. He recently welcomed a great-granddaughter.

Herbert S. Hunter received the prestigious Hiram Masonic Award for his Sacramento community service and good fellowship to mankind and to the Shriners Children’s Hospitals.

Charles Lee Liggett reports from Kerrville, TX, that he golfs regularly and recently beat his age by 5.

William Wasnick retired in October 2005 after 59 years in general practice. He lives in Wilkes-Barre, PA.

Harry W. Fullerton Jr. wonders if his classmates are still here — he’d love to hear from you. He lives in Carney’s Point, NJ.

William T. Lineberry recently celebrated his 86th birthday. He still works two days a week in general practice as medical director of the Raber Medical Group in Huntington Beach, CA.

Harold Meyer volunteers at the University of Pennsylvania Museum of Archaeology and Anthropology where he is learning a great deal about those subjects. He had to stop teaching students at Jefferson because of a decrease in auditory acuity. He’s moved to central Philadelphia to be closer to his interests — the opera, symphony, and plays. He and his wife now have 10 grandchildren.

Henry Seidenberg is still in active practice of psychiatry and psychoanalysis. He is on the faculty of the Institute for Psychoanalysis of Chicago.

Jay Macmoran works 10 hours weekly at Temple University.

Maurice R. Turcotte has moved to a total care community in the Atlanta area. Although he is in good health, he is sad to report that his wife, Joan, is not as well.

Harold Fishman practices gastroenterology with Digestive Specialists in Kettering, OH. He is involved in thoroughbred racing and had the top three-year-old thoroughbred filly in Ohio last year.

Bernhard W. Mayer now resides with his wife at Shannon dell, a large retirement community in Valley Forge, PA, after living in Gladwyne for 40 years. He keeps busy with woodcarving, table tennis, billiards, and music.

Joseph Sloss and his wife had a great visit with classmate Rod Abbott in Sedona, AZ, this fall. The couple visited from Bradenton, FL.

Norman Gladsden reports from Miami, FL, that after a “blue funk” following his wife Anne’s death, he has found a “significant other” to share his life. He’s fully retired and “rolling along exploring that wide, wide world of life after medicine.”

Barry L. Altman reports that retirement has led to a new career as a mixed media artist. His work was recently on exhibit at the Hudson County Annual State-wide Juried Show at the Bergen County Court House in Jersey City, NJ. He and his wife have relocated near his new studio in Princeton, NJ.

Clyde Harriger and his wife, Kathleen, celebrated 50 years of marriage last August. Clyde continues to volunteer at the Johnstown Free Clinic in Johnstown.

Robert Hinrichs writes from Corona Del Mar, CA, that he is enjoying good health in retirement. He golfs, plays competitive bridge, fishes, and continues to collect stamps.

William H. Taylor writes from Secaucus, NJ, that he recently recovered from a total hip replacement — “no more pain!” He has already had two heart valve replacements and a fractured cervical vertebra. He still works four days a week.

John A. Marchesani is a member of the volunteer faculty at Jefferson, where he teaches first-year medical students.

Ernest L. McKenna Jr. is the newly elected chairman of the board of trustees of Bryn Mawr Rehabilitation Hospital in Malvern, PA.

Robert Brotman practices psychiatry four days a week with the Charlotte County Florida FACT team. He enjoys making house calls.

Narsolu Edalatpour, writing from Newport Beach, CA, regrets that he was unable to attend his 50th reunion. “I continue to be appreciative of the medical and social education I received in those four years. The sense of loyalty and camaraderie I feel for and from the 1956 class members and the school continues and is sustaining.” Although he retired five years ago, Edalatpour does locum tenens neurosurgery for one to four weeks at a time in various states.

Seymour Goldblatt lives in Alexandria, VA. He is retired from pediatrics.

Wallace T. Miller reports that his son, Wally, dedicated his new textbook on thoracic imaging to him — “which pleased me to no end.” He still works every day in Philadelphia, PA.

Patrick S. Pasqua riello Jr. continues to lead the diagnostic center for the continuing medical education and the Spina Bifida Program at CHOP.

Harry Swartz was named Doctor of the Year in 2005 by Riverview Medical Center for Distinguished Contributions. He works in Middletown, NJ.

