New Jefferson
‘System of Care’
Puts Patients in the Center
Message from the President

It seems that everywhere you turn these days, there is talk of the “healthcare crisis” in the United States. With the overshadowing recession, though, the term has practically lost its sense of urgency. But here are a few facts that bring the magnitude of the challenge facing us into stark relief:

- One in five Americans has little or no health insurance and poor and minority Americans have limited or no access to routine health care. Healthcare costs are a contributing factor in more than half the personal bankruptcies in this country.
- Our society spends more than any other on health care, yet we rank near the bottom among our peer countries in infant mortality, life expectancy, accessibility and satisfaction.

By focusing on acute episodes of care, our system underemphasizes the central importance of chronic disease and prevention, leading to major avoidable costs. For example, it is estimated that the “obesity epidemic” alone will account for 30 percent of the increased cost of health care that the United States will face in the next decade. Social and population-based issues are as important in determining our healthcare costs as the newest advances in cancer therapy.

The need to address this crisis in the quality, safety, affordability and accessibility of health care is incontrovertible. As president of one of the few health science universities in the country, I deeply believe Jefferson has more than just a responsibility to help bring the United States out of this difficult time. We have a moral obligation.

This fall, we add to our efforts in meeting this imperative with the Jefferson School of Population Health. Through this new school and its dean, David B. Nash, MD, MBA, we will become the first university in the United States to offer a master’s in chronic-care management and only the second to offer a degree in healthcare safety and quality, two areas of critical need.

The solutions to this crisis will not come just from politicians and legislation, but also from the physicians, scientists, nurses and pharmacists who know the system intimately, both the good and bad. And they will find the answers only by working as a team, bringing their unique expertise and viewpoints to the table. The Jefferson School of Population Health offers the ideal laboratory for this process — capitalizing on the University’s other schools and colleges to bring together professionals from diverse healthcare fields, from the hospitals and from our clinical practices and focus their rich intellectual resources on the problems before us.

By establishing the Jefferson School of Population Health, we are addressing the full scope of the healthcare crisis. The future of the United States as a vibrant nation depends on the nation’s leaders bringing affordable, quality health care to all Americans, and Jefferson will play a significant role in training and equipping these leaders for the job.

A decade from now, many medical students will routinely stay a fifth year to earn a master’s degree from the new school, gaining the insight and skills that the complexities of health care require today. The school’s graduates will hold leadership positions in every sector of the healthcare system, possibly as a commissioner of health for a state, senior advisers to Medicare, organizers of community health improvement programs or a nursing school dean.

In 2024 Jefferson will celebrate its bicentennial with the knowledge that we have thrived for 200 years because of our innovations. We made history nearly two centuries ago and we continue to make history today as the demands of our community—now global in scope—require it.

Sincerely,

Robert L. Barchi, MD, PhD
President
Thomas Jefferson University
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THOMAS JEFFERSON UNIVERSITY
Medical professionalism—many physicians consider it patently obvious, and it often is. We treat patients with compassion, respect their privacy and help them make sound decisions. But far too often the questions we face take us beyond the black and white to gray zones:

**If a long-time patient** leaves you for a specialist, can you ethically follow the patient’s treatment and progress through electronic records?

**If you hire a marketing consultant** to increase the revenue of your gynecology practice, can you ethically follow his advice to advertise through mass mailings, offer botox injections and sell healthcare products?

**If an insurance company** wants justification for a prescription, do you compare the patient’s record with the criteria or just automatically offer prior authorization?

Day to day, physicians face ethical and professional dilemmas, both nuanced and profound, occasionally without realizing questions exist or that serious ramifications may follow. The Association of American Medical Colleges and the American Medical Association believe medical colleges need to do far more to prepare students for the complex questions they will face as physicians. Jefferson agrees, and we have begun an aggressive program in this regard.

Thanks to three Jefferson faculty members and a colleague serving as editors, medical colleges will have a comprehensive textbook to guide their discussions about professionalism for the first time. One of the editors, John Spandorfer, MD, previously assistant dean for student affairs and career counseling, has been appointed the college’s first associate dean overseeing professionalism. And we will expand our formal student programs from years 1 and 2 to years 3 and 4.

Frustration about the lack of a comprehensive textbook four years ago led Spandorfer; Charles Pohl, MD; Susan Rattner, MD; and Thomas Nasca, MD, to compile *Professionalism in Medicine: A Case-based Guide for Medical Students*, due soon from Cambridge University Press. The book includes 72 vignettes accompanied by commentaries plus literature reviews by 160 authors from 46 medical schools. Aside from physicians, the contributors include students, ethicists, lawyers, psychologists, nurses, pharmacists and patient advocates.

Jefferson has long exposed students to professionalism in years 1 and 2 through courses exploring communication and examination skills, medical ethics, bias and prejudice. Two years ago, a Jefferson task force on professionalism pointed out that theory gives way to practice in the last two years of medical school, making those years critical for professionalism education. In the fall, Spandorfer will introduce small-group workshops during the students’ clerkships in Year 3, each focusing on a different subject. The students will start each session with a vignette or two from the textbook, but we expect some of the most interesting discussions to center on situations the students encounter in the field. Between the clerkships, the entire class will meet for interactive sessions that include smaller breakout groups to explore questions in depth. Fourth-year students in emergency medicine and inpatient or outpatient subinternships will also be engaged, through participation in small group sessions with faculty and house staff in different specialty areas.

At the beginning of each year, students will complete a survey to measure their perceptions and participation in professional and unprofessional behavior. While protecting student confidentiality, we will share the results with house staff and faculty to increase awareness and generate discussion.

Physicians have an unwritten contract with society to act in the patient’s best interest. Unprofessional conduct, no matter how insignificant it might seem, violates that contract and can jeopardize a patient’s safety in unforeseen ways. At Jefferson, professionalism is paramount, and our commitment stands as proof.

Sincerely,

Mark L. Tykocinski, MD
Dean, Jefferson Medical College
Day to day, physicians face ethical and professional dilemmas, both nuanced and profound, occasionally without realizing questions exist or that serious ramifications may follow.
Findings

Biomarker Predicts Disease Recurrence in Colorectal Cancer

The presence of a biomarker in regional lymph nodes indicates patients treated for colorectal cancer stand a higher chance of suffering from a recurrence of the disease than those without, according to a study conducted at Thomas Jefferson University and published in the Journal of the American Medical Association.

Detection of the biomarker, guanylyl cyclase 2C (GUCY2C), indicates the presence of occult metastases in lymph nodes that may not have been identified by the test method now most commonly used, according to Scott Waldman, MD, PhD, chairman of the Department of Pharmacology and Experimental Therapeutics at Jefferson Medical College.

According to Waldman, who is also the Samuel M.V. Hamilton Professor of Clinical Pharmacology in the Department of Medicine, the prognosis worsens and the risk for recurrence increases when colorectal cancer spreads to the regional lymph nodes. Because these metastases are often missed, the cancer is understaged.

“One of the unmet needs in colorectal cancer is an accurate staging method to determine how far the disease has spread,” said Waldman, who is also director of the Gastrointestinal Malignancies Program at the Jefferson Kimmel Cancer Center. “The current standard method, histopathology, is imperfect since it only involves looking at a very small sample of the regional lymph nodes under a microscope. There is no way to know whether occult metastases are present in the rest of the tissue.”

Waldman and his colleagues conducted a prospective, multi-center study of 257 patients, analyzing their lymph nodes for GUCY2C expression using a reverse transcriptase-polymerase chain reaction, a technique more sensitive than histopathology.

The majority of patients – 87.5 percent – tested positive for GUCY2C. Among those patients, 20.9 percent suffered a recurrence of colorectal cancer. Only 6.3 percent of the patients testing negative redeveloped cancer.

The patients were followed for a median of 24 months. Patients who expressed GUCY2C had a shorter time to recurrence and a shorter disease-free survival. The prognostic value of the marker persisted even after a multivariate analysis that took other known prognostic factors into account.

According to Waldman, 20 percent to 30 percent of patients diagnosed with node-negative colorectal cancer experience disease recurrence within five years. This is approximately the same rate of recurrence as that for some categories of patients diagnosed with node-positive disease. These observations suggest that there are occult metastases in the lymph nodes of node-negative patients at the time of diagnosis.

“Beyond predicting disease recurrence, detecting this biomarker could be useful for identifying patients who might benefit from treatment with adjuvant chemotherapy, which is specifically given to patients with node-positive disease,” Waldman said.

This study was financed by grants from the National Institutes of Health and from Targeted Diagnostics and Therapeutics.
The spread of colon cancer cells, which contain the biomarker GUCY2C RNA, to regional lymph nodes may lead to the development of metastatic disease.
The concept seems simple: Give patients easy access to every physician and service they need; group healthcare providers by the condition they treat, not by their medical specialty; and focus the group’s expertise and resources on society’s most pressing health problems.

