Features

Mayo Health System — a patient-focused regional health care delivery system
In under 10 years, Mayo Health System has become a network with 615 physicians and more than 9,000 allied health staff in clinics, hospitals and nursing homes in 60 communities located throughout Southern Minnesota, Northern Iowa and Western Wisconsin. It has been a success on many fronts. Mayo Health System has increased the number of patients referred to Mayo Clinic Rochester for specialized care and it has dramatically boosted medical services for patients in the largely rural region.

Gonda Building prepares to open on Mayo Clinic Rochester campus: Alumni invited to attend dedication ceremonies and 62nd International Meeting
The first occupants of the new Gonda Building will move in during October. A series of activities are planned to celebrate the opening of the building that is a central component of the Practice Integration Projects.

Blocked crossings — train project sounds warning bells for Rochester and Mayo Clinic
The threat of 37 100-car coal trains running daily through the heart of Rochester has pushed Mayo Clinic to join forces with a community-wide coalition that is fighting the upgrade and expansion of the Dakota, Minnesota & Eastern Railroad’s tracks. Officials fear that the increased train traffic will cut off the normal emergency routes, adding minutes to response times and threatening the lives of patients.

MayoClinic.com: providing reliable health information that physicians and patients can trust
The new Web site that was recently launched brings the latest medical information, along with useful health management tools, to an Internet resource which physicians and their patients can trust. It goes beyond health information to provide unique tools to help patients manage diseases and stay healthy.

Dr. David Ahlquist: Embracing the mysteries of medicine and nature
A profile of David Ahlquist, M.D., a gastroenterologist at Mayo Clinic Rochester and member of the second graduating class of Mayo Medical School. Dr. Ahlquist has teamed with other researchers whose discoveries represent major advances in the practice of gastroenterology.
Our cover features a cross-sectional photograph of a mollusk of the genus *Nautilus* that is found in the Indian and Pacific oceans. With its spiral shell, constructed of a series of air-filled chambers, it serves as a striking abstract symbol of the supportive structures found in successful organisms. Mayo Health System, featured in our leading story, represents an organizational example of such an integrated infrastructure, as a highly effective regional health care network united through a common vision to continuously improve the quality of care while serving the needs of the patient.
In the fall of 1991, a group of six family physicians in Decorah, Iowa, was weighing a purchase offer from a medical center based in La Crosse, Wis. Before they accepted, they decided to see if Mayo Clinic would be interested in acquiring their practice.

Had the doctors called a few years before, they would have received a polite rejection. But times had changed. Providers everywhere were feeling anxious about potential health care reforms being discussed in Congress and among presidential contenders. Large providers were feeling an urgent need to protect their patient base and small providers were seeking the security of a bigger system.

So shortly after the call, Richard Tompkins, M.D., and two Mayo administrators drove 70 miles south on U.S. Highway 52 to meet with the Decorah physicians. Mayo agreed to submit a proposal of its own. It was accepted and in February of 1992, the Decorah Clinic became the charter member of a new entity that had no name and only a vague purpose.

Nine years later, this fledgling entity has grown beyond the wildest expectations of any of its founders. Today, Mayo Health System encompasses 615 physicians and more than 9,000 allied health staff providing care in clinics, hospitals and nursing homes in 60 communities throughout Southern Minnesota, Northern Iowa and Western Wisconsin.

Mayo Health System has increased the number of patients referred to Mayo Clinic Rochester for specialized care. It has dramatically boosted medical services for patients in this largely rural region and has infused local economies with new jobs and new spending. One leading health care economist called Mayo Health System the only successful regional health system in the country.

“Mayo Health System has been a win-win for everyone — for Mayo Clinic, for the local health care providers and for the citizens in the communities they serve,” says Hugh Smith, M.D., chair of the Mayo Clinic Rochester Board of Governors. “It’s been an outstanding success.”

How has Mayo Health System succeeded where so many others have failed?

Several factors have contributed to the system’s success, the most important of which has been an unwavering focus on the needs of the patient.

Partners in care

In the beginning, the vision was simple: “a primary focus on patient
care, not on making money,” says Alan Schilmoeller, who was on the team that negotiated with the Decorah physicians in 1992 and is now the chief administrator for Mayo Health System. That was the criteria applied when interested parties called about affiliating — which is how the network grew. Negotiations always have been invited by the affiliates, according to Schilmoeller.

By 1994, the network was rapidly developing under the leadership of Michael O’Sullivan, M.D., Gerald Wollner and Schilmoeller. Representatives from throughout the health system and Mayo convened to forge a formal philosophy called “Partners in Care” to direct their operations and a set of principles to guide affiliations. The core concepts included:

- Local decision-making as much as possible
- The physician as the patient’s advocate
- Patient choice, including the right to go outside the system
- Commitment to quality
- Economic self-sufficiency.

The representatives also adopted the Mayo model of physician leadership for the organization.

For Tim Johnson, M.D., CEO of the Austin Medical Center and an alumnus of Mayo’s Family Practice Residency Program, decentralized control has been one of the keys to the system’s success. “Each site is expected to manage their own practice and have a healthy bottom line. Mayo Rochester is an excellent source of leadership and support. But ultimately, the responsibility and ownership rests with each site.”

Quality local care reflects system value

One way to comprehend the macrocosm of Mayo Health System is to look at the microcosm of one member. A visit to the Decorah Clinic can provide that understanding.

As you turn off Montgomery Street on the south end of Decorah, you are greeted by the new two-story clinic building attached to the Winneshiek
County Hospital. The sign, Decorah Clinic – Mayo Health System, reinforces the value of access to quality local health care while confirming the network affiliation. Parked out front is a large van with ‘Mayo Medical Imaging’ on the side. Inside is a nuclear cardiology scanner — the only one available in the community.

Inside the lobby, you notice a rack filled with patient education materials, many of them produced by Mayo Clinic. A Mayo Clinic Family Health Book lies open on a pedestal. Next to the reception desk hang pictures of the current clinic staff, which now number 17, including psychologists, a dietitian, general and orthopedic surgeons and a social worker.

Cheri Kramer is the administrator of the clinic. She came from Mayo Clinic, where she had been a supervisor. Growth has been incredible, she says. “Our patient numbers have grown from 25,000 visits in 1992 to more than 55,000 today. We’re now drawing patients from a 40-mile radius. Our staff has more than tripled in that time; we’re adding an internist and urologist this year,” she says. Plans also call for a dermatologist and ENT specialist to join the staff. The new clinic building, finished just seven years ago, is already full.

Cheri says administrative help is readily available. “We have liaisons for communications, human resources, legal and other areas who can get us the help we need in Rochester. With five-digit phone dialing and e-mail, I really feel like I’m part of the Mayo campus — just a little longer drive away.”

Thirty-seven outreach specialists from Mayo Clinic in Rochester, representing 18 specialties, make regular visits to the clinic. On this day, Lyle Olson, M.D., a cardiologist, is just leaving to return to Rochester after consulting on eight patients that morning. He has cared for patients with valvular heart disease, ischemia, arrhythmia and hyperlipidemia — a typical day, he confirms.

“The biggest challenge is to deliver high-quality medicine and good customer service in a way that’s affordable and still stay financially strong.”

— Dr. Tim Johnson
The patients, he says, are appreciative of a specialist coming to town to see them. And he appreciates the opportunity to see patients — several of whom will require advanced treatment in Rochester — with the complex problems for which he was trained.

David Heine, M.D., is a family physician at the clinic. He is a product of Decorah (a Luther College graduate) and Rochester, where he completed medical school and residency training. He says he likes being able to work in a system where “I can say ‘What can I do to make things better today?’ and be given the freedom to do that.”

He points with pride to two Decorah quality initiatives he has been involved in: preventive health screening and improved access for primary care appointments. “Ninety-three percent of our patients are up to date with their preventive health services,” he says. “That’s the highest rate anywhere at Mayo. And most of my patients are able to see me within 24 hours of when they call, which is important for continuity of care.”

The Mayo-Decorah connection has provided significant benefit for patients like Carla Reicks, from Cresco, Iowa, 20 miles west of Decorah. “I knew I wanted to go to Mayo Clinic ultimately, so I chose Decorah because they are affiliated,” she says. “I came to see Dr. Heine for some kidney problems. He was able to schedule an appointment with Dr. Eric Haugen, a nephrologist from Mayo who was going to be in Decorah the next day. I didn’t realize how ill I was until I saw him.” Reicks required a kidney transplant, which she had in May 2000.

In downtown Decorah, newspaper editor Rick Fromm says the impact of the Mayo Health System in Decorah “has been nothing but positive. Mayo has helped establish Decorah as the best health care center in this region and it has a very sizeable impact on the community in terms of jobs and health care services.”

Multiply by 60 (the number of communities served by Mayo Health System) the benefits produced by the Decorah Clinic and you begin to appreciate the patient care value the system provides throughout the region.

### Planning for the future

In 1998, Mayo Health System shifted from a mode of growth to one of integration. “Our system had become a huge enterprise,” says Peter Carryer, M.D., chair of Mayo Health System Operations. “We needed to concentrate on how to run it better and more efficiently.”

Again Mayo Health System and Mayo leaders worked together to identify goals that would best support the organization’s mission. In summary they include:

- Enhance value to patients
- Provide appropriate care in the appropriate location
- Assure financial accountability and resource allocation
- Deliver seamless care
- Maintain patient safety
- Be an employer of choice

Today, Mayo Health System members are working hard at working more closely together. “Each member of the system joined with Mayo Clinic Rochester when they signed on; but they also joined each other. Many are just beginning to realize the implications of that, of working with each other as well as with Rochester,” says Sylvester Sterioff, M.D., chair of the Mayo Health Systems boards for Minnesota and Wisconsin.