Stephen K. Williams teaches a modification of the standard external cardiac compression technique known as the Williams Maneuver. No mouth-to-mouth is needed because the left lung gets compressed. He is working to change the AHA guidelines on current resuscitation methods and invites the help of fellow alumni. He has two videos available about his technique. Williams lives in Lansdale, PA.

William D. Inglis has moved to Marblehead, OH. He continues his hospice work at Stein Hospice in Sandusky, OH.

Richard H. Keates reports that he is currently a professor of ophthalmology at New York Medical College at the New York Eye and Ear Infirmary. He is also chairman of the board at Advanced Refractive Technologies in San Clemente, CA.

Stanley Kocot writes from Harwichport, Cape Cod, MA, that he is enjoying his time volunteering — including his work as chairman of the Harwich Board of Public Health — reading, and doing yard work.

Gerald Labriola writes full time in Naugatuck, CT. His sixth novel The Budapest Connection was coauthored with famed forensic scientist, Dr. Henry Lee.

Allan Lazar is the lead author of The 101 Most Influential People Who Never Lived published by HarperCollins in October 2006. He resides in Teaneck, NJ.

Clifford “Ted” Rotz Jr. reports from Myrtle Beach, SC, that he is enjoying his retirement and playing golf.

Morren J. Greenburg works five days in a community clinic, although he is currently undergoing cancer treatment. He is still very active in the local school board, and the athletic commission. He coaches track and was recently inducted into the Hall of Fame of the Farrell Area School District. He’d love to hear from classmates. He lives in Hermitage, PA.

Paul Roediger spent a week last August working with Heart to Heart International providing medical care in two sites that were ruined by flooding. One was directly across the street from one of the three closed hospitals. “It was very sad to see the loss of all medical care for the people.” He lives in Jenkintown, PA.

Norman Jablon works two days a week practicing psychiatry in a community clinic in Philadelphia, PA. He enjoys tennis and his 14 grandchildren.

Vincent T. McDermott Jr. has retired from private practice. He is medical director for Project Hope, which assists the homeless in Camden City, NJ, and Community Health Practice, which provides medical services to the uninsured of Camden.

Harvey Oshrin writes from Vista, CA, that he continues to see patients 12 hours per week and performs forensic evaluations for criminal court. “Just for fun.”

ASTRO Names Fellows

Three Jefferson Medical School graduates and three postgraduate alumni were among 75 individuals sit 9ed for their distinguished service and named fellows in the American Society for Therapeutic Radiology and Oncology. Peter R. Hulick ’73, Larry E. Kun ’68, and Marvin Rotman ’58 were among those honored for their contributions to the field of radiation oncology. Postgraduate alumni Sucha O. Asbell, Luther W. Brady, and Lawrence R. Cola were also welcomed as fellows. Finally, James M. Galvin, DSc, a member of the TJU faculty, was included in this distinguished group.
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James Lehman continues his involvement with the plastic surgery residency program at Akron General Medical Center. His most rewarding work has been teaching pediatric plastic surgery in South America for the past nine years with Rotoplast.

Harold Sheaffer’s book, Noah, has been published. He lives and writes in West Chester, PA.

62  
John P. Capelli received the Lifetime Achievement Award from Our Lady of Lourdes Medical Center in Camden, NJ, on October 5, 2006. The award was bestowed in recognition of his achievements and service to the medical center in Renal and Transplant Programs, establishing the Cardiovascular Services, Level III Perinatal Services, and the Lourdes Health Network. Capelli served as chief of staff (1976–1987) and vice president of Medical Affairs since 1987.

63  
Robert Davis wonders how he had time to work now that he is retired. In 2006, he left his home in York, PA, to lead a Rotary team to Mexico to do cleft lip and palate surgery and a group to Ghana to do plastic and general surgery. He plans to work in India.

64  
Charles O. Thompson still works a 50-hour week at 69 years old doing industrial/occupational medicine in Carson, CA.

65  
Edwin Cohen is chief of surgery at Martinsburg Veterans Affairs Medical Center in West Virginia. He and wife, Adele, have six grandchildren.

Robert M. Pilewski continues to teach clinical pathology at the University of Pittsburgh, Titusville, PA.