Specialty practices have used the techniques for decades, successfully copying business strategies developed in the early ’80s. But for academic medical centers, with their triumvirate missions of education, research and patient care, switching from the “silo” thinking of departments to the multidisciplinary approach of “strategic business units” has proved challenging on a large scale.

Administrators, physicians and care providers hope to pioneer a new approach at Jefferson.

After three years of planning, Jefferson will spend the next two establishing five “service lines” focusing on cardiovascular diseases, cancer, neurological conditions, musculoskeletal problems and GI/transplant, the leading areas of treatment at the Center City hospital. All professionals involved in the service line’s specialty, from surgeons to radiologists and nurses, will work closely together, sharing resources and decision-making.

The new approach builds on Jefferson’s reputation for clinical care while increasing efficiency, focusing resources on areas of true need and helping patients take advantage of Jefferson’s range of expertise, according to David McQuaid, executive vice president and chief operating officer of Thomas Jefferson University Hospitals. The approach also will allow Jefferson to market its services more effectively to patients, referring physicians and even insurance companies, McQuaid said.

“Service lines will profoundly change Jefferson,” University President Robert L. Barchi, MD, PhD, said. “In the past, many of the players had very different incentives. A surgeon might have the goal of increasing procedures, while a hospital might need to decrease admissions. The goals are misaligned, and this fundamental problem fuels the cost of health care.

“In service lines, all the players sit around the table and talk about the best way to treat a particular disease and pool all the resources to optimize the treatment of patients and improve efficiency and quality. This improves the performance of the entire center.”
Service Lines Offer a ‘System of Care’

At the heart of the strategy lies a simple truth, according to Rebecca O’Shea, senior vice president of clinical services and the administrator for the cardiovascular service line: Patients suffering from a serious condition need a system of care, not just one specialist.

Under the old system, if a woman’s mammogram indicated a problem, Jefferson might forward the film to the referring physician without recommending a Jefferson specialist to guide the patient through the next step, and the patient might leave the Jefferson system forever, said Richard Haldeman, chief financial officer for the Kimmel Cancer Center and administrator of the cancer service line. If the patient fails to get sound advice from her physician, she will feel fearful and confused about where to turn.

“With the service line, a coordinator will call the patient and arrange an appointment to discuss the options. We might recommend further tests to determine the right treatment. If the patient needs surgery, the coordinator will make the appointment and arrangements. And we will make sure the patient gets all the follow-up care she needs.

“Each member of the service line will understand and appreciate the expertise of the other members and help guide the patient in getting complete care,” Haldeman said. “This gives us a real game plan to make sure the patient has the best possible experience.”

Mark L. Tykocinski, MD, who as dean of the Medical College oversees the service lines with McQuaid, said Jefferson plans to go a step beyond guiding patients through the system. “We want to expedite their care,” he said. “This means if a physician knows he will order a CAT scan, a coordinator will schedule it so the patient can meet with the doctor and get the scan during one visit. We’re going to make sure everything happens to make that session with the doctor as productive as possible.”

Eventually, all team members will have offices in the same area, fostering collaboration among healthcare professionals while providing convenience to patients, McQuaid said.
Economy Dictates Change

Barchi said that when he arrived at Jefferson five years ago, people considered the approach alien because of the radical change in academic culture – requiring healthcare professionals to identify with a service line as well as a department. Barchi and McQuaid said the recession made the change more acceptable.

"With the economy the way it is, with increased competition in the marketplace and with capital being limited, most people understand that hospitals need to focus on those clinical programs that can help them sustain market excellence,” McQuaid said. “Service lines will provide a more coordinated, integrated approach to the clinical services we provide.”

They also will reduce waste, he said.

"Each department was a business unto itself with its own billers, schedulers, equipment. Service lines offer an opportunity to use resources better.”

System Mixes Business, Medicine

From the beginning of the planning, Jefferson has combined medicine with a modern business approach.

Under Jefferson’s model, the planning starts with a development team, which devises the service line’s goals and strategies; a management group takes over the decision-making after the service line goes into operation. Both teams include administrators plus health professionals from a wide range of disciplines. Each service line has two directors: an administrator and a physician.

“You really need both because neither is trained to do what the other does,” said Matthew Carabasi, MD, clinical director of the cancer service line and director of clinical investigations at the Kimmel Cancer Center. "There is no financial training in medical school, and Rich (Haldeman) will tell you he hasn’t been trained in the nuances of medicine. One of the real strengths of service lines is their collaborative nature.”

Each development team examines Jefferson’s market share, program volume and cost effectiveness in the team’s area. After studying demographic information to pinpoint healthcare needs in the region, the team determines the clinical expertise, range of services and the technology necessary to meet the needs. The conclusions guide the management team’s decisions about hiring and allocating resources.

"Under the old approach, cardiology would decide what resources and programs to build and offer,” said Howard H. Weitz, MD, clinical director of the cardiovascular service line and director of cardiology. “In isolation, cardiac surgery would decide what it wanted to offer, and vascular surgery would also pick. You run the risk of resource duplication and even being left without expertise in key areas.

"In service lines, the team together plans what programs the institution should offer and the best way to offer them. In this national era of tightening resources, this is an excellent way to maximize medical expertise to the patient.”

The strategic analyses lead to a deep understanding of the institution's strengths and needs, Tykocinski said. “We want to give patients a ‘one-stop shopping’ experience. We need to make sure they don’t have to go to another health center.”

In cardiovascular, the first to begin the planning process, team members made atrial fibrillation an area of expertise because the condition has reached epidemic proportions in the United States with no signs of abating, Weitz said. The line also focuses on innovative cardiac surgery, including valve repair and unique approaches to replacement; diseases of the aorta; advanced heart failure and transplant; and complex coronary artery interventions.

Considerations beyond demographics led the team to also focus on cardiovascular disease in women. “Much of the research has been heavily weighted toward men. Only recently have we discovered women have different symptoms and require a different approach to care,” Weitz said. “We believe we have a responsibility to take a leadership role in this area.”
**Approach Empowers Physicians**

Other academic medical centers trying to institute service lines have met resistance from physicians reluctant to form allegiances outside their departments. McQuaid believes Jefferson's approach will help overcome any hesitation. “This system really empowers physicians; it’s a physician-driven leadership,” he said. “This puts medical staff and physicians in a coordinated process to help them better understand where we are clinically, operationally and financially.

“Now they can see the big picture. They have a forum to help guide what is necessary.”

As a director steeped in the department culture, Weitz approached service lines warily. He said he quickly became a convert. “Even after this brief time, I’ve come to see this is the way of the future and the best way,” he said. “The way we’ve set up to make this work creates a lot of fun and excitement. Physicians in this environment are used to innovation, and I think they’ll embrace this.”

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**SERVICE LINE DIRECTORS**

The first service line, cardiovascular, began development planning in January, and cancer followed in late April. Jefferson plans to space the others out by three or four months, aiming for complete implementation by this time next year.

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<th>SERVICE LINE</th>
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<td>James Harrop, MD</td>
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<td>CARDIOVASCULAR</td>
<td>Rebecca O’Shea</td>
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Visit www.Jefferson.edu/jmc/alumni to get the details.
University’s Emphasis on Interdisciplinary Care Fuels Growth

Four decades ago, the word “college” fell far short in describing the breadth of education available at Jefferson, and Thomas Jefferson University was born. Today, the institution’s growth is fulfilling the promise that status conveys.
Always known for its unsurpassed education of physicians, Jefferson also has begun developing a national reputation for interdisciplinary health care, leading the university to establish two new schools and to make a major administrative change with the College of Health Professions.

Jefferson opened the School of Pharmacy to a class of 76 in 2008 and will open the School of Population Health this coming fall. In July, the three schools now under the College of Health Professions—Health Professions, Nursing and Pharmacy—left the umbrella of the college to stand alone, allowing the University to dissolve an outdated college structure that combined disparate fields. As senior vice president for academic affairs, Michael J. Vergare, MD, will oversee all four schools plus the College of Graduate Studies.

“This is all part of the evolution of medicine,” said University President Robert L. Barchi, MD, PhD. “We've seen the whole education paradigm shifting, and we've responded by creating the new schools.

“We've also seen an evolution to team-based medical care, with members other than physicians taking over responsibilities once restricted to doctors. The importance of the full spectrum of healthcare professionals has grown, and our new administrative structure recognizes and respects that.”

Barchi called the creation of the School of Pharmacy a natural fit for Jefferson's mission of interdisciplinary health care. “Pharmacology is so complex that having a pharmacist on your team is essential,” he said.

The School of Population Health, which replaces the Department of Health Policy, will focus on three areas: health policy, public health and healthcare quality and safety. The school will become the first in the United States to offer a master's degree in chronic-care management and only the second to offer a degree in healthcare safety and quality.