One of the realities of the future is a limit on capital. “We have only so much pie to divide up among all of us,” says Dr. Sterioff. Having transitioned from expansion to integration, the emphasis now is on where and how to enhance the services of existing members in coordination with Mayo Rochester’s growth.

Dr. Johnson says the give and take is part of being a member of the system. “The biggest challenge,” he says, “is to deliver high-quality medicine and good customer service in a way that’s affordable and still stay financially strong.” It’s a tall order. But Dr. Johnson and all the members of Mayo Health System believe that working together, they can do it.

And therein lies the real foundation for the success of Mayo Health System — unite providers around an idealistic vision of how patient care should be provided and mobilize them to work together to achieve that vision. It’s a foundation certain to serve patients well in the future.

—— Michael O’Hara
The new Gonda Building will reach a milestone in October with the arrival of its first occupants. A series of activities are planned to celebrate the opening of Mayo Clinic Rochester’s new flagship medical facility and alumni are invited to attend.

The celebration will include a dedication, special events and tours for Mayo patients, staff, alumni, benefactors and the public. The 62nd International Meeting of the Mayo Medical Alumni Association, Oct. 12-14, has been arranged to coincide with many of these activities. Alumni are encouraged to attend the meeting and to participate in the celebration.

“We look forward to our alumni returning to Rochester to join us in celebrating this historic moment for Mayo,” says David Herman, M.D., secretary-treasurer of Mayo Medical Alumni Association.

Alumni events

While plans are being finalized for the alumni meeting, dedication events scheduled for alumni start on Friday evening, Oct. 12, with a reception in the Gonda Building. Other activities related to the International Meeting and Gonda Building dedication tentatively include:

- Saturday morning, Oct. 13: Alumni General Session: Medical Genomics for the Practicing Physician
- Saturday afternoon, Oct. 13: Gonda Building public open house
- Saturday evening, Oct. 13: Alumni social program

Complete details on the 62nd International Meeting and Gonda Building dedication will be mailed to alumni soon.
Practice Integration Projects to create patient care centers

The Gonda Building — named in honor of major donors Leslie and Susan Gonda — is the central component of the Practice Integration Projects (PIP), a series of construction and renovation projects initiated to address Mayo Rochester’s space needs and to better integrate patient care, research and education. With the completion of the Gonda Building will come a collective sigh of relief from many specialty areas that have been scattered around the campus. The PIP will gather specialties in shared spaces, creating centers of patient care with an innovative, flexible design.

The centers will combine diagnostic and treatment facilities for outpatients and inpatients, as well as facilities for education and research. For example, the Transplant Center opened on the Charlton Building’s ninth and tenth floors last summer. It centralizes the medical and surgical teams that specialize in blood and marrow, heart, lung, kidney, pancreas, liver and pediatric transplantation.

But the real story goes beyond consolidating specialty functions into shared spaces. As the primary component of the PIP, the Gonda Building bridges Mayo Clinic’s outpatient examination areas and inpatient hospital services. This will make possible the delivery of a spectrum of diagnostic tests and procedures from multiple specialties in one area. To fully extend this concept of seamless care, once occupancy of the Gonda Building is complete, parts of the Mayo Building will undergo renovation to provide more efficient care services and allow for the relocation of certain clinical activities to align with occupants of the Gonda Building.

According to Kerry Olsen, M.D., chair of the Practice Integration Projects Work Group, flexibility has been the key to the entire project. “This building initiative will give us the space and flexibility to develop new models of medical care, to use new technologies as they’re developed, and to pioneer new approaches to outpatient and hospital care for our patients,” he says. “The Gonda Building is at the cutting edge of today’s medicine, and it will remain at the forefront of medicine in the years to come.”

— Jenna Rosenberg

Moving days ahead

In October, clinical activities will begin moving into the new Gonda Building, starting with the subway level. Also in October, the lobby level and Charlton and Eisenberg Building subway connections will open. Here is a floor-by-floor move-in schedule for the first ten floors of the Gonda Building.

**Gonda Subway — October 2001**
Pre-operative Evaluation, ECG and Patient Services

**Gonda Lobby — October 2001**
Patient Admissions, Business Services and Mayo Clinic Cancer Education Center

**Gonda 2 — April 2002**
Breast Center, Mammography and Interventional Center

**Gonda 3 — June 2002**
Radiology Cross Sectional Imaging (MR, CT and Ultrasound)

**Gonda 4 — August 2002**
Gonda Vascular Center and Cardiovascular Rehabilitation

**Gonda 5 — September 2002**
Cardiology – Nuclear Cardiology

**Gonda 6 — November 2002**
Cardiology – Echocardiography

**Gonda 7 — January 2003**
Urology and Outpatient Sedation Center

**Gonda 8 — February 2003**
Neurosciences Center

**Gonda 9 — April 2003**
Gastroenterology/Colon-Rectal Surgery

**Gonda 10 — May 2003**
Mayo Clinic Cancer Center

Floors 11 through 20 will be finished and occupied as part of Phase II of the Gonda Building construction, when there is a demonstrated need for the space and available financial resources and development opportunities.
**Blocked Crossings**

*train project sounds warning bells for Rochester and Mayo Clinic*

A blue and yellow diesel train engine owned by the Dakota, Minnesota & Eastern Railroad (DM&E) chugs slowly across Broadway, Rochester’s main thoroughfare, backing up traffic for a half mile in either direction. Delays can last for several minutes, but with careful timing and good luck, one usually can avoid the trains that traverse these tracks three to four times a day.

It will take more than timing and luck, however, to avoid the traffic jams and chronic delays that could result under an aggressive expansion proposal the DM&E has pending before the federal Surface Transportation Board (STB) in Washington. Delays that now are infrequent inconveniences to motorists could become life and death dilemmas for emergency personnel transporting critical patients and will threaten the city’s character and quality of life as traffic gridlock becomes the norm.

The $1.4 billion proposal by the South Dakota-based railroad to upgrade its existing tracks for increased train traffic could eventually bring as many as three dozen or more mile-long trains daily through the center of Rochester. The project will extend the railroad’s current line from western South Dakota into eastern Wyoming and the coal fields of the Powder River Basin to haul low-sulfur coal and other industrial products as far as Winona, Minn. It has generated tremendous controversy and vocal proponents and opponents along the route. Mayo Clinic has joined a diverse group of Rochester citizens and organizations in opposing the proposal.

Mayo Clinic’s concerns come first for the threat to human safety because of the increased number of trains and the greater size and speed of trains that would pass through Rochester.

“We believe this is one of the most threatening things that’s ever faced the city of Rochester,” says Hugh Smith, M.D., chair of the Mayo Clinic Rochester Board of Governors. “If approved, this will be the largest rail project in the United States in 100 years. Rochester will be by far the largest city bisected by this rail project, and no city our size in the United States comes close to having the same number of patients in hospital beds affected by such a project.”

“When you compare the mere seconds necessary to save lives with the hours of expected traffic delays, the threat to human life becomes apparent.”

—Dr. Hugh Smith
Traffic delays could mean life or death

“In the case of cardiac arrest, a 36-second delay in emergency care can mean the difference between life and death,” says Dr. Smith. “In many large cities, a person’s chance of surviving an out-of-hospital cardiac arrest can be as low as 2 percent. In Rochester, that same person’s chance of surviving an out-of-hospital cardiac arrest ranges from 40 to 50 percent. That increased likelihood of survival is a direct result of the rapid response by emergency responders in the first few minutes following cardiac arrest. The proposed high-speed coal train would seriously impair this rapid response.”

In Rochester, there are 10 “at-grade” or traffic-stopping train crossings. The DM&E projects that as many as 37 trains a day could travel on the line. Traveling at 45-50 mph, these trains will block Rochester streets for a total of two hours each day. It’s possible all 10 crossings will be blocked simultaneously.

“When you compare the mere seconds necessary to save lives with the hours of expected traffic delays, the threat to human life becomes apparent,” says Dr. Smith.

During the STB’s hearing in Rochester last November, Dr. Smith noted that there were 150 patients in Mayo hospital intensive-care beds, which is greater than the combined total of all the hospitals in all the cities and towns along the railroad line from Wyoming to Winona. Evacuating them in the event of a hazardous chemical spill would be impossible.

“Consequently, we believe the DM&E expansion poses a health risk and a safety threat,” he said.

Rochester and its residents have pushed for a 10.8-mile bypass around the city, although that idea has drawn opposition from others along the proposed bypass route. Many small towns have reached agreements with the railroad on crossings and noise mitigation work; however, Rochester and several other larger cities have reached no agreement with the DM&E.

A Rochester bypass would have costs totaling about $227 million, according to a report by the Rochester Area Economic Development Inc. (RAEDI).

Railroad officials and opponents of the bypass plan dispute the figures used in the RAEDI study.

Impacts are far-ranging

Another concern for Mayo is that the greater number and size of trains will bring increased noise, pollution and vibrations.

One thousand feet south of the DM&E’s tracks is Mayo Clinic’s central Magnetic Resonance Imaging (MRI) facility in the Charlton Building. Some vibrations occur now to the 12 MRI units from trains, trucks or nearby construction. But, significant vibrations happen infrequently and are not considered a serious problem. Greater traffic on the rail line would cause more frequent and sustained vibrations and potentially increase the adverse impact.

New generations of open-sided MRI units that Mayo will add in the future are better for patients, but much more susceptible to vibration as they are shaped similar to a tuning fork, rather than being circular in shape like current MRI equipment.
A study requested by the RAEDI organization estimated that impacts from the increased traffic, noise and pollution from trains continuously bisecting the city would cost the local economy as much as $850 million over a decade. Those effects would be felt throughout Rochester and the surrounding area, RAEDI said in its report. Specifically, the study estimates Mayo Clinic might lose $16 million annually if the city route is used, based on a projected 1 percent drop in patients who come to Rochester seeking medical care. Last year, the clinic treated 312,000 patients, hosted 1.5 million office visits and generated $1.6 billion in patient care revenue.