66  
William Chase reports that he has had the opportunity to work with medical teams in Haiti twice, most recently in 2002. He also worked with medical teams in Nepal in 2002 and 2005. On the last trip, he climbed to the Mount Everest Base Camp. A resident of Westmoreland, NH, he is currently a New Hampshire state legislator, a reviewer of hospital cancer programs for the American College of Surgeons, and a consultant for Medical Care Development International, working with the Ministry of Health in Africa to improve its level of healthcare.

Alumni Spotlight

William E. Staas Jr., Retires

After a 30-year career as president and medical director of Magee Rehabilitation Hospital, William E. Staas Jr., MD’62, FACP, has retired.

Staas graduated from Philadelphia College of Pharmacy and Science in 1958 with a BS in pharmacy. After earning his medical degree from Jefferson in 1962, he served an academic appointment in the department of rehabilitation medicine at his alma mater.

In 1976, Magee Rehabilitation Hospital and Jefferson signed an agreement to improve patient care, further the development of medical and rehabilitation research, and enhance the teaching of health professionals and students. Intrigued by this affiliation, Staas joined Magee as assistant medical director. “One of the reasons I came to Magee from Jefferson was for the opportunity to develop something significant that would be a cooperative effort between Jefferson and Magee,” says Staas. “It was a natural collaboration to meet mutual needs.”

After one year of service at Magee, the hospital’s board of trustees named Staas both president and medical director in 1977. He helped orchestrate significant and vital projects, including the acquisition of a neighboring building that would provide 105,000 square feet of additional space. Two years later, the new addition, the Alfred J. D’Angelo Pavilion was officially opened and offered state-of-the-art patient care. The hospital went from 66 beds to 96 beds. “Treating patients in a small, 56,000-square-foot hospital that was originally a factory was difficult. The added space helped us to become modern and competitive,” Staas explains.

He championed fundraising efforts, and the hospital began numerous initiatives, which continue to raise $1 million each year for the hospital. Furthermore, the hospital invested in the community. “I was very intrigued in carrying the delivery of services beyond the hospital, out into the community. Over the years, we developed many beneficial outreach programs like the Legal Clinic for the Disabled, hireAbility, wheelchair sports, and lifetime patient follow-up. We’ve done an awful lot to bring rehab to people when they get out of the hospital as well as when they are in the hospital.”

His objective throughout his career has been “to have the best product available for patient care. I wanted to have confidence knowing that if I or any of my family members or friends needed rehab services that they could get the best at Magee. That was my goal, and I believe we have accomplished that.” U.S. News & World Report rankings confirm that, ranking the hospital #15 nationally in the latest poll.
Serving the Heart and Soul:  
Edward Bradley, SJ, MD’55

Edward Bradley, SJ, MD’55, has touched the lives of many people—as both a physician and as a Jesuit priest. As a physician, Bradley was a caring doctor, an esteemed researcher, and a respected instructor. As a priest, he was a mentor to Jefferson students and employees, serving as a special counselor-in-residence. Now, as he retires from Jefferson to reside at St. Joseph’s University in Philadelphia, PA, he feels humbled and grateful for the many opportunities he has had working with people both medically and spiritually.

As a young doctor, Bradley knew he wanted to use his JMC degree to help others. What he didn’t know was how. After a three-year stint in the military, Bradley spent some time traveling through Europe and eventually came back to the U.S. where he began his tenure as an associate professor of medicine at the University of Southern California. Much of his time was spent researching, writing, and lecturing. But while he “climbed the academic ladder” and enjoyed touring and presenting his findings, he continued to vacillate between his medical profession and spiritual aspirations. This ambiguity eventually led him to his mentor and friend, the chief of staff at USC. “He told me to take a leave of absence,” reflects Bradley.

Bradley chose to spend some time in Vietnam establishing a clinic for indigent villagers in a small town near the Cambodian border. He was able to assemble the makings of a clinic, obtaining a microscope, medical supplies, and surgical equipment from USC. The rest he improvised. “The villagers built me a beautiful examination table out of teakwood,” says Bradley. “Other necessities I concocted myself like using shell casings and steel pans to hold specimens.” The popularity of the clinic quickly grew. Bradley especially liked interacting with the children who were fascinated by his doctoring. They affectionately dubbed him the American “boxie,” which is Vietnamese for doctor.