“Virtually no one can deny that the country faces a healthcare crisis,” Barchi said. “The need to address this emergency—the quality, safety, affordability and accessibility of health care—is incontrovertible, but no one else is addressing the entire scope of the crisis. We'll bring together professionals from a wide range of disciplines to take on these challenges.”

The administrative decision to dissolve the structure of the College of Health Professions in July also reflects the university's growth, Barchi said.

“Allowing the schools to stand alone is appropriate to their size and importance,” Barchi said. “They have their own deans and their own budgets; the college format no longer makes sense. We're taking it to the next level and structuring Jefferson as a full-spectrum university.”

Barchi and the Board of Trustees envision no further major expansions in the next several years as the university focuses on emphasizing interdisciplinary training in existing programs.

Vergare and James Erdmann, PhD, who is retiring as dean of the College of Health Professions in July and joining Vergare in the Office of Academic Affairs for a year, will work with the deans to analyze each school’s curriculum for opportunities to bring students of different disciplines together to train and work.

Vergare, who served as the Medical College's interim dean for a year, believes the university can fulfill its mission of “setting the standard for quality, compassionate and efficient patient care for our community and for the nation” only by training nurses, researchers, therapists and technicians as well as physicians.

“Going forward as physicians, we increasingly need a new skill set that wasn’t required before,” he said. “Certainly some relates to the array of technology around us but also to working with people across disciplines who will be able to help us side by side. What better way is there to learn from each other than to share a campus?”
“We’ve seen the whole education paradigm shifting, and we’ve responded by creating the new schools.”

– Robert L. Barchi, MD, PhD, University president
Mütter Turns 150
With New Take On The Old

While the medical oddities that form the backbone of the 150-year-old Mütter Museum continue to attract tens of thousands of visitors each year, the new director wants to focus on the past with a thoroughly modern take—the contributions the collection can make to medicine, science and public health today.

Popular Jefferson Medical College Professor Thomas Dent Mütter, MD, started the museum two months before his death in 1859 when he donated 1,700 specimens and $30,000 to the College of Physicians of Philadelphia with instructions to create a museum for medical research. The collection has grown to 25,000 items.

At the time, medical schools and physicians routinely kept specimens as souvenirs. “Many of these collections were then dispersed, thrown out, not maintained over time and not considered relevant 30, 40, 50 years later,” said Robert Hicks, the Mütter’s director.

“The fact this museum continues to exist goes to the heart of Mütter’s vision.”

Here, behind dark paneled cabinets, a jar holds a piece of John Wilkes Booth’s tissue. In another floats the attached livers of the first conjoined twins recorded in modern medicine, Chang and Eng. The “Big Colon” sits in a glass case. The “Soap Lady” lays in another. And 139 skulls collected by Austrian anatomist Joseph Hyrtl more than a century ago are arranged neatly in a cabinet.

Hicks has turned his focus back to Mütter’s original vision, using the museum for research. Biological researchers are taking CT scans of the Hyrtl skulls. Canadian scientists recently visited to extract DNA from Mütter’s cholera specimens to develop a new understanding of the disease. And in 2006, researchers identified a gene that causes muscle to turn to bone after extracting DNA from the skeleton of Harry Eastlack, who died of the rare condition fibrodysplasia ossificans progressiva.
One of Hicks’s ambitions is to take advantage of the college’s vast library of medical history to use in public health exhibits. The museum’s current exhibit combines items from the Mütter with information from the library to highlight the health effects of lead.

The lead exhibit “uses history to illuminate a current health problem,” Hicks said. “I’d like to do more of that.”

The next public health issue the Mutter may take up is venereal disease. Hicks said the museum is considering forming a partnership with the Smithsonian Institution for a condom exhibit, combining wax models portraying the effects of venereal disease with condoms dating to World War I.

Hicks said the condoms are all in their original wrappings with artwork that connotes “interesting attitudes about sex, about venereal disease and about use of condoms (that) are almost laughable in the assumptions they make.”

“The Smithsonian has always been too timid to display their condoms,” Hicks said. “And I’d love to have a partnership with the best-known museum in the country.”

But the big project on the horizon is the creation of a permanent Civil War gallery, part of Philadelphia’s Civil War sesquicentennial celebration, to combine medical specimens and instruments with the stories of doctors who helped transport soldiers to hospitals from battlefields.

Visitors, most in the 18-to-30-year-old demographic, seem enthralled by the medical history. Attendance has reached 100,000 annually. They come to “learn from history and talk about the present and what’s to occur in the future,” said Paul Brucker, MD, board president of the College of Physicians and president of Thomas Jefferson University from 1990 to 2004. “Dr. Mütter probably never dreamed about that kind of popularity.”
Weitz Receives ACP Laureate

Howard H. Weitz, MD, director of cardiology at JMC and of the Jefferson Heart Institute, received the Laureate Award from the Pennsylvania Chapter of the American College of Physicians for exceptional service to his patients, community and profession.

Known nationally as an outstanding clinician and educator, Weitz has been a member of the American College of Cardiology, American Heart Association and the American College of Physicians Task Force on Clinical Competence and Training since 1998. In 2005, he was one of only three physicians appointed to serve on the federal advisory commission to identify opportunities to stabilize and strengthen Medicaid.

Rostami Elected President of Society

Abdolmohamad Rostami, MD, PhD, chair of neurology at JMC, has been elected the 126th president of the Philadelphia Neurological Society.

Rostami, director of the Multiple Sclerosis and Neuroimmunology Research Laboratory at Jefferson Hospital for Neuroscience, is the principal investigator for RO1 grants financed by $4 million from the National Institutes of Health for extensive research in multiple sclerosis and neuroimmunology. He has written more than 130 scientific papers and has held editorial positions in such leading journals as Multiple Sclerosis and Journal of Neurological Sciences.

Swift Named Chief of Pharmacy

Brian G. Swift, PharmD, MBA, was named the chief of pharmacy at Thomas Jefferson University Hospital and associate dean of the School of Pharmacy. In this newly created dual role, Swift will oversee the pharmacy services at Thomas Jefferson University Hospitals and plan, develop, organize and evaluate the pharmacy programs of the institution.

Breast Researcher Receives Tax Grant

Hallgeir Rui, MD, PhD, a professor of cancer biology at Jefferson Medical College and Jefferson’s Kimmel Cancer Center, is one of three recipients of the state Income Tax Check-Off for Breast & Cervical Cancer Research Grants this year. Rui will use the $50,000 award to focus on the STAT5 protein. Women with inactive STAT5 have a seven times higher risk of death from breast cancer.

Etemad Named Director of Therapeutic Endoscopy

Bob Etemad, MD, has been named the new director of therapeutic endoscopy in the Jefferson Digestive Disease Institute and clinical associate professor of gastroenterology and hepatology at JMC.

Etemad most recently comes from the Ochsner Clinic Foundation in New Orleans, where he was the chairman of the Department of Gastroenterology and Hepatology as well as the medical director of endoscopy for nearly four years. His research in the last several years has centered on chronic pancreatitis and pancreatic cancer, which he plans to continue at Jefferson.

Endocrinology Expert Becomes First Vice Dean for Research

Leonard P. Freedman, PhD, a leader in the field of nuclear hormone receptors, joined Jefferson in April as the Medical College’s first vice dean for research.

Freedman came to Jefferson from Wyeth Research, where as vice president of discovery for women’s health and musculoskeletal therapies he directed 125 scientists exploring chemical and bio-therapeutic entities. Before joining Wyeth, Freedman served as executive director for the Department of Molecular Endocrinology at Merck Research Labs as well as an adjunct professor in endocrinology at the University of Pennsylvania.

“Leonard Freedman has an exceptional mix of scientific, strategic and executive leadership experience that will further elevate Jefferson’s reputation as a top-tier research-based medical school,” Dean Mark Tykocinski, MD, said in announcing the appointment.

As vice dean for research, Freedman will develop a coordinated strategy to integrate the clinical and educational expertise at Jefferson with research efforts. He also will lead the development of major collaborative initiatives on campus and will institute strategic alliances with medical centers, universities and other research entities to elevate Jefferson’s research profile while creating new funding opportunities.

Freedman began focusing on nuclear hormone receptors early in his career when he joined the laboratory of University of California researcher Keith Yamamoto, one of the world’s leading molecular endocrinologists. Freedman subsequently joined the faculty at Memorial Sloan-Kettering Cancer
Center and Cornell University Medical College. As a tenured professor at Sloan-Kettering/Cornell, Freedman led an advanced graduate school course, served on several admission committees and co-directed the cell biology and genetics graduate program.

He has received several awards, including the Boyer Research Award for Biomedical Research and the Ernst Oppenheimer Award from The Endocrine Society.

Freedman earned a bachelor's degree in biology from Kalamazoo College and a master's and doctorate in molecular genetics from the University of Rochester. He has published extensively; for the past eight years, he has edited *Molecular and Cellular Biology*.

**Jefferson Receives National Award**

The Department of Health and Human Services awarded Jefferson Hospital for Neuroscience the Medal of Honor for achieving a lifesaving organ donation conversion rate of 75 percent or greater for a 12-month period.