"For Mayo Clinic, being in Rochester is both an advantage and disadvantage," says Dr. Smith. "We have the distinct advantage of being in a small, friendly and attractive upper Midwest community. However, with our size, we are dependent upon the majority of patients coming from outside the region. In a highly competitive health care arena, our continued success is driven in large part by patients from outside our region continuing to choose to come here for care."

Decision pending

The DM&E won preliminary approval for its expansion project from the STB in 1999, but now the federal board is assessing comments on its draft Environmental Impact Statement (EIS) and soliciting recommendations from other federal agencies. Concerns about both the project and the completeness and objectivity of the draft EIS have been filed by Rochester, Olmsted County and state and federal agencies. No date has been set for the STB to issue its decision. The agency would have to grant final approval before construction could begin, and even then, a decision is likely to be challenged in the courts. Whatever the final outcome, the STB decision is likely to have far-reaching, long-term effects on the city and on Mayo Clinic.

— Michael Dougherty
These days, patients usually don’t wait until they get to the doctor’s office to start asking questions about their health or their medical conditions. They turn to health Web sites before visiting their physician, and again afterward, as they seek reliable information on health concerns.

Last year, according to recent studies, 76 million Americans went online. Of those, 41 million — 54 percent — went online for health information; that number is expected to more than double to 88 million by 2005.

“Patients are involved in learning about health and medicine, and are taking more responsibility for their own health care. Consumer health education is an increasingly important component of health care,” says Brooks Edwards, M.D., consultant in cardiovascular diseases at Mayo Clinic Rochester and medical editor-in-chief for MayoClinic.com.

“There is no denying the Web has changed the practice of medicine,” says Dr. Edwards. Yet, “The Internet does not in any way replace the doctor-patient relationship. What it can do, however, is make patients more knowledgeable about their health and in the process make them better partners in the doctor-patient relationship.”

Feedback from patients who use MayoClinic.com provides testament to the site’s benefits to the patient and the enhancement of communication with their physician. A patient recently wrote:

“It (MayoClinic.com) has been extremely helpful, and this is my second visit. I read this information before seeing the surgeon, and now I’m back after the lumpectomy. I need to decide whether to have chemo in addition to the radiation, so I came back to read the information again.

Thank you so much for this site. It has made all the difference to my mental health, and my physician provided me with tons of information once he learned that I had been on the Internet and to your site. Thanks again.”

A Web site physicians can recommend with confidence

Dr. Edwards says the vision for the new site is to bring the latest medical information, along with useful health management tools, to a Web site in which physicians and their patients can trust. Seventy-five percent of patients say they are more likely to trust information on sites recommended by their doctors.

The site, Dr. Edwards says, was created from the combined expertise of Mayo’s physicians, scientists and allied health professionals and is updated daily.

“Our goals are to help people enjoy healthier lives, provide trustworthy information and services, and help the general public as well as our own Mayo patients,” says Dr. Edwards. “MayoClinic.com addresses disease, illness, health, prevention and wellness.”

Production of MayoClinic.com is dependent on the talents of many people throughout Mayo Foundation. There are approximately 35 physicians and health professionals who serve as editors for specific content areas. In addition, hundreds of others on the Mayo staff serve as special consultants for specific topics. There is a team of experienced journalists, health educators and communications specialists who make sure the site measures up to the standards Mayo has established.
New services and features

*MayoClinic.com* goes beyond health information to provide unique tools to help patients manage diseases and stay healthy. For instance, the site uses compelling multimedia programs to help users evaluate difficult medical choices for specific disorders. Users can even listen to people who have elected to follow one of several different treatment options.

In addition to reliable health resources, *MayoClinic.com* offers personalized tools for better health management, patient-specific information and educational services. “Just as we treat our patients as individuals, we now can give each online user a personalized experience,” says Dr. Edwards.

The new Web site offers a wide range of tools and resources that can help physicians make a lasting difference in their patient’s health. Some of the new features available on *MayoClinic.com* include:

- **Planners** and tailored e-mail messaging help people lose weight, manage stress, stop smoking or start exercising
- **Health Decision Guides** for a variety of conditions provide extensive multimedia resources and stories from real patients to help patients make the best choice about treatment options
- **Personalization** lets people see what’s new in their areas of interest every time they come back to *MayoClinic.com* — a Personal Health Scorecard reveals a user’s personal health risks
- **Condition Centers** provide articles, seminars and forums with Mayo physicians to help people understand and live more comfortably with chronic conditions
- **The Reference Section** includes drug information, first aid, self-care guides and an A-Z disease and condition index
- **Feature Articles** offer in-depth discussion of important health topics

The technology used and the presentation of the information is designed to individualize the Web users’ experiences. Users can develop confidential, secure profiles of themselves to help the site find information that will be of value to them.

The new features help to distinguish Mayo’s site from many of the health information Web sites that exist on the Internet. According to Dr. Edwards, the site complements the relationship between the physician and patient. “As medicine gets more complicated and our time with individual patients gets shorter, having a site like *MayoClinic.com* to supplement the patient’s knowledge and understanding can be an important tool for practitioners,” Dr. Edwards says.

A name that is recognized and remembered

Mayo conducted a nationwide survey regarding the name of the site. The survey revealed that *MayoClinic.com* was the best name because it was easiest to remember.

When people were asked what they would name the site, most said “MayoClinic.com.” It also makes sense to have the name of the site and its address be the same. That was not the case with *Mayo Clinic Health Oasis*, Mayo’s original health information site.

The survey showed that the name *MayoClinic.com* would not cause people to think Mayo was a for-profit organization, and it would not change the favorable reputation that Mayo Clinic enjoys. “*MayoClinic.com* will reflect Mayo’s values — meeting patient needs, excellence in all endeavors, teamwork and cooperation, commitment to health and healing and professionalism,” says Dr. Edwards.

A history of providing health care answers

Providing health information and education for the public is one of Mayo’s core principles.

Mayo has a history of providing print and Web-based health information and educational materials. *Mayo Clinic Health Letter* began publishing in 1983. Other publications have followed including *Mayo Clinic Family Health Book*. Mayo moved to the Web with the creation of *Mayo Clinic Health Oasis* for public health education in 1995, and *Mayo Clinic HealthQuest* for employee health education in 1997.

Still, “People contacted us daily wanting more Web services than we were able to provide,” says Michael Wood, M.D., president and chief executive officer, Mayo Foundation. “We have expanded our Web presence to meet their needs.”

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A valued educational resource

Less than two months after its launch, MayoClinic.com was honored with a Gold Award from a national clearinghouse for consumer health information programs and materials. “Our mission is to create a resource-rich site that helps people find the answers and the support they need to manage illness and stay healthy,” says Gary Schwitzer, editor-in-chief of MayoClinic.com. “The award indicates that we have made a good start toward that goal.”

“MayoClinic.com is a ‘safe haven’ for your patients using the Internet for health information,” Dr. Edwards tells alumni. “You can feel confident that the information they are receiving has the ‘Mayo stamp of approval.’ Every article we publish is reviewed by a minimum of three Mayo experts,” he says.

“We believe that by providing health information and tools via the Web, we can bring Mayo Clinic knowledge and expertise to millions of people around the world who might otherwise never have access to Mayo.” Traffic on MayoClinic.com now averages 1.5 million visits each month.

MayoClinic.com represents Mayo’s commitment to maintain its role as a trusted source for health information. “It provides physicians everywhere, including Mayo alumni who have long trusted Mayo for accurate medical information, a valuable educational resource for their patients,” Dr. Edwards says.

— Judith Samson

Helping your patients get reliable health information online

To help guide your patients to reliable health information, you can order MayoClinic.com brochures online at mhs.mayo.edu/brochures.

Not everything found on the Web is reliable information, especially from health-related Web sites. When surfing the Web or answering questions from patients regarding health information obtained from the Web, here is a “reliability checklist” that will help you and your patients:

- Look for the Health on the Net Foundation seal of approval. This nonprofit group is dedicated to advancing the development and application of new information technologies in the fields of health and medicine.
- Do not rely on award graphics as proof of reliability. These graphics can easily be copied onto a Web site.
- Use common sense. If it’s too good to be true, it usually is. Be wary of sites touting miracle cures or revolutionary therapies.
- Look at who is sponsoring the site. If it’s an individual, determine if he or she is qualified to give medical advice.
- Look for sites from major publications, major medical centers or groups, government agencies and medical professionals.
- Keep an eye out for pseudo-medical jargon. For instance, be cautious of promises to “detoxify” your body or “balance” its chemistry.
- A health care provider’s opinion is always best, so if your patients have questions about any health information they’ve found, ask them to print it out and bring it to you. Keep in mind that the sites are there to better educate patients, not to take the place of a physician’s care.

Source: Ragan Communications
Embracing the mysteries of medicine and nature

A profile of gastroenterologist
Dr. David Ahlquist:
After a mystery solved or goal attained, David Ahlquist, M.D., characteristically asks, “What lies ahead?” and “What are the key next steps?” “Every discovery leads to an important question that could not have previously been asked,” says Dr. Ahlquist. This blend of curiosity and anticipation defines him and provides satisfaction, enjoyment and adventure in both his professional and personal life.

“I am drawn to the curves or uncharted territory … areas that can’t be seen clearly until the next bend is rounded. It’s when a series of twists and turns is encountered that I feel the greatest sense of adventure and the most satisfaction.”

“He’s always looking for what else might be out there,” adds his wife Susan, an administrator for Mayo Graduate School of Medicine. “That probably explains why one of his prized possessions is a set of binoculars.”