After five weeks in Vietnam, Bradley returned to USC secure with his intentions to enter the priesthood. “I remember the chief of staff telling me to not resign. He felt I was still not sure of my decision. But this time I knew it was meant to be. I felt a void in my life was being filled.”

Returning to the east coast, Bradley split his time between a Jesuit novitiate and Jefferson. At Jefferson, he helped establish a hypertensive clinic in Northeast Philadelphia working with pharmacists to diagnose and treat patients. In 1977, he returned to California and spent three years studying theology. But while he studied for the priesthood, he could not ignore his medical calling. Each week he would travel to Los Angeles and work in a Mexican clinic, “Mexico Ocho,” which provided free medical care for Mexican immigrants.

For Bradley, working dual roles as a physician and as a Jesuit priest has been both rewarding and satisfying. “People have been wonderful, and I am grateful to have been able to serve others in two very different ways,” reflects Bradley. “A lot of people have touched my life in so many ways.” The same can be said of Bradley who continued to treat patients until two years ago and served as a counselor to students and employees at Jefferson. While he is retiring from his Jefferson post, he will continue to do parish work and occasionally advise students at St. Joseph’s. Retirement is not part of his plan.
Robin A. Edwards has been a partner in Hawaii Emergency Physician Associates. She loves living in Hilo and welcomes visitors from Jefferson.

Wolfgang A. Huhn retired from the U.S. Naval Reserve this year. He practices dermatology in Bucks County, PA.

James Redka reports from Williamsport, PA, “the challenge of doing family medicine and being a dad as my own family continues” He appreciates continued opportunities to learn about people and medicine.

Joseph A. Kuhn has entered his 29th year of practice at Nephrology Associates, P.A., in Wilmington, DE.

Kathleen W. McNicholas is still active in cardiac surgery as associate chief of the division at Christiana Care in Delaware. She reports, “I finally got a hobby and a JD (cum laude) from Widener Law in 2006.”

Mark Pascal continues as the director of the Medical Oncology Society of New Jersey and represents the Oncology Society on the Clinical Practice Committee of the American Society of Clinical Oncology.

Bertram D. Kaplan has a private dermatology practice in Memphis, TN. He reports that both of his children are premed students at Harvard.

John P. Lubicky has introduced the VEPTR (Vertical Expandable Prosthetic Titanium Rib) procedure for the treatment of thoracic insufficiency syndrome at Riley Hospital for Children, the only such program in the state of Indiana. It is used to treat children with respiratory insufficiencies due to thoracic cage or spinal deformities, allowing continued development of lung tissue as well as trunk growth.

William A. Biermann recently completed a two-year term as president of the medical staff at Montgomery Hospital in Norristown, PA. He is currently pursuing his MBA.

Robert T. Sataloff of Bala Cynwyd, PA, was recently named winner of the Pennsylvania Medical Society’s 2006 Distinguished Service Award. The award is given to a physician who has demonstrated a lifetime of significant achievement. He has written 36 books, serves as editor-in-chief of two national medical journals, and is a professional singer and music teacher. Sataloff chairs the department of otolaryngology — Head and Neck Surgery at Drexel University College of Medicine and serves as associate dean for clinical academic subspecialties there. He continues to conduct the Thomas Jefferson University Choir, which he founded in 1970.

Arthur St. Andre is currently director of surgical critical care at Washington Hospital Center in Washington, DC. In addition to his hospital activities, he serves as a member of the ABIMS Board of Critical Care medicine and a member of the Board of FGI that develops standards for the design and construction of healthcare facilities. In 2005, he received the Shubin Weil Award from the Society of Critical Care Medicine. Once an avid triathlete, St. Andre now focuses on cycling and golf.

Howard B. Cotler was named chair of the department of spinal surgery at Twelve Oaks Medical Center in Houston, TX.