“This recognition shows that when the limits of contemporary medicine have been reached and hard decisions need to be made, our team deals with those situations in a forthright, compassionate and thoughtful manner,” said Thomas J. Lewis, president and chief executive officer, Thomas Jefferson University Hospitals.

The 75 percent goal was first created in an effort to maximize each organ donation opportunity. Today, more than 5,600 patients in the Philadelphia region await organ transplants.

**Jefferson Nurses Earn Prestigious Magnet Status**

Thomas Jefferson University Hospital has earned Magnet status from the American Nurses Credentialing Center, joining an elite rank of healthcare organizations recognized for innovations, superior patient care and nursing excellence.

Known as the “gold standard,” Magnet status has been earned by less than 5 percent of the nation’s healthcare organizations.

“Jefferson is extremely proud of the high caliber of our nurses and the exceptional care they provide to patients,” said Mary Ann McGinley, PhD, RN, senior vice president of Patient Care Services and chief nursing officer. “Magnet status validates what we already know and enhances our reputation as a center of excellence.”

Jefferson’s 1,900-page application filled 10 volumes of written narratives, exhibits and demographics. After reviewing the documents, a team from the credentialing center visited in February.

Magnet organizations must provide annual monitoring reports and apply for re-designation every four years.

“Magnet recognition further strengthens Jefferson’s position as a leader of quality care and nursing excellence,” said Thomas J. Lewis, Jefferson’s president and chief executive officer. “Jefferson is honored to be among the best in the country for both medical and nursing services. It’s why patients choose Jefferson.”

Jefferson is the fifth to win the designation in Philadelphia.
Key Inflammation Protein Discovered

Jefferson researchers have discovered a key protein component involved in inflammation, according to a study reported in Nature.

The protein, AIM2 (absent in melanoma 2), is involved in the detection and reaction to dangerous cytoplasmic DNA that is produced by infection with viral or microbial pathogens or by tissue damage. AIM2 also appears to be a tumor suppressor, and its inactivation may play a role in the development of cancer, according to Emad Alnemri, PhD, professor of biochemistry and molecular biology in Jefferson’s Kimmel Cancer Center.

Gene Therapy Reverses Heart Damage

Long-term gene therapy improved cardiac function and reversed deterioration of the heart in rats with heart failure, according to a recent study by researchers at TJU’s Center for Translational Medicine. The study was published online in Circulation.

The rats were treated with a gene that generates a peptide called βARKct, which works by inhibiting the activation of G protein-coupled receptor kinase 2 (GRK2). GRK2 increases during heart failure myocardium and contributes to the deterioration of the heart, according to Walter J. Koch, PhD, the W.W. Smith Professor of Medicine and the director of the Center for Translational Medicine. Koch’s research team carried out the study, which was led by Giuseppe Renzo, MD, a post-doctoral fellow.

“Our data show that beta blockers and the βARKct peptide are compatible,” Koch said. “Beta blockers can stop the deterioration but not reverse the damage. That is where the βARKct gene therapy comes in.”

Low-Dose Radiotherapy Improves Hearing

TJU researchers have found that a lower dose of fractionated stereotactic radiotherapy for acoustic neuromas results in better hearing preservation and has the same tumor local control rate as a higher dose. The study appeared online in the International Journal of Radiation Oncology • Biology • Physics.

“We previously had not determined the optimal dose of fractionated stereotactic radiotherapy for acoustic neuromas,” said David W. Andrews, MD, vice chairman of the Department of Neurological Surgery at JMC. “This is a potentially practice-changing finding.”

Pre-emptive Treatment Curtails Skin Toxicity

With a pre-emptive, prophylactic skin regimen, patients who receive panitumumab for treatment of metastatic colorectal cancer may avoid some skin-associated toxicities, according to data presented at the 2009 American Society of Clinical Oncology Gastrointestinal Cancers Symposium in San Francisco.

The prospective study—conducted by Edith Mitchell, MD, a clinical professor in Jefferson’s Department of Medical Oncology and associate director of diversity programs for Jefferson’s Kimmel Cancer Center and Mario Lacouture, MD, an assistant professor at Northwestern University in Chicago—was the first to compare pre-emptive and reactive skin treatment for skin toxicities related to panitumumab, a monoclonal antibody that targets the epidermal growth factor receptor. The skin problems, which include erythema, dermatitis, pruritus, pustules, rash and hair and nail changes, force some patients to interrupt or even discontinue treatment.

The skin treatment includes moisturizers, sunscreen, topical steroids and oral doxycycline.

Medical Frontiers

African-Americans and Colorectal Cancer

African-American patients with colorectal cancer are more likely to present with worse pathological features at diagnosis and to have a poorer five-year survival rate than Caucasians, according to a study conducted by Jefferson researchers.

The study, presented at the 2009 American Society of Clinical Oncology Gastrointestinal Cancers Symposium, was led by Edith Mitchell, MD, a clinical professor in the Department of Medical Oncology at JMC and associate director of diversity programs for Jefferson’s Kimmel Cancer Center.
The Eakins Scholar

Learning the Hard Way

As a young child, Raya Terry was fascinated by the stories her father would tell from the “war room”—his job as a physician’s assistant in urology at St. Luke’s-Roosevelt Hospital Center, an academic affiliate of Columbia University. But her attitude toward hospitals changed radically at age 12: Her mother was diagnosed with breast cancer that a doctor failed to catch earlier and died within seven years.

After Terry graduated from Harvard University in 2004 with a degree in psychology, she went to work for the Harvard School of Public Health, researching asthma. While there, she became intrigued by medicine once again and enrolled in the post-baccalaureate premedical program at Columbia.

As she looked ahead to med school, Terry felt overwhelmed by the prospect of massive debt. She could not turn to her father for help. “I have two younger siblings still in school, and my dad is supporting my sister and brother,” she said.

A scholarship from Jefferson’s Eakins Legacy Fund eased her fear, giving her the opportunity to use her experiences with her mother’s care to influence her work as a physician.

“We had a mixture of really good doctors and really awful communicators, doctors who did not know how to talk to patients and their families,” said Terry, a second-year student who has not yet chosen a concentration. “It’s made me think, ‘Hopefully I can do a better job than that.’ I want to go in and make my contribution.”

The Eakins Legacy Fund was financed by the sale of Thomas Eakins’s The Gross Clinic in 2007. Each year, the fund underwrites new endowed professorships and scholarships. The fund matches dollar for dollar commitments of $100,000 or more to establish an endowed scholarship.

In the past two years, JMC has awarded $1 million to 38 Eakins Scholars, and, through partnerships with generous donors, has established four endowed professorships and 12 endowed scholarships.
Laura Heinmiller accepts the Alumni Prize from Dean Mark L. Tykocinski, MD, during Class Day, May 28. The prize, awarded annually since 1824 by the Alumni Association of Jefferson Medical College, goes to the fourth-year student with the highest cumulative record. Heinmiller also won the William Potter Memorial Prize for achieving the best performance of her class in clinical medicine. Heinmiller plans to specialize in ophthalmology and will spend her residency at Wills Eye Hospital.

President Robert L. Barchi, MD, PhD, urged this year’s 256 JMC graduates to embrace the difficult healthcare challenges of their time to become the “architects of a healthier future.”

“Never in our history has a class of healthcare graduates had such an opportunity to shape policy,” he said. “We on this stage now look to you ... to accomplish what we could not.”

The commencement May 29 at the Kimmel Center for the Performing Arts was the Medical College’s 185th. Honorary degrees went to John Joseph Gartland Jr., MD ’44, professor emeritus in orthopaedic surgery, and Judith Rodin, president of the University of Pennsylvania for a decade and now president of the Rockefeller Foundation.

After the ceremony, the college hosted a luncheon. Surrounded by family and friends, Lamar E. Robinson, MD, who will serve a radiology-diagnostic residency at Bryn Mawr Hospital, said he already understood the benefits of a Jefferson education: “The faculty has really helped us learn how to interact with patients. I feel I’m ready to practice.”
CLASS OF 2009 MATCHES

Internal medicine led the specialties listed by the Class of 2009 in their matches last spring; eight categories drew no candidates:

54 Internal medicine
26 Medicine, preliminary
25 Pediatrics
17 Emergency medicine
17 Family practice
16 Surgery
16 Transitional
15 Surgery, preliminary
14 Obstetrics/gynecology
9 Psychiatry
9 Orthopaedics
6 Anesthesiology
6 Otolaryngology
6 Pathology
5 Medicine, pediatrics
2 Neurological surgery
2 Radiology-diagnostic
2 Research
1 Ophthalmology
1 Plastic surgery
0 Dermatology
0 Internal medicine, preliminary
0 Medicine, primary
0 Neurology
0 Physical medicine and rehab
0 Radiation oncology
0 Surgery, vascular
0 Urology
Raphael A. Levin is retired in Raleigh, N.C., with his lovely wife of 61 years, Evelyn. His daughter and son-in-law are physicians in Philadelphia, and son Bob, ’77, is a psychiatrist in Boston, at Harvard Medical School. His brother-in-law Irvin Jacobs, ’53 practices family medicine in Dallas, Pa. He still remembers fondly the Daniel Baugh Institute on Clinton Street and their “amphitheater” lectures. “My warmest regards to my 1939 classmates. Contact me!” rlevin@nc.rr.com.