Getting from there to here

“Like many considering a medical career, I was attracted to this profession both to reduce human suffering and better understand human biology,” says Dr. Ahlquist. “These same motivators continue to energize me today. During my undergraduate years at the University of Minnesota, I had an opportunity to work in a lab for the late Dr. Samuel Schwartz, an internationally recognized investigator in hemoglobin and porphyrin metabolism. He was a wonderful mentor, and his passion for research was infectious. I knew then I wanted to combine my medical practice with research.”

After graduating summa cum laude from the University of Minnesota, Dr. Ahlquist chose the recently opened Mayo Medical School to begin his medical training. He was a member of the second class of this now 29-year-old institution, where he co-founded and was the first president of the Mayo Medical School Alumni Association. He completed his internal medicine residency and gastrointestinal fellowship at Mayo, and received outstanding achievement awards at both levels. Within two years of joining the Mayo Clinic Rochester staff in 1983, Dr. Ahlquist successfully competed for grant support from the National Institutes of Health and has ever since been independently funded in research. In 1992, he became the first graduate of Mayo Medical School to achieve the academic rank of professor. “It is truly an honor to teach in and contribute to the institution that gave so much to me.” Over the years, he has mentored more than 30 students and fellows on their research projects.

From his early days in medical school, Dr. Ahlquist was involved in research projects. One of the first involved studying hibernation in black bears with Dr. Ralph Nelson. “The purpose was to investigate the mechanisms that enable a hibernating bear to maintain body muscle and bone mass without the need to urinate or defecate for prolonged periods … metabolic adaptations that could have applications to treatment of cachexia, osteoporosis and renal failure,” says Dr. Ahlquist. The bear work was recognized with a first place prize at the National Student Research Forum. While his later research interests moved in other directions, this early study ingrained in him the value of thoughtful investigation.

“I am drawn to the curves or uncharted territory … areas that can’t be seen clearly until the next bend is rounded. It’s when a series of twists and turns is encountered that I feel the greatest sense of adventure and the most satisfaction.”

—Dr. David Ahlquist
research and its subsequent application to medical practice. This translational approach — bringing basic research to the clinical level — has led Dr. Ahlquist to discoveries representing major advances in the practice of gastroenterology.

**Creating a team aimed at success**

During his education and now in his practice, Dr. Ahlquist has enjoyed and appreciated the productive synergisms that come with playing on a cohesive team. “Whether the team is my family or my colleagues, success is always a shared accomplishment resulting from a conducive and supportive environment,” he says.

Long on Dr. Ahlquist’s list has been a search for a more reliable and less invasive colon cancer detection test. “There were several reasons to focus on improved approaches to colorectal cancer. Colorectal cancer is the most common cause of malignant death in non-smokers but is very treatable if diagnosed early. Unfortunately, screening efforts to date have been hampered by patient reluctance to undergo invasive and uncomfortable procedures and by inaccuracies in the available screening tests. There is an enormous opportunity here to build a better tool.”

Early in his subspecialty training, Dr. Ahlquist collaborated with his mentor, Dr. Schwartz, and others to find a better way to test for colon cancer. The result of this effort was the now standard HemoQuant test. “While HemoQuant proved an excellent test for quantifying fecal blood, it became apparent that blood was a poor stool marker for colorectal neoplasms. Most tumors and the vast majority of polyps fail to bleed, and most causes of occult bleeding are due to trivial disorders,” indicates Dr. Ahlquist. Again, the investigator within took Dr. Ahlquist to the next step of this research.

“But, one thing is clear: I could not do any of this work alone. There needs to be collaboration among a team of dedicated experts — basic scientists, clinicians and population researchers. Only a team can make all this happen. I now collaborate with more than 20 investigators at Mayo, other academic centers and in industry. Here at home, I work with a committed team of nine — two research technologists, four clinical associates and three fellows. Each one of them has an important role to play, and often I find myself now administrating research while they do the real work. This creates a feeling of success for them and for me as well. No one’s life is long or expansive enough to find the answers alone, but an effective team greatly compounds productivity, and that is a key to success.”

Most recently, Dr. Ahlquist’s team has explored a new approach to colorectal cancer detection by recovering altered DNA exfoliated into stool; preliminary results are very promising. In clinical trials, the test was highly accurate in detecting both pre-cancerous and curable-stage colorectal cancer. The announcement of this test evoked great interest in the public. The popular press discussed it widely, and Dr. Ahlquist was invited...
to talk about his findings on major news networks. Because of the coverage, thousands of people have called all three of Mayo Clinic’s sites for more information on the test.

“If our subsequent clinical studies corroborate the early data, a DNA-based stool test could substantially improve detection of colorectal cancer owing to its greater accuracy and noninvasive patient-friendly features.” And, in keeping with his tendency to look ahead, he adds, “someday we may be able to detect cancers above the colon as well by measuring DNA changes in the stool.”

Widening the scope

An adventurous spirit and a commitment to advance the science of medicine are the perfect combination for medical research. Early in his career, Dr. Ahlquist and his colleagues introduced the use of the YAG laser at Mayo Clinic to vaporize tumors and stop various types of bleeding in the digestive tract.
“To be able to prolong life and enhance its quality in patients with advanced gastrointestinal problems was the kind of difference we were hoping to make,” says Dr. Ahlquist.

Not long ago he traveled to Alaska at the request of the Centers for Disease Control, where he studied and effectively determined the cause of the high incidence of iron deficiency in the Yupik Native Alaskans. “Pandemic occult GI bleeding was the culprit and due to a particularly florid variant of gastritis associated with *H pylori* infection,” says Dr. Ahlquist.

Paul Limburg, M.D., recently appointed to a GI staff position at Mayo Clinic Rochester, was a Mayo resident who greatly assisted Dr. Ahlquist on this project. “This was a very satisfying experience because we were able to take Mayo expertise on the road to the benefit of a distant population. But, getting into the region required some negotiations with the elders, who were disinclined to admit medical researchers,” says Dr. Ahlquist. “Ironically, one of the Yupik leaders had a brother who had received life-saving treatment at Mayo Clinic as a boy. When this elder learned we were from Mayo Clinic, he literally welcomed us with open arms. Mayo’s reputation is strong even in remote Alaskan villages.”

Away from his work, Dr. Ahlquist enjoys his family and outdoor activities. Several birdfeeders on a sloping hill behind his country home attract wildlife from the wooded river valley below. Daily, the Ahlquists observe and admire these visitors from their kitchen window. This appreciation of nature is reflected in his gentle personality and soft speech, qualities that suit him in all aspects of his work.

According to Susan, his love of teaching does not stop at the classroom or laboratory door. “Over the years, he played a lot of games to teach problem-solving to our children. To do this, he would ask them such questions, ‘If you were lost in the woods, what would you do to find your way out?’ By giving them some of the same tools he uses successfully in his work, they were able to understand how to reach goals using their resourcefulness and become independent thinkers.”
The children are now grown, and the house is quiet for much of the year. But, as in most families, school breaks and vacations bring them home with bursts of laughter, requests for mom’s cooking and a pile of dirty laundry. Aaron, 25, lives in Washington, where he attends Seattle University Law School; Daniel, 22, is at Kansas University; and daughter Brooke, 19, is at the University of Colorado.

Cross-country skiing is a passion of Dr. Ahlquist’s and provides a chance to explore the outdoors he loves while helping keep him physically fit. He competes in several annual races, including the American Birkebeiner and the Mora Vasaloppet. Dr. Ahlquist also enjoys fly-fishing and has taken many successful and memorable trips with his family and colleagues. Whether he’s wading a trout stream or gliding along a ski trail, when he’s away from his work, his “round the next bend” philosophy goes with him — taking him to the next adventure. “Perhaps I’ll become an environmental activist when I retire,” he says with a smile.

When asked to sum up his career, Dr. Ahlquist laughs and is quick to comment, “I’m just in the middle of it — I don’t need a summary yet.” However, he did go on to say that, “a productive and well-rounded team is a significant factor in a successful career. Thus far, I have been fortunate to have had wonderful mentors, outstanding collaborators, bright and dedicated students and fellows, competent and committed laboratory and clinical assistants and gracious patients … all within a supportive institution. In short, medical success requires a village, and I’ve found one at Mayo Clinic. It’s the best job I can imagine.”

— Lisa Muenkel
Mayo Foundation posts annual financial results

Mayo Foundation officials announced positive 2000 financial results from current activities — a key financial category that includes all operations. However the results fall below projection and do not meet the level of income required to fund growth and support all of Mayo’s activities, including patient care, education, research and non-clinical operations.

“Income from patient care was strong, totaling almost $91 million,” says Michael Wood, M.D., president and chief executive officer, Mayo Foundation. “This reflects a healthy core business and the tremendous work of our staff.”

However, Dr. Wood cites declining reimbursement for patient care and resident education together with increased expenses as the major causes of smaller margins from current activities, the best indicator of Mayo’s overall financial health. This trend started a few years ago and continued in the year 2000.

Mayo Foundation uses income to sustain its mission — to provide the best care to every patient every day through integrated clinical practice, education and research. In addition, funds support capital investments.

“Our primary challenge in the next few years will be to reduce capital spending,” says John Herrell, chief administrative officer. Recent capital projects include the Gonda Building (Rochester), Cannaday Building (Jacksonville), Griffin Building (Jacksonville) and Owatonna Clinic (Mayo Health System).

“The capital required for multiple major projects throughout Mayo Foundation has been significant,” Herrell says. “Although Mayo is doing well — particularly when compared with other academic medical centers — it is important for us to fully recognize that we are living in times of constrained resources. We are committed to a multi-year plan to increase our financial reserves.”

“We recognize that our future success lies within our talented and committed staff,” Dr. Wood adds. “Each individual’s contribution counts. We believe the people of Mayo will continue to provide the best care to every patient every day while meeting the many financial challenges of the 21st Century.”