Catherine Z. Hayward recently moved to Chesapeake, VA, to develop a Breast Center at Chesapeake General Hospital. She spent five weeks in Liberia with Doctors without Borders. “I got to practice medicine the way I’ve always wanted to. I strongly encourage Jeffersonians to consider volunteering.” She reports that she had to do a burr hole in addition to doing pediatric surgery, general surgery and trauma, orthopaedics, and urology.

Lawrence Shaffer was appointed lead hospitalist for Akron Children’s Hospital at St. Elizabeth Hospital in Youngstown, OH. He has been with Children’s since 2002. He is also an assistant professor of clinical pediatrics at Northeast Ohio Universities College of Medicine.

James L. Secher plays the bagpipes regularly, “replete in Glengarry bonnet.” He is working with the ED to initiate a heart failure observation unit for Parma (OH) Hospital. He and his wife, Veronika Ilyes-Secher who is preparing for her APN certificate in psychiatry, recently attended the “Heart-Brain Summit” at the Cleveland Clinic.

George Winch Jr. has been elected as a member of the Pacific Coast OB-GYN Society after presenting research describing 203 outpatient laparoscopic-assisted total vaginal hysterectomies with his father, George Winch Sr. ‘49.

George Jr. lives in Spring Creek, NV.

Francis X. Decandis recently entered private practice in Neptune Beach, FL.

Sharon Lehman received the Frank J. O’Hara Alumni Award for Excellence in Medicine from the University of Scranton, PA.

Robert Motley has joined the faculty in the department of family medicine at Lehigh Valley Hospital in Allentown, PA. Three of Bob and Jeanné-Marie’s children are finished college now. Their daughter, Grace, works at Jefferson as a med-surg nurse.

David Seres was named chief of the division of perioperative medicine and nutrition support at Beth Israel Medical Center in New York.

John C. Cardone was appointed assistant professor of surgery at Northeast Ohio University College of Medicine. He lives in Canfield, OH.

Edward R. Magargee, an invasive cardiologist with Cardiology Consultants of Philadelphia, and his wife, Susan Piliarella Magargee, DO, PDX’89, a pediatrician at KIDS FIRST Haverford, live in Bryn Mawr, PA, with their six children.

Robert S. Ream is an associate professor of pediatrics in the division of pediatric critical care, Saint Louis University at Cardinal Glennon Children’s Medical Center.

Leonard Tachmes opened a new plastic surgery practice at the Four Seasons Hotel in Miami, FL, called the Miami Institute. He also owns the Leonard Tachmes Gallery.

Howard Hutchinson of Woodbury, NJ, was appointed chief medical officer of AstraZeneca. In his new role, Hutchinson will provide medical oversight of the early and late-stage portfolio in global drug development and will interact with medical- and industry-related organizations as AstraZeneca’s senior medical representative. He most recently held the position of vice president of clinical development in the cardiovascular/gastrointestinal therapy area at AstraZeneca, where he has worked since 1995.

Steven Maser was elected president of the Morris County Medical Society. He practices hand surgery in Morristown, NJ.
‘89
Debra Somers Copit writes from Wynnewood, PA, that she recently accepted a position on the medical advisory board of Living Beyond Breast Cancer.

Scott Katzman writes from sunny Palm Beach Gardens, FL, that he is enjoying Florida with his new wife, Kate.

Kurt Konoff received his master’s in medical management from the Marshall School of Business at the University of Southern California. He is vice president of quality and regulatory affairs at Kingsbrook Jewish Medical Center in Brooklyn, NY.

Thomas G. Morales completed the Ironman Florida Triathlon (2.4-mile swim, 112-mile bike ride, and 26.2-mile run) on November 4, 2006. He resides in Golden, CO.

Michael Tatajko was appointed chief medical officer of Conemaugh Health System in Johnstown, PA. He recently became a grandfather.

‘90
Ron Berne is in private practice in Chicago, IL. He concentrates on medical and cosmetic dermatology. He lives with his wife and two daughters in Evanston, IL.

Alice Dick of Los Angeles, CA, is currently on the board of directors of the Cedars Sinai Medical Group, where she has practiced for 10 years. She enjoys the experience of having input into the group’s decisions.

‘91
Steven R. Chmielewski practices radiology at St. Joseph Medical Center in Reading, PA.