Sidney Koretsky saw the publication of his book Tales Along the Paper Road and Other Short Stories last fall. The book comprises 11 short stories, the first five connected to paper and paper history. Koretsky’s passion since retiring from medicine in 1998. Legally blind, Koretsky dictated the stories to an assistant. Also last fall, he and his wife led a five-week expedition to remote Chinese villages to document traditional papermaking techniques and to collect data, fiber, tools and paper samples.

Randall McLaughlin remains active, spending much of his time volunteering. He sees many of his long-time patients socially and particularly enjoys the home-cooked meals he gets during the visits. He has a large and growing family for companionship.

Harold Meyer and his wife are enjoying retirement in good health in Philadelphia while trying to keep up with 10 grandchildren ranging in age from 2½ to 25. Meyer also volunteers at the University of Pennsylvania Museum of Archaeology and Anthropology helping a senior anthropologist.

C. J. Rodgers says he’s “still alive and kickin’” in Williamsport, Pa., but his wife, Edna, died a little more than a year ago. They had eight children, including one – John ’85 – who followed his father into medicine and is doing well in orthopaedics in Lancaster, Pa.

Edward Schauer has spent part of his retirement in Farmington, N.J., serving on the Manasquan River Leverage Authority, the New Jersey League of Municipalities Legislative Council, the Medical Society of the New Jersey Legislative Council. He and his wife have four children – including a daughter, Andrea, who graduated from JMC in ’88 – seven grandchildren and five great-grandchildren.

Erwin R. Smarr remains healthy and active in Chapel Hill, N.C., but reports with sadness the death of his wife, Judy, a little more than a year ago from Parkinson’s disease.

George A. Winch received the 2007 Harry & Audrey Angelman Award for Meritorious Service from the Angelman Syndrome Foundation and the 2008 Commitment to Curing Award from EmCare, an emergency medicine practice management group. He lives in Elko, Nev.

Miles D. Harriger is enjoying retirement in East Petersburg, Pa. Joseph H. Sloss enjoys good health and travels several times a year with his wife, Nan. Each year they welcome the hospitality of Phil Marone, ’57, in the Jefferson Suites at the Phillies’ spring training in Clearwater, Fla. The Slosses live nearby in Bradenton.

Marvin Dannenberg and his wife split their time between homes on Long Island, N.Y., and Hilton Head Island, S.C. “We are getting a good deal of pleasure watching our nine grandchildren grow up,” he says.

Clyde E. Harriger retired in March 2000 and spent the next six years volunteering at the Johnstown Free Medical Clinic in western Pennsylvania. He now enjoys the warmth of Florida in the winter and growing vegetables in Johnstown in the summer.

Joseph L. Bard became the first in his family to reach an 80th birthday. He continues to enjoy life in Plymouth Meeting, Pa., with his wife of 56 years, Marilyn. Their three children and six grandchildren give them much joy.

Wilton R. Kane continues practicing family medicine in Tallahassee, Fla. C. Warren Koehl and his wife are still enjoying Aiken, S.C. He has started volunteering at the Aiken County Free Medical Clinic and finds the work interesting and fulfilling.

Classmates Arthur DiNicola, Joseph Cionni and Clark Corson relive their Jefferson days once a week over lunch during the winter in Bonita Bay, Fla. During the summer, DiNicola lives in Minerville, Pa.; Cionni in West Chester, Ohio; and Corson in Bloomsburg, Pa.

Gerald Labriola celebrated the release of his 10th novel last year. He regularly lectures aboard Queen Mary 2, Queen Victoria and The Emerald Princess cruise ships about mysteries, forensic science and true crime issues.

Marvin L. Lewbart continues to operate a laboratory in Voorhees, N.J., working in research and development in the field of steroid chemistry.

Richard E. Eshbach and his wife, Lillian, enjoyed his 50th reunion. He has a message for his old classmates: “Can we make our next one? Let’s try.”

For Jay A. Kern, “life is good.” He spends one day a week volunteering at a medical clinic providing care to the uninsured, and his wife, Rita, is a hospice volunteer. They live in Allenhurst, N.J.

Marvin Rotman still practices as chairman of radiation oncology at the State University of New York-Brooklyn.

Marvin Daley has retired from medicine. He enjoys golf and his seven grandchildren while spending four months a year in Florida and the rest in Lancaster, Pa.

Gary P. Romisher works part time in radiology. He and his wife of 52 years have seven granddaughters and one married grandson. The Romishers live in Cherry Hill, N.J.

James D. Brubaker and his wife, Carley, celebrated their 50th wedding anniversary with their three daughters and their families by visiting five Alaska villages where the family lived at various times during the past 53 years. The Brubakers now live in Williamsburg, Va.

Alan Fleckner retired and moved to Gettysburg, Pa.

Myron E. Rosenfeld and his wife, Ruth, celebrated their golden wedding anniversary with a trip to Europe last fall. They still live in Ponte Vedra Beach, Fla.

William T. Anderson retired seven years ago. He writes, “After asking my family to take ‘a back seat’ to my medical practice for 40 years, I now give my full attention to them.”

Robert Conte and his wife of almost 50 years, Jean, spend their winters in Boca Raton, Fla., and much of their other time traveling throughout the country to visit their 17 grandchildren.
Fred A. Dodge retired last year after 47 years in family practice and pain medicine. A resident of Waianae, Hawaii, he supports indigenous issues.

Joel B. Goldstein continues to practice adolescent psychiatry and psychoanalysis and teach residents at Drexel University in Philadelphia. He and his wife, Debby, spend their summers on Martha’s Vineyard, Mass.

Jack Klein retired from cardiology in 1999. Now living in Bucks County, Pa., he remains active with antique car collection and restoration, photography and gardening despite bilateral hearing loss and spinal DSD.

Irvin M. Liebman has cut back his time practicing dermatology and instead enjoys painting, studying philosophy and playing bridge.

Elliott Perlin cut back to part-time work in 2000. He sees hematology/oncology patients at George Washington University Medical Center and consults for the Department of Labor. He recently wrote a book—*Fighting Addictions Through Poetry Therapy*—to be published soon. He and his wife, Carole, live in Bethesda, Md. They have four children, eleven grandchildren and three great-grandchildren.

David E. Rosenthal retired in 2001 but keeps busy as an editorial consultant for *Prescribers Letter*, a national journal for primary-care doctors. He also serves as a volunteer and trustee for a medical center for the uninsured and as an officer, trustee and committee chair at Reform Congregation Keneseth Israel in Elkins Park, Pa. He and his wife of 50 years, Sandy, have three sons and six grandchildren.

Michael Pellini, MBA, MD ’97

Combining Medicine and Business

Shortly after graduating with an MBA from Drexel University two decades ago, Michael Pellini found himself at an investment firm in Sydney, Australia, working in an area that he considered intriguing and promising—biotechnology. He soon began thinking about combining his investment acumen with his interest in medicine.

A medical degree and Jefferson Medical College seemed like a perfect fit.

“I’m a Philly guy, and I wanted to get back there. Also, I was very interested in developing my clinical skills for personal reasons and because I thought it would be a great asset even for the business side of my career,” said Pellini, who has served on the JMC Executive Committee since 1998.

Liking all his clinical rotations at Jefferson, Pellini declined to specialize and joined Bryn Mawr Family Practice for his residency. “I enjoyed the challenges that you face every time a patient walks into the office,” he said. “I thought having an understanding of all the specialties would be very beneficial to my eventual work in the life sciences, and, sure enough, since re-entering the biotech and life science areas, I’ve worked on projects focused on such diverse medical areas such as diabetes, cardiovascular disease and now cancer. Understanding the clinical side often affords me a nice advantage in the business world.”

Pellini originally envisioned spending time in private practice after his residency, but several people who knew of his interest in business approached him about starting a biotech firm, and he took the chance, becoming president and chief executive officer of Genomics Collaborative Inc., an early pioneer of genomics-based medicine and diagnostics in Boston.

In 2004, when Genomics Collaborative was acquired, he began a cycle common in the venture capital arena, working for short intervals at venture capital firms until a full-time operating role emerged. He spent seven months at BioAdvance, which provides startup funding to Philadelphia-area companies. Through his work at BioAdvance, he joined the New Jersey firm Lakewood Pathology Associates (now known as PLUS Diagnostics) as chief operating officer. When Lakewood Pathology was acquired in 2006, Pellini went back to another Philadelphia-based venture fund, Safeguard Sciences, which he left within a year for one of Safeguard’s companies, Clarient Inc., where he is president and chief operating officer.