Following is a summary of Mayo Foundation’s year:

- Income from current activities — which accounts for all operational activities — increased to $15.9 million from $2.6 million in 1999.

- Mayo Foundation posted an overall deficit of $3.4 million primarily due to increased expenses and a difficult stock market environment. Mayo Foundation’s 2000 investment program — which has enjoyed extraordinary results in the past decade — significantly exceeded a market-based benchmark but was still affected by the unfavorable market. Mayo officials expect year-to-year variations in stock market results, and Mayo’s investment strategy is focused on multi-year performance.

- Mayo’s total commitment to education increased to $130.7 million in 2000, with Mayo funds accounting for $95.3 million of this amount.

- Total expenditure on research was $266.8 million. Extramural funding accounted for approximately 52 percent of the total research budget.

- Income from diversification activities — Mayo Medical Laboratories, Mayo Medical Ventures and Gold Cross ambulance, for example — grew to $21.8 million from $20.2 million in 1999.

- Mayo received more than $172 million in contributions and pledges from 48,312 grateful patients, friends, corporations, private foundations, alumni and staff.

- Salaries/benefits and supplies/services accounted for 86 percent of Mayo Foundation’s expenses in 2000.

- Mayo Foundation added more than 2,900 physician, scientist, student and allied health staff in 2000.
Balfour Alumni Award presented

Birgit Kantor, M.D., a fellow in the Mayo Clinic Rochester Division of Cardiovascular Diseases, has received the 2001 Donald C. Balfour Alumni Award for Meritorious Research. The award is given by the Mayo Medical Alumni Association annually in recognition of accomplishment in research by a clinical resident or fellow.

Dr. Kantor trained in internal medicine and cardiology in Germany. Since beginning her fellowship at Mayo, she has received numerous awards for her research and has been honored as a Whitaker Investigator. She specializes in translational research in the field of coronary artery disease, focusing on the role of vessel wall perfusion in the development of restenosis after coronary interventions. Dr. Kantor has elucidated the changes of vasa vasorum after intervention, identifying them as potential therapeutic targets. Dr. Kantor will join the Mayo Clinic faculty upon completing her clinical fellowship in June 2001.

Letter from the President

What Mayo Clinic means to me

I have often said that the best years of my medical career have been those I spent as a fellow at Mayo Clinic Rochester. The total dedication to patient care, the quiet pride of being part of something special, the camaraderie with other fellows and the benefit of learning by example of admired consultants made this a truly rewarding experience.

Ten years after I left the clinic in 1978, I was feeling the wear and tear of private practice, including managed care contracts, malpractice threats and the pressures of coordinating career and family. About that time, I went to my first International Meeting of the alumni association, which was held in Rochester. That visit with old friends and consultants completely stimulated my interest in learning again. I was reminded of the Mayo motto, “The Needs of the Patient Come First,” which restored satisfaction and joy in my daily practice of medicine.

As your new president of our alumni association, I encourage you to maintain your ties to the Mayo tradition. Your Mayo training is unique and respected the world over. I invite you to attend the next International Mayo Medical Alumni Association meeting October 12-14 in Rochester to celebrate the opening of the Gonda Building. We will also introduce future alumni projects, benefits and awards honoring our alumni.

As members of the Mayo Medical Alumni Association there is a little bit of Will and Charlie in all of us. I look forward to your suggestions and support over the next few years as your president. Again, I invite you to come to Rochester this October and re-ignite the Mayo spirit within you.

Sincerely,
Christine Mroz, M.D.
President
Mayo Medical Alumni Association
Mayo Clinic recently honored four physicians for their contributions to medicine and biomedical research. Robert Frater, M.D., Alan Hofmann, M.D., John Joyce, M.D., and B. Lawrence Riggs, M.D., received Mayo Foundation Distinguished Alumnus awards during the Mayo Medical School/Mayo Graduate School commencement ceremonies Saturday, May 19 in Rochester. The awards recognize alumni of Mayo Clinic education programs who have achieved significant national and international distinction in their fields.

Dr. Frater is professor of cardiothoracic surgery at Montefiore Medical Center and Albert Einstein College of Medicine in Bronx, N.Y. He graduated from the University of Cape Town Medical School in South Africa in 1952 and began a fellowship in general and thoracic surgery at Mayo Clinic Rochester in 1961. He became chief of cardiothoracic surgery at Albert Einstein College of Medicine and Montefiore Medical Center in 1964. Collaborating with bioengineers, cardiologists, pathologists and surgeons, Dr. Frater established experimental and clinical research programs for the study of normal and abnormal heart valves, materials and techniques for heart valve repair and the design, testing and clinical trials of artificial heart valves. Over the course of his career, Dr. Frater has established himself as an authority on valvular heart disease, with a special interest in the mitral valve.

Dr. Hofmann is professor emeritus at the University of California San Diego School of Medicine. A graduate of Johns Hopkins Medical School, Dr. Hofmann arrived at Mayo Clinic Rochester in 1966 as a clinical investigator who had established himself in the area of physical chemistry of lipids during his time at the National Institutes of Health, Rockefeller University and the University of Lund in Sweden. While at Mayo, Dr. Hofmann headed the research team that discovered the cholelitholytic properties of chenodeoxycholic acid, a naturally occurring bile acid, and helped define the physical chemical basis of cholesterol cholelithiasis. He left Mayo Clinic in 1977 and moved to the University of California, San Diego, where he continues his work as an educator and clinical investigator. Dr. Hofmann was awarded the Friedenwald Medal from the American Gastroenterological Association for distinguished service to gastroenterology in 1994, and was honored with the Distinguished Achievement Award of the American Association for the Study of Liver Diseases in 1997.

Dr. Joyce is emeritus professor of medicine at Mayo Medical School and chair of The Doctors Mayo Society. He received his medical degree from Stritch School of Medicine at Loyola University in Chicago, Ill. After completing his internal medicine residency training in 1963, Dr. Joyce joined the Mayo Clinic Rochester in 1966 as a clinical investigator who had established himself in the area of physical chemistry of lipids during his time at the National Institutes of Health, Rockefeller University and the University of Lund in Sweden. While at Mayo, Dr. Hofmann headed the research team that discovered the cholelitholytic properties of chenodeoxycholic acid, a naturally occurring bile acid, and helped define the physical chemical basis of cholesterol cholelithiasis. He left Mayo Clinic in 1977 and moved to the University of California, San Diego, where he continues his work as an educator and clinical investigator. Dr. Hofmann was awarded the Friedenwald Medal from the American Gastroenterological Association for distinguished service to gastroenterology in 1994, and was honored with the Distinguished Achievement Award of the American Association for the Study of Liver Diseases in 1997.

Dr. Joyce is emeritus professor of medicine at Mayo Medical School and chair of The Doctors Mayo Society. He received his medical degree from Stritch School of Medicine at Loyola University in Chicago, Ill. After completing his internal medicine residency training in 1963, Dr. Joyce joined the Mayo
Clinic Rochester staff as a consultant. He has been a leader in peripheral vascular disease and vascular education. In 1990, Dr. Joyce was among the first to receive the Distinguished Mayo Clinician Award. In 1995, he was named the Henry S. Plummer Distinguished Internist by the Mayo Clinic Rochester Department of Internal Medicine. He has received the Laureate Award from the American College of Physicians, Minnesota Chapter.

Dr. Riggs is currently the Purvis and Roberta Tabor Professor of Medical Research, Mayo Medical School, program director of the Mayo General Clinical Research Center, and formerly chair of the Division of Endocrinology and Metabolism at Mayo Clinic. He graduated from the University of Arkansas School of Medicine in 1955. After an internship and tour of duty in the U.S. Army, Dr. Riggs came to Mayo Clinic Rochester where he completed residency training in internal medicine and a fellowship in endocrinology. He joined the Mayo consulting staff in 1962. Dr. Riggs is regarded a pioneer in the field of osteoporosis. He introduced and applied the first densitometer that could measure bone mineral density in the hip and spine. He was the first to define the effects of estrogen on bone remodeling in osteoporosis, the first to demonstrate estrogen receptors in bone cells, and the first to use calcitonin, fluoride and the bisphosphonates in systematic studies on osteoporosis. Dr. Riggs received the Rorer Award from the Endocrine Society in 1989, the Frederic C. Barter Award from the American Society of Bone and Mineral Research in 1990, and a Mastership from the American College of Physicians in 2000. Dr. Riggs has been principal investigator of 13 research grant awards from the National Institutes of Health since 1965 and has published more than 400 scientific papers.

Mayo Clinic doctors among the early aid providers after India earthquake

The devastation of an earthquake that wracked India in February required immediate assistance from countless agencies.

For two Mayo Clinic Rochester anesthesiologists, Gurinder Vasdev, M.D., and Gerard Kamath, M.D., the timing was right to quickly assist. Not only do both men speak the languages, but they were also up-to-date on their immunizations and visas to travel to India because they were scheduled to present lectures later in the month. So they quickly found themselves on a 24-hour flight aboard a transport plane bound for India.

They spent five days on a medical mission to the quake-damaged western Indian province of Gujarat. Drs. Vasdev and Kamath were requested by the international medical relief agency Americares to accompany the agency’s first cargo load of aid to the region, carry out a detailed assessment for long-term aid requirements for the region and assist in meeting humanitarian needs. The mission of the two anesthesiologists is one of dozens of missions undertaken over the years by Mayo Clinic physicians and nurses, who have traveled to areas in crisis over the years with Americares.

Drs. Vasdev and Kamath spent their time in a refugee camp in the village of Bachou, 15 miles east of the epicenter. They said they found the scene one of total devastation. Of the 38,000 people of Bachou, 18,000 survived. Water was in short supply, but the daily needs of the remaining population were met by water trucks and bottled water sent by local and international relief agencies. Aid had not reached many of the more rural areas during the time the two physicians were in the region.