Donald H. Perlz works in primary care part time at Harvard University Health Services, which affords him the opportunity to be “almost a full-time dad” to Oliver Philippe (1), Devin (7), Jered (10), and Sarah (12).

‘92
Paul Kleidermacher enjoys his private practice in Miami, FL, despite the hurricanes. He and his wife, Amanda, have three children: Lauren (7), Paige (6), and Justin (3).

‘93
Eileen Conti practices ophthalmology in Branchburg, NJ. She and her husband, fellow ophthalmologist Vincent Hoyo, live in Chester, NJ, with their two beautiful daughters, Ann (2½) and Elizabeth (1).

Michele Marziano works at the James A. Haley Veterans Hospital in Tampa, FL.

‘94
Mary Manisalco Stephens lives in Kingsport, TN, with her one-year-old, Keegan. She is a faculty member in the family medicine department at East Tennessee State University.

Joseph M. Bruno completed a gastroenterology fellowship at Drexel University last year. He now practices at Abington Memorial Hospital in Montgomery County, PA.

Julie-Anne Hvacak Bruno is a family physician and assistant professor at Drexel University College of Medicine. She practices in Manayunk, PA.

Donald Preate Jr. writes to report the birth of daughter, Sabrina Elizabeth Preate, on May 13, 2006. He and wife, Karen, live with Sabrina in Moscow, PA.

‘95
Nicholas LoPresti is in private dermatology practice in Haddon Heights, NJ. He and wife, Joanne, have two children.

‘96
Joanne L. Viola is a faculty member for family medicine residents at Christiana Care Health Systems. She teaches home visits and focuses on geriatric care in nursing homes. She enjoys traveling to Texas to see her grandson and has recently traveled to France, Brazil, Greece, and Kenya.

‘97
Jaswin Sawhney married Kelly Sawhney, and the couple is pleased to report the birth of daughter, Lilia, on September 17, 2005. Sawhney has a private solo practice in hand and general surgery in Tucson, AZ.

John E. White practices family medicine in Utah, “where the families often consist of five generations of 30 or more people.” He finds he refers patients to specialists less than he did on the east coast and he does everything from setting fractures to circumcising newborn boys. He is very happy with his work, adding, “my training at Jefferson was invaluable!”

‘98
Thomas Grobey is a cardiovascular surgical neuroradiologist practicing in Chicago, IL.

Glenn Rosen and Rachel Rosen ’98 live in Abington, PA, with their three children: Matt (5), Amanda (3), and Will (1). They both practice family medicine.

‘99
Matt Reinhardt practices emergency medicine with Sandhill’s Emergency Physicians in Pinehurst, NC. Clare Reinhardt ’00 works part time as a family physician with Pinehurst Family Care. They have four children: Joe, Emma, Tommy, and Eva.

‘00
Matthew R. Craig, Jennifer M. King ’01, and daughter, Mackenzie, welcomed James Alexander into the world on May 31, 2006. The family is enjoying their last year in Charlottesville before heading to Minneapolis for Matt’s orthopaedic trauma fellowship. Jen is enjoying her position as an emergency medicine physician in Fishersville, VA.

‘01
Matthew R. Craig, Jennifer M. King ’01, and daughter, Mackenzie, welcomed James Alexander into the world on May 31, 2006. The family is enjoying their last year in Charlottesville before heading to Minneapolis for Matt’s orthopaedic trauma fellowship. Jen is enjoying her position as an emergency medicine physician in Fishersville, VA.

Elizabeth Faigan is part-time faculty at Overlook Family Medicine Residency Program in Summit, NJ. She has three children.

Natea Green Shapiro and husband, Steve, proudly announce the birth of their son, Benjamin Max, born January 15, 2006. Shapiro works as a hospitalist in Pottstown, PA.

Kathleen Heaney completed her fellowship in addiction psychiatry at the Mayo Clinic and now works at the Minneapolis VA Hospital.

‘02
Justin Kuecke is in his final year of an orthopaedic surgery residency at SUNY Downstate. He will have a spine surgery fellowship at UCSF (San Diego) next year.

Ethan J. Wasserman is currently in his second year as a hematology/oncology fellow at UMDNJ/Robert Wood Johnson Medical School and the Cancer Institute of New Jersey.