In Pellini’s words, Clarient serves as the “pathologist’s pathologist” in oncology, offering molecular-based diagnostic testing that often requires an investment far too extensive for most community hospitals, and even many larger regional and academic hospitals, to justify.

Citing the KRAS test for colon cancer as an example, Pellini said: “We serve more than 1,000 pathology practices nationwide, and, combined, they send us about 40 to 50 patient specimens for the test each day,” he said. “Even at an academic medical center, you might only get a handful per week. It often just doesn’t make economic sense to run a new molecular test at that volume.”

For someone who took the moniker “Surfdoc” many years ago, joining Clarient included another advantage: moving to Orange County, Calif., where he lives next to Salt Creek Beach. He and his wife, Melina, who graduated with a doctorate from Jefferson in 1997, spend every hour they can with their three young boys outside, often in the ocean.

Looking back, Pellini believes the range of clinical experiences that Jefferson offers sets it apart. But, he said, he finds the close connections he made there just as important. “To this day, I can call department chairmen, and I count many physicians, professors and staff as friends,” he said. “There was a great camaraderie at Jeff that broke through the academic hierarchy; it’s not nearly as formal as some other institutions, and that’s a very good thing.”
Edwin E. Cohen has retired as a general surgeon from the Veterans Administration but continues doing locum coverage. He lives in Silver Spring, Md.

Col (Ret.) Martin L. Dresner continues working full time as a faculty member at the University of Arizona and the VA Medical Center in urology. He also was reappointed for another term on the Board of Governors of the American College of Surgeons.

Phillip H. Winslow still works full time with no plans to retire. He lives in Ponca City, Okla.

Robert G. Timmons practices full time and serves as the medical director of the Plains Regional Medical Center in Clovis, N.M. He also serves as a volunteer faculty member at the University of New Mexico Medical School.

Gene Baumgarner finds retirement rewarding with more interesting things to do than time available. He lives in Eugene, Ore.

Mark Gordon is in his 34th year of practice in south Florida and recently was re-elected chief of general surgery at Memorial Hospital West in Pembroke Pines. He also remains active on community charity boards.

Robert Mahan is still doing emergency department work in North Carolina. He lives in Salisbury.

Scott C. Stein still enjoys practicing obstetrics at The Rand Eye Institute in Deerfield Beach, Fla.

James M. Sumerson cut back his hours three years ago to working part time three days a week. He now has time to enjoy traveling, music and carpentry along with three young grandchildren.

Howard Finkle recently attended a lecture by classmate William Snape at the Alameda County Medical Center in Oakland, Calif. Afterward, they briefly reminisced and, as Finkle says, “nostalgia quickly reigned.” Finkle retired as chairman of pathology and laboratory medicine at the center but still works occasionally.

Edward A. Ricketts Jr. is practicing primary internal medicine in Hermiston, Ore.

James Gerson has spent the past 11 years as a medical director for managed care health plans. Last year he joined Los Angeles County’s Community Health Plan as chief medical officer.

Thomas Kay stopped practicing obstetrics a year ago but still practices gynecology. He is a board member of Virtua Health and medical staff president of Virtua-West Jersey. He also is board chair of the Regional Women’s Health Group in southern New Jersey.

Charles Schleifer left Lankenau Hospital after 37 years for a part-time office practice.

Paul Fernhoff, still living in Atlanta, proudly announces the birth of his first granddaughter, Talia, to daughter Shana in Oakland, Calif.

Harry R. Cramer Jr. continues to practice interventional radiology at Sacred Heart Hospital in Pensacola, Fla.

Augustin J. Schwartz III has a full-time practice in hematology/oncology at the Palm Beach Cancer Institute in Florida. He also is a clinical assistant professor in the Department of Medicine at the University of Miami School of Medicine and at the Duke University Medical Center. In his spare time, he says, he tries to “keep classmate Louis J. Borucki sane in his retirement years. (So far so good.)”

Anna D’Amico retired last year and now gets great satisfaction from volunteering at a state clinic. She received the Outstanding District Service Award from District 3 of the American College of Obstetricians and Gynecologists this year. Amico lives in Wilmington, Del.

William Boswell reports with pride that his daughter, Stephanie, graduated from Jefferson this year and will follow him into radiology in her residency.

D. Preston Flanigan did his general surgery residency at the University of Michigan and his vascular surgery fellowship at Northwestern University. He joined the faculty at the University of Illinois and started the vascular surgery program and...
fellowship there, leaving in 1988 as chief of the Division of Vascular Surgery to go into private practice in California. He is on the staff at St. Joseph Hospital in Orange and director of the Vascular Institute. Flanigan has four children and one grandchild.

Joan Shapiro recently retired from her OB/GYN practice outside of Detroit. She says she misses the medical work but not the paperwork and aggravation. She reports that her son Evan, ’00, specializes in pain management.

’75

Mark Dembort retired from the U.S. Navy in 2002 after a 27-year career in undersea medicine, preventive medicine and psychiatry. He now is chief of psychiatry for the Pennsylvania Department of Corrections, one of the largest state prison systems in the country with more than 46,000 inmates and 27 facilities. He lives in Philadelphia and works in Camp Hill.

Gerald Durkan is working on a medical novella. He recently traveled from his home in Hawaii to visit son Brandice, ’08, at Cedars-Sinai Medical Center. A Dr. Durkan Family Reunion is being planned with brothers Bill, ’83, and John, MD.

For Richard P. Marcello, 2008 was a banner year. He and his wife celebrated their 25th wedding anniversary and also welcomed their first grandchild, a boy, into the family. His practice, Desert Eye Associates in Tucson, Ariz., added a fourth ophthalmologist. Outside of work, he enjoys hiking, biking and traveling.

Edward S. Schulman has been at Hahnemann, now Drexel University College of Medicine, as chief of pulmonary, critical care and sleep medicine since 1987.

’76

Halley S. Faust was selected as the 2009 recipient of the American College of Preventive Medicine’s Distinguished Service Award. Three years ago, Faust and his wife, Ruth Anne, left West Hartford, Conn., for Santa Fe, N.M., where he is clinical associate professor in the Department of Family and Community Medicine at the University of New Mexico.

Virginia Walters Smith practices pathology at the Guthrie Clinic in north-central Pennsylvania near the New York border. Her oldest daughter, Melanie, is following her into medicine.

’77

David C. Nickeson has found himself extremely busy in his pulmonary practice near Galveston, Texas, since Hurricane Ike left the University of Texas Medical Branch damaged in August 2008, forcing patients to look elsewhere for care. Outside of work, he sings in three choirs.

Stanley Solinsky still practices OB/GYN in New London, Conn., as the senior partner of Shoreline OB/GYN. His group has joined Physicians for Women’s Health — a “group practice without walls” of more than 150 OB/GYNs across Connecticut. He’s married and has two children, two stepdaughters and a new son-in-law.

’78

Joyce R. King works at the Long Beach Memorial Medical Center in California as a pathologist. She has three children. Her oldest, Sarah, is a second-year student at JMC and “loving it.” She urges classmates visiting LA to call.

Norman G. Rosenblum is a professor of obstetrics and gynecology at JMC and director of the Division of Gynecologic Oncology.

’79

Jeffrey C. Brandon has been selected for fellowship in the American College of Radiology for his contributions to the college and to the discipline.

Patricia McGuire splits her time as an instructor at the University of Pittsburgh Medical Center-St. Margaret and as a consulting child and adolescent psychiatrist in Butler County.

’80

Angela E. Lin visited Philadelphia in November for the American Society of Human Genetics meeting at the Convention Center. She met up with classmate Marianne Ritchie Gordon and JMC Professor Vinnie Armenti, ’82, who gave her a tour of campus. “The school looks wonderful.” Lin lives in Westwood, Mass.

Robert J. Maro Jr. was named to the board of trustees of the University of Medicine and Dentistry of New Jersey. His son, Stephen, was commissioned a second lieutenant in the Marine Corps last year.

’81

Francis P. Day is chief of cardiology at Bryn Mawr Hospital in suburban Philadelphia. He has two sons in medical school; Brandon, ’11, is at JMC.

Rudolph DePersia Jr. and Lori DePersia are still practicing in New Jersey in internal medicine and radiology. They report with pride that their son, Robert, received a Fulbright to teach English in Wels, Austria, after graduating from Washington & Lee University last year. In addition, Rudy has been appointed president of the medical staff at Underwood Memorial Hospital in Woodbury, N.J.

Terry Ann Glauser is a medical director at Outcomes Inc. She lives in Wallingford, Pa.

David G. Hershberger notes with relief that the tuition bills for his daughters’ educations are finally coming to an end. His oldest daughter, Jessica, has a master’s degree in elementary education and teaches third grade. His middle daughter, Jennifer, is finishing work for a master’s in elementary guidance. His youngest daughter, Ashley, is a RN and is working on her bachelor’s degree in nursing. Hershberger lives in Johnstonstown, Pa.