“There was a dusty, eerie sense of quietness when we arrived, because so many of the people had left,” says Dr. Vasdev.

The faces of the people left a lasting impression on Drs. Vasdev and Kamath.

“The devastation was on such a huge scale, there was no one there to comfort them because everyone was affected,” says Dr. Vasdev.

First recipients of Mayo International Health Program scholarships announced

The Mayo Fellows Association and Mayo Graduate School of Medicine announced in March the first recipients of the Mayo International Health Program scholarships for students who will do medical care rotations with underserved patients in international settings.
The scholarships help defray travel and living expenses of selected Mayo fellows and residents participating from Rochester, Jacksonville and Scottsdale.

The 2001 recipients are:
- Ryan Abraham, M.D., (Family Medicine) who will work with Healing Hands for Haiti, Port au Prince.
- Ryan Cole, M.D., (Pathology) who will work with Project Medica – Grounds for Health, Huatuseo, Veracruz, Mexico.
- Ramona DeJesus, M.D., (Internal Medicine) who will work with University of the Philippines/Philippines General Hospital and Research Institute of Tropical Medicine, Manila and suburbs.
- Dean Earp, M.D., (Family Medicine) who will work with Healing Hands for Haiti, Port au Prince.
- Jessica Ellsworth, M.D., (Family Medicine) who will work with Healing Hands for Haiti, Port au Prince.
- Te-Shao Hsu, M.D., (Dermatology) who will work with Anhui Medical University in China.
- Mark Kropf, M.D., (Family Medicine) who will work with Healing Hands for Haiti, Port au Prince.
- Christina Lucaire, M.D., (Internal Medicine) who will work with Cardiology Institute, Mexico City.
- Blaithnead Murtagh, M.D., (Internal Medicine) who will work with Hospital Albert Schweitzer, Haiti.
- Charles Peterson, M.D., (Family Medicine) who will work with Healing Hands for Haiti, Port au Prince.
- Cacia Soares-Welch, M.D., (Internal Medicine) who will work with Federal University of Rio de Janeiro, Brazil.
- Paul Sorajja, M.D., (Internal Medicine) who will work with Sirivaj Hospital/Mahidol University, Bangkok, Thailand.

Quercetin, a natural substance found in apples, onions, tea and red wine, may be a potentially novel approach for preventing and treating prostate cancer, according to a laboratory research study conducted at Mayo Clinic in Rochester.

The results of the study were presented March 26 at the 92nd annual meeting of the American Association for Cancer Research (AACR) in New Orleans. The study also is published in the March issue of the cancer journal Carcinogenesis.

“Our laboratory results showed quercetin blocks the androgen (hormone) activity in androgen-responsive human prostate cancer cell lines,” says Nianzeng Xing, Ph.D., the Mayo Clinic researcher who presented the results of the study at AACR.

“By blocking the androgen activity, the growth of prostate cancer cells can be prevented or stopped,” he said. “Our study suggests quercetin may be a potential non-hormonal approach to accomplishing that goal.”

The findings may lead to another treatment option for the nearly 200,000 men diagnosed with prostate cancer annually in the United States. It also may mean that eventually some men may not have to undergo castration, the current, commonly used treatment for advanced prostate cancer. However, Dr. Xing cautions, more research is required to determine whether the preliminary laboratory findings about quercetin translate into actual benefit for men either at risk or diagnosed with prostate cancer.

Quercetin is an abundant, naturally occurring flavonoid compound. In addition to apples, onions, black and green tea, and red wine, the compound is found in green leafy vegetables, beans and citrus fruits.

Quercetin has been studied scientifically for the past 30 years. It’s documented as safe and having relatively low toxicity.

The compound is currently used in therapeutic treatments for allergic conditions such as asthma, hay fever, eczema and hives. It’s also used clinically to treat several inflammatory conditions, including gout, pancreatitis and prostatitis.

The Mayo Clinic study is the first research indicating quercetin has significant activity against the androgen receptor in the human prostate cancer cell lines.

Androgen deprivation or suppression therapy by surgery or medication to remove or reduce the androgens is the cornerstone of current treatment for advanced prostate cancer.

“Unfortunately, the cancer recurs in about 80 percent of men within one to two years after undergoing the therapy, and this may be correlated with mutations in the androgen receptor,” says Dr. Xing.
Mayo Clinic study supports move to mercury-free blood pressure checks

Hospitals concerned about possible environmental hazards of mercury can switch to mercury-free devices for monitoring blood pressure without sacrificing accuracy, according to a Mayo Clinic study published in the March issue of the Archives of Internal Medicine.

Mercury column sphygmomanometers are considered the “gold standard” for blood pressure measurement, but their use also carries a small but serious risk of leakage and environmental contamination. As a result, many health care organizations have begun using aneroid devices, a mercury-free alternative. Yet because aneroid sphygmomanometers have more moving parts that are susceptible to wear, some physicians have questioned whether they are reliable and accurate. An editorial in the February 2001 issue of Hypertension: Journal of the American Heart Association suggested that hospitals and clinics should not replace the mercury devices with aneroid or electronic ones because of calibration and validation concerns.

“Clearly, our first priority must be accuracy in blood pressure measurement,” says Vincent Canzanello, M.D., a Mayo Clinic hypertension specialist and the study’s principal investigator. “Our findings indicate that using environmentally friendly devices can be consistent with diagnostic quality.”

The Mayo Clinic study compared the readings of 283 aneroid devices used in its clinical practice with those from a digital pressure-vacuum gauge device that had been calibrated against a mercury sphygmomanometer. Researchers found that the aneroid devices underestimated pressure by an average of .5 mmHg as compared to the standard. Virtually 100 percent of aneroid readings were within the 4 mmHg range recommended by the Association for the Advancement of Medical Instrumentation.

“While the mercury manometer has been in use for more than 100 years and remains the standard by which others are judged, this study shows that well-maintained aneroid devices are an accurate and useful alternative,” says Dr. Canzanello. “With a regular calibration and maintenance program, hospitals and clinics can be confident that these devices do not compromise the quality of care for their patients.”

’Heart block’ with Pacemaker is safe treatment for atrial fibrillation

Treating atrial fibrillation by permanently blocking a key portion of the heart’s electrical system and replacing it with a pacemaker in patients who have not responded to medications leads to survival rates that are as good as those for patients receiving conventional drug therapy, according to a Mayo Clinic study published in an April issue of the New England Journal of Medicine.

Medications can restore normal heart rhythms for some patients, but over half of those who are helped by medication will have a recurrence of atrial fibrillation within one year. A newer option, which is used only in patients who don’t respond to drug treatment, involves creating a “heart block” to keep atrial currents from reaching the ventricles. Radiofrequency energy is used to ablate, or burn, the atrioventricular node, and patients then receive permanent pacemakers to keep the ventricles pumping at a desired rate.

“AV node ablation combined with permanent pacemaker implantation has previously been shown to help relieve symptoms of atrial fibrillation,” says Win-Kuang Shen, M.D., a Mayo Clinic cardiologist and author of the study. “We have not known, however, whether creating a permanent heart block and making these patients pacemaker-dependent might negatively affect long-term survival.”

The study compared mortality of 350 Mayo Clinic patients who received AV node ablation with a pacemaker between 1990 and 1998 to mortality of a group of similar AF patients on medication. The patients were followed for an average of three years, and mortality was also compared with the expected survival for an age- and sex-matched group from the Minnesota population. The pacemaker group did worse than the general population, but the results were equivalent to those for the medicated group. Among the pacemaker patients without significant heart disease, the survival was equivalent to the general population.

“This study provides the first evidence that ablation and pacing does not create additional risk of mortality,” says Dr. Shen. “Ablation with pacing has improved the quality of life for many individuals whose atrial fibrillation did not respond to medication.”
Mayo Clinic develops “Tiptoe Test” for blood vessel disease

Mayo Clinic researchers have developed a new test for diagnosing patients with blood vessel disease in their lower legs that is less expensive, simpler and as reliable as conventional treadmill testing, according to findings reported in the April 2001 edition of The Journal of the American College of Cardiology.

Between 10 and 30 percent of people over age 70 are affected by intermittent claudication. This condition is due to atherosclerosis causing inadequate blood flow to the lower leg muscles during exercise. The discomfort occurs when a person walks a distance and subsides after a few minutes of rest. According to Mayo Clinic cardiologist, Peter Spittell, M.D., who developed the new test, improved diagnosis of claudication holds promise for improved quality of life.

“Circulation problems can produce a significant reduction in quality of life and cause the overwhelming majority of amputations, particularly in patients with diabetes,” says Dr. Spittell, author of the study. “If doctors know a patient has narrowed arteries, we have effective treatment that will prevent the loss of a limb. And since atherosclerosis is not just confined to one region of the body, a claudication diagnosis also tips us off that we need to check more closely for heart disease and stroke risks. Large portions of individuals with intermittent claudication do not know they have it, and, therefore, aren’t being treated. That’s why a new test was needed.”

The new test involves measuring the ankle brachial index (ABI) after the patient does up to 50 toe raises next to a wall. “In our study, the tiptoe test results correlated exactly with the established treadmill test, but with some significant advantages,” says Dr. Spittell. “None of the patients experienced chest discomfort with the tiptoe test, but 22 percent were unable to complete the treadmill test because of chest pain or breathing difficulties. And while the treadmill test is conducted in a special lab with expensive monitoring equipment, the tiptoe test can be administered in almost any examination room by a nurse practitioner or other health aide, using equipment most physician offices already have.”

“This new method can easily reduce expenses for ABI testing by at least 25 percent, and the results are immediate. While family history, high cholesterol, lack of exercise, poor diet and tobacco use are all risk factors for a heart attack, an abnormal ABI is the single best predictor of future cardiac events. Using the tiptoe test will make it easier and more cost-effective for doctors to identify patients at risk and take action to help prevent those events, Dr. Spittell concludes.”