‘03
Gregory Wagner completed his residency in emergency medicine and resides in Northern California.

Slavomir Andrew Bilinski currently serves in the US. Army as unit resident, PG-43, at Underwood Hospital in the family medicine residency.

Ann Maley is completing her residency at Yale and planning on entering private practice in pediatrics in the New Haven area, where she makes her home.

PGA
Marion L. Brown, DO, OBG’82 works actively for Physicians for Human Rights and anticipates travel to Africa this year for Partners in Health. In her free time, during the winter months, she lives in Mt. Pleasant, SC, and walks on the beach, bikes, hikes, and kayaks with friends.

James L. Dean, MD, ID’94, FACP, was recently promoted to medical director for the Philadelphia Department of Public Health and now works in the Office of the Health Commissioner. Dean has worked in the health department since his fellowship.

Marie Domingo Quartararo, MD, ANX’81, and her husband, Louis, proudly announce the births of their twin sons, Nicholas and Louis Jr., in March 2006. They join their big sister Victoria (8) at home in Wyckoff, NJ.

Michael S. Ramjattansingh UCM’99 and his wife, Dorothy, recently celebrated the birth of daughter, Rachel Emily, in June 2006. The couple lives in Lewes, DE.

Suzanne L. Topalian, MD, GSX’85 has moved from the National Cancer Institute to the Johns Hopkins School of Medicine, where she has been appointed director of the melanoma program in the Sidney Kimmel Comprehensive Cancer Center. She holds professional appointments in surgery and oncology.
Jefferson has the most private medical college graduates with approximately 10,000 living alumni.

13 Jefferson graduates have ministered to presidents of the United States, including 3 who tended to Ronald Reagan following his attempted assassination.

Number of alumni who served as president of the American Medical Association: 5

At least 12 alumni founded or helped to found medical schools, including the schools that would later become Tulane University School of Medicine, the School of Medicine at the University of Nebraska, and Stanford University School of Medicine.

Number of Jefferson alumni who were president of the Republic of Texas: 1

Jefferson was the 1st medical college to use cadavers for student dissections.

12 alumni/faculty became Presidents’ Club Fellows in 2006:
Gudrun Cobb, MD, UCM’96; Robert F. Early Sr., MD’52; Leonard A. Frank, MD, U’68; William V. Harrer, MD’62; Mrs. W. Robert Jacobs; Albert David Janerich, MD’77; William M. Keane, MD; Charles H. Klieman, MD’67; Louis Leventhal, MD’39; Phillip J. Marone, MD’57; Sheila Ann Murphey, MD; and Anne L. Rosenberg, MD’81.

Percentage of contributors to the Annual Fund who donated at the leadership level: 2.7

Percentage of Annual Fund dollars they gave (FY2006): 37

Jefferson’s Continuing Medical Education Program received a rare “exemplary” designation “Accredited with Commendation” by the Accreditation Council for CME. This is the 2nd time Jefferson’s program has been recognized as exemplary—a ranking achieved by fewer than 15 percent of all ACCME-accredited providers.
We recommend you consult your attorney or tax advisor before making financial decisions.

A Jefferson Planned Gift: An Investment in the Future

Distribute Your Property According to Your Wishes

Without a will, the laws of your state determine who will receive your property after you are gone. This may not reflect your preferences or the needs of those you want to benefit. Likewise, an outdated will that does not reflect your current wishes and circumstances may result in an undesirable distribution.

Protect Your Family

Even with the availability of various estate planning alternatives, a properly drafted will is the foundation of your planning. It is comforting to know that you have provided for your family’s long-term security.

Create a Legacy

Your will should include provisions to save taxes and conserve your property for those who will benefit. Provisions can include guidance and care for your children. Remembering Jefferson in your will can help you achieve these goals.

For more information about wills or other estate planning opportunities

• Call Paul Hurd, Executive Director of Alumni and Planned Giving, at 1-877-JEFF GIFT (1-877-533-3443).

• E-mail your questions to plannedgiving@jefferson.edu.

• Visit The Jefferson Foundation Web site at www.jefferson.edu/jeffgiving where you can also click on Jefferson’s gift calculator to calculate estimated benefits of a life income gift.