Gordon Langston and his wife, Mary, celebrated their 30th wedding anniversary last year. Their son, Gordon, attends the Culinary Institute of America, and their daughter, Maura, is a junior at the College of Charleston. Langston has been chief of the Department of Aesthesia at Palmetto Health Richland in Columbia, S.C., for more than 15 years and is serving as chief of the medical staff this year.

’82

Richard Bruehman is on the faculty at University of Pittsburgh Medical Center-St. Margaret. He makes yearly trips to central Asia with “Physicians with Heart” to support the development of family medicine there.

’83

Alex Feinstein is vice chairman of the Department of Radiology at Lancaster General Hospital in central Pennsylvania.

Richard Greco serves on the Executive Committee for the American Association of Accreditation of Ambulatory Surgical Facilities. Three of his children — Richard, a surgery resident; Blake, a lawyer; and Apryl, a nurse — are now married. Greco lives in Savannah, Ga.

Donna Zeller serves as the lead physician at PennCare Main Street Family Medicine in Phoenixville, Pa. He and his wife, Diane, are enjoying their first year of “empty nest syndrome” with son Steven at Zeller’s alma mater, St. Joseph’s
University, and Beth at Ursinus College. The Zellers plan to travel to Florence this year while Steven spends a semester abroad there. “Zig” Zeller also sings and plays guitar and harmonica with the blues band Blue Bizness.

’S6
Stephen Nurkiewicz was elected president of the New Jersey Academy of Family Physicians in June at the annual Scientific Assembly in Atlantic City.

’S7
Richard D. Shusterman is serving as president of the medical staff at St. Mary’s Medical Center in Langhorne, Pa.

’S8
Joseph P. Bering Jr. proudly reports that his son Patrick is a third-year student at JMC and his daughter Katherine, a senior at Villanova University, was accepted to JMC and plans to matriculate with the Class of 2013.

’S9
Kathleen Palmer works in the Emergency Department at DuPont Hospital for Children in Wilmington, Del. She gave birth to twin boys in November 2007, bringing the family to three children.

’S0
Angelo Grillo says his children “are growing too fast.” He remains at Christiana Care and the family lives in Elkton, Md.

’S1
Steven P. Woratyla is in private practice and also serves as chief of vascular surgery at Lancaster General Hospital. He has three sons, ages 16, 12 and 8.

’S2
Orlando Cicilioni Jr. and his wife welcomed the birth of a son, Grayson Andrew, a year ago. Cicilioni is the chairman of plastic surgery for the Florida Hospital’s seven campuses in Orlando.

’S3
James E. Jennings works in private practice in anesthesiology in Longmont, Colo. He’s enjoying the mountains with his wife, Mary, and two sons, Michael, 7, and Thomas, 3.

’S6
Tracy MacEachern is boarding, biking and practicing emergency medicine in Colorado Springs, Colo.

‘86
Stephen Nurkiewicz was elected president of the New Jersey Academy of Family Physicians in June at the annual Scientific Assembly in Atlantic City.

City Activity
2 p.m. – 4 p.m.
Design your afternoon with our help or pick from a large variety of discounted tickets to Philadelphia-area attractions. Call 215-503-7743 in advance for more information.

CME Program
8 a.m. – 3:30 p.m.
Topics include celiac disease; the Medical College’s shared vision with the University; physician workforce issues; stem cell transplantation; the impaired physician; thyroid cancer; and atrial fibrillation. See schedule on facing page.

Exclusive viewing for JMC Alumni of Freedom Rising
5 p.m. – 6 p.m.
National Constitution Center
525 Arch Street
You will enjoy an exclusive performance of Freedom Rising, a multimedia production illustrating the story of the U.S. Constitution. While touring the center’s main exhibit, you can decide a landmark Supreme Court case while learning about the bravery of “ordinary” Americans through interactive displays.

Alumni Banquet
6 p.m. – 9 p.m.
Grand Overlook
National Constitution Center
525 Arch Street
Renew old friendships over cocktails and hors d’oeuvres in the Grand Hall Lobby, then see the Founding Fathers come to life through statues in Signers’ Hall. After an hour, we adjourn to the Great Hall for dinner overlooking Independence Mall. The evening ends with the Alumni Achievement Award.

For more information, call 1-877-JEFF-GIFT
Saturday, September 26

Registration
8 a.m. – 1 p.m.
Conrady Lobby
Dorrance H. Hamilton Building
1001 Locust Street

Reunion Class
Clinic Presentations
9 a.m. – 12:30 p.m.
Connelly Auditorium
Dorrance H. Hamilton Building
1001 Locust Street
Representatives of each reunion class will describe their scientific challenges or life experiences since graduation.

Complimentary
“Taste of Philadelphia Luncheon” Hosted by the Dean and Staff
12:00 p.m. – 2 p.m.
Conrady Lobby
Dorrance H. Hamilton Building
1001 Locust Street

Campus Tours
1:30 p.m. – 3:00 p.m.
Anatomy Lab
Jefferson Alumni Hall

Reunion Class Receptions and Dinners
Registration: 3 p.m. – 7 p.m.
Cocktails: 6 p.m.
Dinner: 7 p.m.
Loews Philadelphia Hotel
12th and Market Streets
Don’t miss this fabulous opportunity to get together with classmates and friends. Each class will enjoy a private cocktail reception and sit-down dinner. Class photographs will be taken.

Kathleen Pollock (Smith) opened her own OB/GYN practice in Rancho Santa Margarita, Calif. She and husband Mike have two children, Cindy, 8, and Matthew, 6.

’00
Michael Baumholtz finally finishes his training this summer in plastic surgery and looks forward to returning to Philadelphia after a nine-year absence.

J. Milo Seward has joined the orthopaedic surgical staff of Temple University Hospital and has been appointed assistant professor of orthopaedic surgery at Temple University School of Medicine. Seward came to Temple from the Navy, where he served as an orthopaedic surgeon in the Horn of Africa.

’01
Luke Madigan and Monica Crane are happy to announce the birth of Austin Albert Madigan in December. His big brother, Cole, is enjoying his new role. Luke joined the Knoxville Orthopedic Clinic and practices orthopaedic spine surgery. Monica practices geriatric medicine and is the clinical director of the Geriatric Assessment Program. The family loves Knoxville, Tenn.

’03
John Dalfino and Thea Dalfino celebrated the birth of their son, J. Bryce, on Aug. 26.

Dhiren Y. Patel is completing a fellowship in neuro-radiology and will be accepting an appointment in the Department of Radiology at Lancaster General Hospital in July.

’04
Andrew Bilinski is serving in the Army Medical Corps as a staff attending in emergency medicine and family medicine.

’05
Christopher J. DiMaio completed his advanced endoscopy fellowship at Massachusetts General Hospital and Brigham and Women’s Hospital a year ago. He then joined the faculty of Memorial Sloan-Kettering Cancer Center in the Division of Gastroenterology.

Register Online: www.jefferson.edu/alumni

CME Program
Alumni Weekend includes a full range of free CME sessions Friday, September 25.
For reservations or information call 1-888-JEFF-CME or visit http://jeffline.jefferson.edu/jeffcme.

7:30 a.m. Registration
8 a.m. “The Hidden Epidemic of Celiac Disease”
A.J. DiMarino, MD,
William Rorer Professor of Medicine,
Jefferson Medical College
9 a.m. “A Shared Vision of Jefferson Medical College and Thomas Jefferson University”
Robert L. Barchi, MD, PhD, president,
Thomas Jefferson University
10 a.m. Physician Workforce Issues
Gregory Kane, MD, professor,
Jefferson Medical College
11 a.m. “An Update on Hematopoietic Stem Cell Transplantation”
Matthew Carabasi, MD, associate professor,
Jefferson Medical College
1 p.m. “The Impaired Physician”
Abigail Kay, MD, assistant professor,
Jefferson Medical College
1:45 p.m. Medical and Surgical Aspects of Thyroid Cancer
Edmund Pribitkin, MD, associate professor,
Jefferson Medical College
2:30 p.m. Atrial Fibrillation
Daniel Frisch, MD, assistant professor,
Jefferson Medical College

JMC designates this educational activity for a maximum of 6.50 AMA Category 1 Credit(s)™. Physicians should claim credit commensurate with the extent of their participation in the activity.
In Memoriam

'37

Carl Gifford Whitbeck, 96, died in Sarasota, Fla., Oct. 2. After returning from World War II, Whitbeck set up a surgical practice in upstate New York near Hudson. He is survived by his wife of 69 years, Virginia, a daughter and two sons.