Mayo Clinic study links small amounts of alcohol to accelerated pancreatitis

Mayo Clinic researchers have found that even small amounts of alcohol caused a worsening of chronic pancreatitis that was characterized by frequent and more severe pain, calcification and complications.

Researchers had hypothesized that patients who drank less than 50 grams of alcohol per day would have slower progression of disease than those who consumed greater amounts of alcohol. With those over age 35, they found that even less than 50 grams of alcohol induced earlier development of the disease. Based on their findings, the researchers now believe that a common underlying genetic defect exists for the basis of most chronic pancreatitis.

Researchers reviewed records of 372 patients with chronic pancreatitis and compared them in four groups. They obtained information on sex, age, signs and symptoms (pain severity, calcification, endocrine and exocrine insufficiency), complications, surgery and survival from medical records, physical examinations, questionnaires, death certificates or autopsy reports.

In an accompanying editorial, Phillip Toskes, M.D., of the University of Florida College of Medicine at Gainesville, Fla., writes: “The frequency of pain was significantly associated with an increasing intake of alcohol. This has implications for clinicians because many clinicians advise patients with idiopathic nonalcoholic chronic pancreatitis that moderate amounts of alcohol will not exacerbate their disease.”

The Mayo Clinic research was led by Eugene DiMagno, M.D., a Mayo Clinic gastroenterologist. Other researchers included: Mark Lankisch, M.D., now at Heinrich-Heine-University, Duesseldorf, Germany; Mami Imoto, M.D., now at Kyoto Prefectural University of Medicine, Kyoto, Japan; Peter Layer, M.D., and Israelitisches Krankenhaus, now at University of Hamburg Academic Hospital, Hamburg, Germany.
Alumni meetings

Receptions

American Association for Clinical Chemistry, July 29-Aug. 2, Chicago, Ill.
American Academy of Otolaryngology, Head and Neck Surgery, Sept. 11, Denver, Colo.
American College of Surgeons, Oct. 7-12, New Orleans, La.
American Society of Nephrology, Oct. 14-17, San Francisco, Calif.
American Academy of Child and Adolescent Psychiatry, Oct. 23-28, Honolulu, Hawaii
Association of American Medical Colleges, Nov. 2-7, Washington, D.C.
American Society of Therapeutic Radiology and Oncology, Nov. 4-8, San Francisco, Calif.
American College of Chest Physicians, Nov. 4-8, Philadelphia, Pa.
American Association for the Study of Liver Disease, Nov. 9-13, Dallas, Texas
Society for Neuroscience, Nov. 13, San Diego, Calif.
American Heart Association, Nov. 11-14, Anaheim, Calif.
American Society of Plastic and Reconstructive Surgery, Nov. 3-7, Orlando, Fla.
American Society of Hematology, Dec. 7-11, Orlando, Fla.

Pediatric Days, Oct. 4-5, 2001
Clinical Autonomic Workshop, Oct. 7, 2001
Addiction Medicine, Oct. 20-21, 2001
Update in Cardiovascular Diseases, Oct. 27-28, 2001
Mayo Clinic Rochester Clinical Reviews, Oct. 29-31 and Nov. 12-14, 2001
Current Concepts in Primary Care Eye Care, Nov. 1, 2001
Mayo Symposium on Sports Medicine, Nov. 1-2, 2001
OB/GYN Clinical Reviews, Nov. 9-11, 2001, Whistler, British Columbia, Canada
Geriatric Update for Primary Care Physicians, Nov. 15, 2001
Managing Care in Rural Settings, Nov. 29-30, 2001

Alumni news

1940s
Samuel Arnold (Urology ’48) has written the book No More Bedwetting.
Stanley Olson (Internal Medicine ’43) has served the past decade as volunteer consultant to the regional dean of the University of Illinois, College of Medicine at Rockford.

1950s
Ray Gifford (Internal Medicine ’52) is co-author of the book 100 Questions and Answers about Hypertension.

Robert White (Neurologic Surgery ’59) helped open an exhibit at The Technological Museum in Mannheim, Germany, titled “The Cosmos in the Head.” A book detailing Dr. White’s work and life also debuted at the opening. The opening dealt with his work in freezing and transplantation of the mammalian brains.

1960s
Gordon Millichap (Pediatric Neurology ’62) recently published the book Attention Deficit Hyperactivity and Learning Disabilities.

Earl Hershfield (Internal Medicine ’63) was co-editor of Tuberculosis: A Comprehensive International Approach.

1970s
Charles Beyerlein (Pathology ’74) recently retired from a pathology position at Central Michigan Community Hospital. The hospital’s board of directors named the new hospital library in honor of Dr. Beyerlein.

Suzanne Ildstad (Internal Medicine ’78) chaired the IOM Committee that was commissioned by NASA to recommend how to study astronauts in space. It released its report in April.

Kenneth Iserson (Surgery ’76) appeared recently on two national cable television shows, “The Misdiagnosis of Death” on the A&E channel and also “Crypts, Coffins and Corpses” on the History Channel.

Daniel Nijensohn (Neurosurgery ’77) was listed in Connecticut Magazine’s “Best Doctors” issue. The neurosurgeon was selected by other Connecticut physicians.

1980s
Nadey Hakim (Surgery ’89) is president-elect of the transplant section of the Royal Society of Medicine in London.

Joseph Thomas (Psychiatry ’81) is president of the Medical Society of Mobile County (Ala.).

Burkhard Wippermann (Biomechanics Research ’87), assistant professor at Hannover Medical School in Germany, is chief of the trauma department at Hildesheim City Hospital in Hildesheim, Germany.

1990s
Maher Abbas (Transitional Year ’95) is a recipient of the Mayo Brothers Distinguished Fellowship Award.

Stephen Meraw (Periodontics ’98) was appointed chair-designate of the American Association for Dental Research Ethics Committee.

Elaine Pico (Pediatric Physical Medicine ’96) was honored at the Kids’ Opening Day by the Oakland Athletics major league baseball team. Dr. Pico was invited to attend the onfield ceremonies by one of her patients, Nathan Schank. Dr. Pico was Nathan’s rehabilitation physician at Children’s Hospital Oakland, where the 5-year-old was brought after being severely injured when a chimney collapsed onto him during an earthquake in Napa, Calif. He underwent 25 surgeries during his rehabilitation and more surgical work is anticipated. When Nathan was invited to the ceremony by the baseball team, he was told he could invite one friend. He chose Dr. Pico.

Yoshihiro Yamamoto (Neurosurgery ’98) joined the Department of Neurosurgery at the Lexington Clinic in Lexington, Ky.

Staff news
George Bartley was the featured speaker at the Cleveland Clinic Department of Ophthalmology’s annual meeting.

Stephen Carmichael was elected president-elect of the Association of Anatomy, Cell Biology and Neurobiology Chairpersons. He was also appointed to the Council of Academic Societies of the Association of American Medical Colleges.

Christopher Chute was the keynote speaker opening the Biennial Conference of the National Centre for Classification in Health.

Wyatt Decker was visiting physician at Harvard-affiliated Beth Israel Deaconess Medical Center for Emergency Medicine.

Raymond Gibbons was elected to membership of the Association of University Cardiologists.

Peter Gloviczki was elected president-elect of the American Venous Forum.

Roy Greengrass received the Nils Lofgren Award for excellence in regional anesthesia at the meeting of the American Society of Regional Anesthesia.

Joseph Kaplan was appointed chair of the Division of Pulmonary Medicine, Mayo Clinic Jacksonville.
Nicholas LaRusso was visiting professor at the University of Utah School of Medicine where he presented Medical Grand Rounds.

Augustine Lee was awarded a blue ribbon at the Duval County (Fla.) Health Department’s “We Care Awards” banquet.

Andrew Limper was named a full member of the National Institutes of Health study section on AIDS-Related Opportunistic Infections.

Reza Malek was elected as founding member and chair of the Section on Urology of the newly formed International Academy of Laser Medicine and Surgery. He also was elected member of the editorial board of the academy’s scientific journal.

S. Breanndan Moore was a guest of honor and keynote speaker at the American Red Cross All Staff Day.

Bernard Morrey was the keynote speaker at the Institution of Mechanical Engineers for their Comrades in Arms-Engineers and Surgeons Conference.

Robert Orford was elected Occupational Medicine Regent for the American College of Preventive Medicine.

Gregory Poland was appointed as chair of the new American College of Physicians-American Society of Internal Medicine Adult Immunization Physician Advisory Board.

Paula Santrach was voted chair-elect of the Point of Care Testing Division of the American Association for Clinical Chemistry.

Christopher Serago is president-elect of the Florida Chapter of the American Association of Physicists in Medicine.

Michael Stuart has been appointed as the chief medical officer for the International Ice Hockey Federation.

Ned Van Roekel was elected president-elect of the American Academy of Restorative Dentistry.

Anthony Windebank was appointed chair of the editorial board for Academic Medicine. He also is a member of the Association of American Medical Colleges president’s advisory panel on the mission and organization of medical schools.

Floyd Willis received the Florida Academy of Family Physicians Family Physician Educator Award. The award includes his nomination for the American Academy of Family Physicians 2001 Exemplary Teaching Award.

Philip Abraham (Internal Medicine) received the Golden Apple and Community Service Award presented to internal medicine residents in Jacksonville.

Theodore Abraham (Cardiovascular Diseases) is the recipient of the American College of Cardiology Career Development Award in Cardiovascular Diseases for 2001.

Wayne Elmer (Pulmonary Medicine) received the Peer Excellence Award presented to internal medicine residents in Jacksonville.

Andrew Hoel (Mayo Medical School, Year III) has been awarded a one-year Sarnoff Fellowship from the Sarnoff Endowment for Cardiovascular Science.

Sunil Joshi (Infectious Diseases) received the Antonelli Award presented to internal medicine residents in Jacksonville.

Garima Lal (Ophthalmology) and Sunil Krishnan (Radiation Oncology) have been chosen to receive the 2001 American Medical Association Foundation Leadership Award.

Joseph Ludwig (Endocrinology) received the Research Award presented to internal medicine residents in Jacksonville.

Elizabeth McDonald (Molecular Neuroscience) won the medical student “Research Competition for Medical Students” at the American College of Physicians-American Society of Internal Medicine national meeting.

Ripudamanjit Singh (Cardiovascular Research) received honorable mention by the American College of Cardiology during the recent 50th Annual Scientific Session in the Young Investigator Award competition.
Roger Weenig (Dermatology) was awarded a Mayo Brothers Distinguished Fellowship Award.

Obituaries

1940s

John English, 93, died Feb. 12, 2001. After receiving his medical degree from the University of Pennsylvania Medical School in 1935, Dr. English served his internship at the university and completed a fellowship in internal medicine at Mayo Clinic in 1942. He joined the faculty of the Stanford Medical School and was appointed director of the Dermatology Division at Stanford in 1951. He helped establish the first International Symposium on Psoriasis at Stanford in 1971. Dr. Farber was noted for his research activities and continued his work, after retiring in 1986 from Stanford to become president and chief investigator at the Psoriasis Research Institute in Palo Alto, Calif.

Eugene Farber, 83, died Nov. 10, 2000. After receiving his medical degree from the University of Buffalo in 1943, Dr. Farber served his residency in dermatology at Mayo Clinic, completing his training in 1948. He joined the faculty of the Stanford Medical School and was appointed director of the Dermatology Division at Stanford in 1951. He helped establish the first International Symposium on Psoriasis at Stanford in 1971. Dr. Farber was noted for his research activities and continued his work, after retiring in 1986 from Stanford to become president and chief investigator at the Psoriasis Research Institute in Palo Alto, Calif.

William Keffer, 86, died Sept. 23, 2000. Dr. Keffer received his medical degree from the University of Pennsylvania in 1940 and went on to serve in the U.S. Army Medical Corps during World War II in New Guinea, the Philippines and Japan. After his service, Dr. Keffer completed his residency in internal medicine in 1948 at Mayo Clinic. He returned to his hometown of Reading, Pa., where he served as a physician until retirement in 1987. He served as president of the directing staff at the Reading Hospital in the 1960s and later as senior physician.

Richard Nay, 86, died Nov. 7, 2000. Dr. Nay received his medical degree from Indiana University in 1938 before he went on to Mayo Clinic for his residency in internal medicine, which he completed in 1944. Dr. Nay served as a major in the U.S. Army Medical Corps from 1944 to 1947. He was a founder of the Meridian Medical Group in Indianapolis. Dr. Nay also was a cardiologist at Methodist Hospital of Indiana for 40 years, serving as a board member. He served as medical director of the Indianapolis Life Insurance Company for 36 years.

John Pender, 88, died Feb. 18, 2001. Dr. Pender received his bachelor degree in 1933 from the University of Mississippi and his medical degree from Tulane University in 1935. He was the recipient of a Commonwealth Fund Scholarship, and served internships in the U.S. Marine Hospital in San Francisco, Mercy-Soniat Hospital in New Orleans and Victoria Hospital in Miami, Fla. He practiced medicine in Mississippi through 1940, then began training in anesthesia at Mayo Clinic. In 1942, Dr. Pender entered the U.S. Navy Medical Corps, serving in the Asiatic-Pacific Theater as a lieutenant commander. Dr. Pender returned to Mayo and completed his anesthesiology fellowship in 1946, upon which he became a consulting staff member. He was board certified as a specialist in anesthesiology and served as an assistant professor of anesthesiology. In 1954, Dr. Pender joined the Palo Alto Medical Clinic, Palo Alto, Calif., where he practiced until 1982. He was an associate editor of the Journal Anesthesiology and a member of the American Society of Anesthesiologists and the Academy of Anesthesiology, which awarded him their Citation of Merit in 1983. In 1985, he received an honorary second degree from Tulane University commemorating his 50 years as a physician. Dr. Pender was a respected pioneer in anesthesiology. He provided an anesthetic for President Franklin D. Roosevelt in 1944, at the age of 31. Stanford University honored him as the First Clinical Professor Emeritus of Anesthesia in 1977.

Eldon Erickson, 85, died Nov. 30, 2000. Dr. Erickson received his medical degree from the University of Minnesota and spent time during World War II integrating high altitude flight research for the U.S. Army with a dual residency in internal medicine and cardiology at Mayo Clinic. Later, he joined three colleagues to establish The Lynn Clinic in Detroit. In the early 1950s, they expanded the clinic and added the Lynn Hospital in Lincoln Park, Mich. Dr. Erickson retired in the mid-1980s and moved to Pauma Valley, Calif.

Roger Weenig (Dermatology) was awarded a Mayo Brothers Distinguished Fellowship Award.
Hawley Seiler, 88, died March 24, 2000. Dr. Seiler received his medical degree from the Medical College of Virginia and went on to complete his residency in general surgery at Mayo Clinic in 1948. He opened a private practice in thoracic surgery in Tampa, Fla., where he worked until his retirement in 1998. He was a founder of the Southern Thoracic Medical Association. Dr. Seiler served as director of the Florida Heart Association and the Florida Tuberculosis and Health Association.

Charles Owen, 85, died March 3, 2001. Dr. Owen received his medical degree from State University of Iowa in 1941. He served in the U.S. Army from 1942 to 1946 before coming to Mayo Clinic. He served his fellowship in internal medicine in 1950. Dr. Owen was a member of the Board of Governors of Mayo Clinic from 1965 to 1970 and the Board of Trustees from 1970 to 1971. During his career he was named the Edmond A. and Marion F. Guggenheim Professor, received the Mayo Clinic Distinguished Professor Lectureship Award and was a recipient of the Mayo Clinic Distinguished Alumnus Award. Dr. Owen was president of the Minnesota Society of Clinical Pathologists and served as chair of the National Red Cross blood bank committee. He retired in 1981.

James Winterringer, 77, died Aug. 21, 2000. He received his medical degree from the University of Oklahoma Medical School before completing his residencies in obstetrics and gynecology, general surgery and urology at Mayo in 1954. Dr. Winterringer practiced urology at Harris Methodist Hospital in Fort Worth, Texas, for more than 40 years. He was an officer in the U.S. Navy during World War II. He retired in 1991.

1950s

Neil Adams, 81, died March 1, 2000. Dr. Adams received his medical degree from Northwestern University and served his residency at Mayo Clinic in otorhinolaryngology in 1950. He served in the U.S. Army during World War II as a captain in a medical unit in Germany. Following his residency, he moved to Bellingham, Wash., where he had a private practice. He moved to Chehalis, Wash., in 1979, where he continued his practice until retirement in 1990.

Harry Taylor, 76, died Nov. 23, 2000. Dr. Taylor received his medical degree from Temple University and served his fellowship in anesthesiology at Mayo in 1955. He was an anesthesiologist at Bradford Regional Medical Center in Bradford, Pa., for 24 years until his retirement in 1979. He served as lieutenant in the U.S. Navy during the Korean War. Dr. Taylor also served as president of the Bradford Hospital Medical Staff and the McKean County Medical Society.

Walter Wellborn, 78, died Dec. 13, 2000. Dr. Wellborn received his medical degree from Emory University in 1946 before going on to serve a fellowship in neurology and psychiatry at Mayo Clinic in 1953. Dr. Wellborn co-founded the Anclo Manor Hospital in Tarpon Springs, Fla., eventually becoming president of the hospital before retiring in 1990. He was past-president of the National Association of Private Psychiatric Hospitals, the American College of Psychiatrists and the Southern Psychiatric Association.

1960s

Harry Hynes, 65, died Dec. 20, 2000. After graduating from medical school at National University in Dublin, Ireland in 1958, Dr. Hynes came to the United States to complete a residency in Wichita, Kan. He went on to Mayo Clinic where he served fellowships in internal medicine and hematology in 1966. He eventually returned to Wichita, where he started the Cancer Center of Kansas in 1972. He served as president of the group until his death.
### STATEMENTS OF FINANCIAL POSITION – MODIFIED CASH BASIS

**December 31, 2000 and 1999**

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<th>2000</th>
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<td><strong>ASSETS RECOGNIZED</strong></td>
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<td>Cash and cash equivalents</td>
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<td>Investments, at fair market value</td>
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<td><strong>Total Assets Recognized</strong></td>
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<td><strong>$959,073</strong></td>
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|                |        |        |
| **LIABILITIES RECOGNIZED AND NET ASSETS** |        |        |
| Sales tax payable | $261   | $95    |
| **Net Assets, Unrestricted** | **$756,344** | **$958,978** |
| **Total Liabilities Recognized and Net Assets** | **$756,605** | **$959,073** |

### STATEMENTS OF ACTIVITY – MODIFIED CASH BASIS

**Years Ended December 31, 2000 and 1999**

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<td><strong>REVENUES RECOGNIZED:</strong></td>
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<td>Membership dues</td>
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<td>International meeting fees</td>
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<td>Sale of Mayo Alumni mementos</td>
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<tr>
<td>Interest and dividends</td>
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<td>Realized gain (loss) on sales of investments</td>
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<td>Alumni directory</td>
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<td>Alumni foreign trips</td>
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<td>International meetings</td>
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<td>Receptions</td>
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<td><strong>Total Expenses</strong></td>
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<td><strong>$604,102</strong></td>
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<td><strong>Change in Unrestricted Net Assets</strong></td>
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<td>$841,777</td>
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<td>Unrestricted Net Assets, end of the year</td>
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<td><strong>$958,978</strong></td>
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