James Russo died Nov. 15 in Baltimore, where he had spent much of his life. After his fellowship, Russo started the Anesthesia Department at Mercy Medical Center, then known as Mercy Hospital in Baltimore. His 40-year career at Mercy as the department chairman was interrupted for three years starting in 1953, when he was called to active duty by the Army. Russo is survived by his wife of 61 years, Gloria, two sons and two daughters.

'39

Blaine R. Garner, 96, died Sept. 30. After returning from World War II as a lieutenant colonel in the Army Medical Corps, Garner set up a private practice that he kept for 45 years in Newtown, Pa., making house calls throughout his career. He also was active in community affairs, serving on the Council Rock School Board for 12 years and as a founding physician of Saint Mary Medical Center. He is survived by three sons.

'41

Benjamin Fletcher Fortune, 92, died Dec. 25 in Greensboro, N.C. Fortune spent World War II as a physician with the Navy in the Pacific theater, and, as a reserve, also in Korea in the ’50s. After returning to his native Greensboro, he joined his father, A.F. Fortune, MD, in general practice while providing anesthesia services to hospitals throughout the area. He also served as the medical director for the Keeley Institute, a nationally recognized alcohol treatment center. Fortune is survived by two daughters and two sons.

'43

Albert John Kolarsick died Aug. 26 in Osprey, Fla. Kolarsick served in World War II as a lieutenant in the Medical Corps, U.S. Naval Reserves, and received a Purple Heart for bravery during the initial assault on Iwo Jima. After returning, he established a private surgical practice in Red Bank, N.J., and served as an attending surgeon at Monmouth Medical Center, Long Branch, N.J., and as director of surgery at Riverview Medical Center. He moved to Florida after retiring in 1995. Kolarsick is survived by his second wife, Ruth, and six children.

James Russo died Nov. 15 in Baltimore, where he had spent much of his life. After his fellowship, Russo started the Anesthesia Department at Mercy Medical Center, then known as Mercy Hospital in Baltimore. His 40-year career at Mercy as the department chairman was interrupted for three years starting in 1953, when he was called to active duty by the Army. Russo is survived by his wife of 61 years, Gloria, two sons and two daughters.

'46

Gustav Anderson, 91, died Jan. 16. After returning from World War II as an Army captain, Anderson served as a neurologist in private practice in Connecticut. He lived in West Hartford when he died. Anderson is survived by two sons and two daughters.

'47

Joseph Mitchell Barsky Jr., 86, died in Wilmington, Del., Jan. 25. He practiced general and forensic medicine until he retired in 1995 and also served on community boards and as president of the Delaware Academy of Family Physicians. He is survived by his wife of 61 years, Freida, a son and a daughter.

'49

Selig Jack Bascove, 83, of Hallandale, Fla., died Jan. 11. After serving in the Air Force, Bascove worked at the Veterans Hospital in Coral Gables for two years, then left to practice internal medicine in Hollywood, Fla., until retiring in 1997. He is survived by his wife, Honey, and a stepson.

'53

Willard S. Krabill, 82, died Jan. 6 from cancer. Known as a pioneer in public health, family-centered childbirth and sex education, he was the physician emeritus for Goshen College in Indiana and an associate professor emeritus of health education. Krabill worked at the college for 24 years while also running a private OB/GYN practice. He also was active in the Mennonite Church, receiving the Allen H. Erb Award from the Mennonite Health Association for his guidance in promoting congregational health ministries. Krabill is survived by his wife of 46 years, Grace, two daughters and two sons.

Dr. Thomas Aceto Jr., 79, died Jan. 26 of Alzheimer’s and Parkinson’s diseases in suburban Dallas. Aceto began his medical practice in Buffalo, N.Y., where he met his future wife, Arahill, MD, at Children’s Hospital. In 1975, he took over as chairman of the Department of Pediatrics at the University of South Dakota School of Medicine. Five years later he moved to St. Louis as chief pediatric endocrinologist at Cardinal Glennon Children’s Medical Center and as the chairman of pediatrics at St. Louis University School of Medicine. In addition to his wife, he is survived by two daughters.

'55

Thomas Voshell Jr., 93, of Virginia Beach, Va., died Jan. 21. Voshell’s career combined his three loves, flying, the Navy and medicine. In 1942, he received his commercial flight license and joined the Navy two years later, starting out as a flight instructor. After the war, he received his medical degree, then rejoined the Navy, serving as a senior medical officer until his retirement in 1973. His is survived by his second wife, Ellen, two sons, a daughter, a stepson and a stepdaughter.

'57

David Harold Black, 76, died on Sept. 15. Black practiced family medicine in Mt. Ephraim, N.J., and was a member of the Camden County Medical Society for 50 years. He is survived by his wife, Ruth, two sons and a daughter.

Lowell D. Mann, 79, of Mechanicsburg, Pa., died Jan. 5. Two years after graduating from JMC, Mann and his wife began a decade of medical missionary work in India at the Madhipura Christian Hospital in Bihar. Returning, Mann had a family practice in Elizabethtown, Pa. He went to Hershey Medical School in 1976 to become a psychiatrist and joined the staff there as an associate professor. Mann is survived by two sons.
James W. Willwerth, 77, of Ephrata, Pa., died Jan. 3. Willwerth joined the Radiology Department of Ephrata Community Hospital in 1962, eventually earning the appointment of chief radiologist. He retired in 1996. He is survived by his wife, Antoinette, two sons and a daughter.

Leon Scicchitano, 75, died Sept. 7 at his home in New Port Richey, Fla., where he and his wife had retired. Scicchitano's medical career began with the Army. He served in a MASH unit in Vietnam and then as attending physician and surgeon at Sandia Air Force Base in Albuquerque, where he received the Vietnam Vascular Registry and Army Commendation medals. After leaving the Army, he served as associate surgeon at the Pottsville Hospital in eastern Pennsylvania, as attending physician at Ashland and Shamokin hospitals and as a general and thoracic surgeon at Good Samaritan and Pottsville General Hospital. He is survived by his wife of 42 years, Dorothy, a son, a stepdaughter and a stepson.

Joseph Robert John, 79, died Jan. 19. After serving in the Army, he joined the Medical Center Clinic in Pensacola, Fla., in 1964 and also practiced at the old and the new Sacred Heart Hospital and West Florida Hospital. John was instrumental in founding the local Feet First First Time Program for the prevention of spinal cord injuries from shallow-water diving; the program spread nationwide and became the Think First National Injury Prevention Foundation sponsored by the American Association and Congress of Neurological Surgeons. It received a Presidential Citation for Private Sector Initiatives. He is survived by his wife of 53 years, Dawn, two daughters and two sons.

Joseph R. Hooper, 68, died Dec. 12 at his home in Tallahassee, Fla. After serving as a flight surgeon in the Air Force, Hooper finished his training as a cardiologist in 1975 and practiced in York, Pa., and Toledo, Ohio, until his retirement to Florida. He is survived by his wife, Carolyn, two daughters and two sons.

FACULTY
James Edward Clark, 82, a pioneering kidney specialist, died of complications from Parkinson’s disease Nov. 24 in Wallingford, Pa. Several years after joining JMC’s faculty in 1956, Clark established a kidney unit at Jefferson. In 1963, he helped organize the team that performed the first Philadelphia-area kidney transplant, at Hahnemann Hospital.

In 1968, Clark left Jefferson to head the medical department at Crozer-Chester Medical Center. From 1985 until retiring in 2005, Clark was director of graduate medical education at Crozer, and the Clark Ambulatory Care Center at Crozer is named in his honor.

Clark was past president of the Jefferson Medical College Alumni Association and of the Pennsylvania Society of Nephrology.

He is survived by his wife of 31 years, Virginia, two sons, a daughter, two stepdaughters and a stepson.

Alvin F. Goldfarb, MD, who taught obstetrics and gynecology at Jefferson for almost 50 years, died Nov. 1, 2008. In addition to teaching, he was a clinical researcher for the birth control pill and a fertility research specialist; he was known worldwide as a specialist in infertility. He also educated teens about the medical aspects of sex. Goldfarb joined Jefferson's faculty in 1959 and continued teaching until just a few months before his death. He is survived by three sons and a daughter. His wife of 59 years, Arlyne, died in 2007.

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- to learn about upcoming events at Jefferson

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The Mütter Museum was founded in 1859, two months before Thomas Dent Mütter died. The original collection contained 1,700 items. Today, there are 25,000 items in the Mütter Museum. In 1981, there were 5,000 visitors. By 2008, that number had increased to 100,000. The tallest skeleton on display in North America is the Mütter "giant," standing at 7' 10". The Mütter dwarf skeleton is 3' 6" tall. The "Big Colon" is 7' long. The museum's Hyrtl collection contains 139 skulls. The Chevalier Jackson Collection includes 2,000 objects swallowed and removed without surgery. Jackson was a Jefferson Medical College graduate and professor who essentially invented the modern science of endoscopy of the upper airway and esophagus in the early 20th century.

Photo by George Widman, 2009, Courtesy of The College of Physicians of Philadelphia
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